

The Castrated Woman

By Naomi Miller Stokes

"The Castrated Woman" by Naomi Miller Stokes is a non-fiction book that delves into the physical, emotional, and sexual consequences of hysterectomy, a surgical procedure that involves the removal of a woman's uterus and sometimes her ovaries. Drawing from personal experience, interviews with hundreds of women, and extensive medical research, Stokes sheds light on the often-overlooked and understated aftereffects of this common surgery.

Introduction

In the introduction, Naomi Miller Stokes shares her personal story of undergoing a hysterectomy and the subsequent challenges she faced, both physically and emotionally. She describes the lack of information provided by her doctor regarding the potential consequences of the surgery, particularly the impact on her sexual desire and function. Stokes also highlights the emotional toll of the procedure, including feelings of depression and a sense of loss. She emphasizes the need for greater awareness and understanding of the long-term effects of hysterectomy, as well as the importance of women advocating for themselves and seeking out comprehensive information before consenting to the surgery. The author's personal experience serves as a catalyst for her extensive research into the topic, which involves interviewing hundreds of women who have undergone hysterectomies and examining the available medical literature. Stokes aims to provide women with the knowledge and resources necessary to make informed decisions about their health and well-being, particularly when considering a procedure as life-altering as a hysterectomy.

Chapter 1: Hysterectomy: The Unkindest Cut of All

In this chapter, Stokes presents an overview of hysterectomy statistics and explores the various reasons why the surgery is performed. She notes that hysterectomy is the most frequently performed major surgery in the United States, with over 1 million procedures conducted annually. The author breaks down the different types of hysterectomies, including total, partial, and radical, and the associated removal of the ovaries (oophorectomy) in approximately half of all cases.

Stokes delves into the historical context of hysterectomy, highlighting the increasing rates of the procedure since the 1970s. She presents data on the disproportionate number of hysterectomies performed on women of color and those from lower socioeconomic backgrounds, raising questions about the potential for sterilization abuse and the lack of informed consent.

The author also examines the financial incentives behind the high rates of hysterectomy, citing studies that show a correlation between the number of surgeries performed and the ratio of surgeons to patients in a given area. She argues that the medical profession's tendency to view women's reproductive organs as disposable and problematic contributes to the overuse of the procedure.

Quote: "Hysterectomy is one of several surgical procedures which threaten human sexuality. Others are the 'ostomies'-colostomy, cystostomy, and ileostomy. Colostomy is the formation of a surgical fistula, or opening, which periodically voids fecal matter from the large intestine into a bag. Cystostomy is a surgical opening from the bladder which voids into a bag.

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Ileostomy is the formation of a surgical opening from the small intestine which drains continuously into a bag."

Statistics:

- Approximately 3,536,000 women aged 14-44 had hysterectomies between 1970 and 1978.
- In 1980, American physicians performed 649,000 reported hysterectomies.
- Approximately one-half of all hysterectomies involve removal of the patient's ovaries.
- Black women have twice as many hysterectomies as white women.
- Hysterectomy rates are lowest in the West and highest in the South.

Chapter 2: Current Medical Reasons for Hysterectomy

In this chapter, Stokes outlines the most common medical reasons for hysterectomy, including uterine bleeding, fibroid tumors, pelvic inflammatory disease, chronic pelvic pain, prolapse of the uterus, cancer, and obstetrical catastrophe. She notes that while these conditions can be serious and may require surgical intervention, hysterectomy is not always the only or best option.

The author discusses the importance of informed consent and the need for women to be fully aware of the potential risks and benefits of the procedure, as well as alternative treatments. She cites examples of women who were pressured into hysterectomies by their doctors, often without a thorough explanation of the long-term consequences.

Stokes also addresses the controversy surrounding prophylactic hysterectomies, or those performed to prevent future disease, such as cancer. She argues that the benefits of such surgeries are often overestimated and do not outweigh the potential risks, including early menopause and increased risk of heart disease.

Quote: "Regarding the removal of a woman's ovaries, most gynecologists feel that if the patient is in her late thirties or early forties, if her menstrual periods are irregular or if she's starting to have hot flashes and is in what is called a prodromal menopausal state (just before the menses stops), she should undergo hysterectomy together with removal of her tubes and ovaries."

Chapter 3: What Women Don't Know Can Hurt Them

In this chapter, Stokes discusses the lack of information provided to women about the potential consequences of hysterectomy, particularly regarding sexual dysfunction. She argues that the medical profession's reluctance to acknowledge and address these issues stems from a long history of sexism and a fundamental misunderstanding of female sexuality.

The author presents evidence from numerous studies that demonstrate the high rates of sexual dysfunction following hysterectomy, including loss of libido, difficulty achieving orgasm, and vaginal dryness. She criticizes the tendency of doctors to dismiss these concerns as purely psychological or to blame them on preexisting relationship problems.

Stokes also highlights the emotional toll of hysterectomy, including feelings of depression, anxiety, and a sense of loss. She argues that these emotional aftereffects are often compounded by the lack of support and understanding from medical professionals and society at large.

Quote: "No wonder gynecologists estimate that no more than 10 percent of the female population suffers severe menopausal symptoms as a result of endocrine dysfunction. But

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the fact is that gynecologists are not hearing from 65 percent of the troubled women, according to studies conducted by psychiatrists Frederick T. Melges and David A. Hamburg."

Statistics:

- Dr. Niles Newton found reduced sexual drive in 60% of women who had their uterus and both ovaries removed, and 40% never resumed sexual intercourse.
- Other researchers found that 20-42% of women abstain from sexual intercourse following hysterectomy.

Chapter 4: The Forbidden Term

In this chapter, Stokes explores the reluctance of medical professionals to use the term "castration" when referring to hysterectomy and the double standards in addressing male and female sexual health. She argues that this reluctance stems from a deep-seated discomfort with female sexuality and a societal tendency to prioritize male sexual function over female well-being.

The author draws comparisons between the way in which male and female reproductive organs are viewed and treated, both medically and culturally. She notes that while the removal of a man's testicles is considered a grave and life-altering event, the removal of a woman's ovaries is often treated as a routine and inconsequential procedure.

Stokes also examines the language used to describe female reproductive organs and the way in which this language reflects broader cultural attitudes towards women's bodies. She argues that terms like "hysterectomy" and "oophorectomy" serve to distance both doctors and patients from the reality of the procedure and its consequences.

Quote: "Why are men's organs sacrosanct and women's expendable?"

Statistics:

- Male castration is considered an unconstitutional "form of mutilation" by the South Carolina Supreme Court.
- A man was awarded \$1.75 million when he claimed he became impotent after his gun accidentally went off and wounded him, with his wife receiving an additional \$500,000 for "loss of services and companionship."

Chapter 5: Do Women Really Need Menstruation?

In this chapter, Stokes challenges the notion that menstruation is an unnecessary and even harmful bodily function, a belief that has been used to justify the widespread practice of hysterectomy. She argues that menstruation serves important physical, emotional, and spiritual functions in a woman's life and that its loss can have profound consequences.

The author traces the cultural and historical attitudes towards menstruation, from ancient societies that celebrated it as a sacred and powerful event to modern medical discourses that frame it as a "disease" or "dysfunction." She notes that these negative attitudes towards menstruation have been used to justify the removal of healthy reproductive organs and to dismiss women's concerns about the aftereffects of such surgeries.

Stokes also examines the scientific evidence surrounding the role of menstruation in women's health, including its relationship to bone density, cardiovascular health, and overall well-being. She argues that the medical profession's tendency to view menstruation as a disposable and even dangerous process reflects a broader cultural devaluation of women's bodies and experiences.

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Quote: "Menstruation is a time whose value modern women have neither recognized nor appreciated, a time when healthy women may draw on capacities not related to the values of ovulation and childbearing-values that belong to the other side of woman, the side devoted to independent thought and action."

Statistics:

- In contemporary society, a woman could experience over 400 menstrual cycles in her lifetime, compared to an estimated 10 cycles for women in prehistoric times.
- Approximately 90% of women experience some form of premenstrual symptoms, with 10-20% suffering from severe PMS.

Chapter 6: Hormones and Hysterectomy

In this chapter, Stokes explores the complex role of hormones in women's health and the impact of hysterectomy on hormonal balance. She argues that the removal of the ovaries, which is often performed alongside hysterectomy, can have devastating consequences for a woman's physical and emotional well-being.

The author explains the intricate feedback loop between the brain, pituitary gland, and ovaries, and how this system regulates everything from mood and energy levels to sexual desire and function. She notes that the abrupt loss of ovarian hormones following hysterectomy can lead to a range of symptoms, including hot flashes, night sweats, vaginal dryness, and depression.

Stokes also examines the controversy surrounding hormone replacement therapy (HRT) and its potential risks and benefits. While she acknowledges that HRT can help alleviate some of the symptoms of surgical menopause, she argues that it is not a panacea and that many women continue to struggle with the aftereffects of hysterectomy even with hormone supplementation.

Quote: "Contemplation of suicide is common with hormone deprivation or imbalance, in both sexes. All things seem tragic, all people hateful. Inappropriately administered hormones can be tantamount to a death sentence."

Statistics:

- Approximately 50% of women who undergo hysterectomy also have their ovaries removed.
- Women who have had their ovaries removed are at a significantly higher risk for osteoporosis, cardiovascular disease, and cognitive decline.

Chapter 7: Sex and Hysterectomy

In this chapter, Stokes delves into the profound impact of hysterectomy on women's sexual lives, from the loss of libido and physical sensation to the emotional and relational consequences of these changes. She argues that the medical profession's failure to adequately address these issues reflects a broader cultural discomfort with female sexuality and a lack of understanding of the complex nature of sexual desire and function.

The author presents a range of personal stories from women who have struggled with sexual dysfunction following hysterectomy, including difficulty achieving orgasm, vaginal dryness, and a general lack of desire. She notes that these issues are often compounded by the emotional toll of the surgery, including feelings of loss, inadequacy, and disconnection from one's body.

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Stokes also examines the impact of hysterectomy on relationships and the importance of open communication and support between partners. She offers practical advice for women and their partners on how to navigate the challenges of post-hysterectomy sex life, including the use of lubricants, experimentation with different positions and techniques, and the importance of prioritizing intimacy and emotional connection.

Quote: "Sex after hysterectomy will be different. With love and work and care, it can be very rewarding. The earth can move again for the castrated woman."

Statistics:

- Up to 40% of women report a significant decrease in sexual desire following hysterectomy.
- Approximately 30% of women experience dyspareunia (painful intercourse) after hysterectomy, often due to vaginal dryness or scar tissue.

Chapter 8: Men and Hysterectomy

In this chapter, Stokes explores the impact of hysterectomy on men and the important role that partners can play in supporting women through the physical and emotional challenges of the surgery and its aftermath. She argues that while hysterectomy is often framed as a "women's issue," it has profound consequences for relationships and families as a whole.

The author presents a range of personal stories from men whose partners have undergone hysterectomy, including struggles with sexual intimacy, communication breakdowns, and feelings of helplessness and frustration. She notes that these challenges can be particularly acute when men are not adequately informed about the potential consequences of the surgery or how to support their partners through the recovery process.

Stokes also examines the societal and cultural pressures that can contribute to men's reluctance to engage with the emotional and relational aspects of hysterectomy, including stereotypes about masculinity and the prioritization of male sexual pleasure over female well-being. She argues that breaking down these barriers and fostering open, honest communication between partners is essential for navigating the challenges of hysterectomy and building stronger, more resilient relationships.

Quote: "Hysterectomy is certainly a male partner's business. Second to women themselves, old-fashioned men suffer the most. These are the men who are devoted to their women, whose sense of love and loyalty prevents them from seeking sexual satisfaction elsewhere."

Chapter 9: History and Hysterectomy

In this chapter, Stokes traces the long and complex history of hysterectomy and its relationship to broader cultural attitudes towards women's bodies and sexuality. She argues that the contemporary practice of hysterectomy is rooted in a long tradition of medical misogyny and the devaluation of female reproductive health.

The author begins by examining the ancient roots of gynecological medicine, from the Hippocratic texts of ancient Greece to the medieval European concept of the "wandering womb." She notes that throughout much of history, women's reproductive organs were viewed as a source of mystery, danger, and even pollution, and that this perspective informed the development of early surgical practices.

Stokes then turns to the rise of modern gynecology in the 19th century, a period marked by significant advances in surgical technique but also by deeply entrenched sexism and racism within the medical profession. She examines the work of influential figures like J. Marion

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Sims, the "father of gynecology," who performed experimental surgeries on enslaved Black women without anesthesia or consent.

The author also explores the cultural and political context of the early 20th century, a time when hysterectomy rates began to rise dramatically in the United States. She argues that this increase was fueled in part by eugenics-inspired efforts to control women's fertility, particularly among marginalized communities, as well as by the financial incentives of the emerging medical-industrial complex.

Quote: "For well over a century, women have relinquished their insides with scarcely a question. Many of them continue to do so because there are far too many physicians who feel that women would be a lot better off without 'that whole mess.'"

Statistics:

- In the early 20th century, hysterectomy was used as a treatment for a wide range of "disorders," including "troublesomeness," "masturbation," and "erotic tendencies."
- Between 1968 and 1970, the rate of sterilization by hysterectomy rose 293% in the United States.

Chapter 10: How to Avoid Hysterectomy and How to Get Help If You've Had One

In the final chapter of the book, Stokes offers practical advice and resources for women seeking to avoid unnecessary hysterectomies or to cope with the aftereffects of the surgery. She emphasizes the importance of patient education and advocacy, as well as the need for a fundamental shift in the way that the medical profession approaches women's reproductive health.

The author begins by outlining some of the key questions that women should ask their doctors when considering hysterectomy, including the specific indications for the surgery, the availability of alternative treatments, and the potential risks and long-term consequences. She also provides guidance on seeking second opinions and navigating the complex landscape of medical decision-making.

For women who have already undergone hysterectomy, Stokes offers a range of strategies for managing the physical and emotional symptoms of the surgery, including hormone replacement therapy, pelvic floor physical therapy, and counseling. She also emphasizes the importance of building a strong support network, whether through family and friends or through organized support groups and advocacy organizations.

The author concludes by calling for a fundamental rethinking of the way that hysterectomy is approached in the United States, arguing that the current system prioritizes profits over patient well-being and reinforces harmful gender stereotypes and power imbalances. She advocates for a more holistic, patient-centered approach to gynecological care, one that recognizes the complexity and diversity of women's experiences and empowers them to make informed decisions about their own bodies and health.

Quote: "Women must take responsibility for knowing enough about their bodies so that they won't be sold an operation they don't need. Even if removal of the uterus is necessary, concurrent removal of the ovaries is usually unnecessary and certainly undesirable, and should be expressly forbidden by the patient when she signs the operation permit."

Statistics:

- According to the U.S. Department of Health and Human Resources, only 4.7% of hysterectomies performed in the United States today are medically necessary.

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- Women who have undergone hysterectomy report more chronic illness, use twice as many prescribed drugs, and have less education than women who experienced natural menopause.

Conclusion

In the conclusion, Stokes reflects on the personal and political implications of her research into hysterectomy and its consequences for women's health and well-being. She emphasizes the importance of breaking the silence surrounding the surgery and its aftereffects, and of creating a more open and honest dialogue about the realities of women's reproductive lives.

The author acknowledges the challenges of advocating for change within a medical system that is often resistant to criticism and slow to evolve, but argues that the stakes are simply too high to remain silent. She calls on women to share their stories, to demand better care and more comprehensive information from their healthcare providers, and to work together to build a world in which their bodies and experiences are valued and respected.

Stokes also reflects on her own journey of healing and empowerment in the wake of her hysterectomy, and the ways in which writing this book has been a transformative experience. She expresses hope that her work will inspire other women to take control of their own health and to advocate for a more just and compassionate approach to gynecological medicine.

Ultimately, the author argues, the fight against unnecessary hysterectomies is part of a larger struggle for women's liberation and bodily autonomy, one that requires a fundamental rethinking of the way that society views and values women's reproductive labor. Only by working together to challenge the cultural and institutional forces that perpetuate these harms, she suggests, can we hope to create a world in which all women can thrive.

Author's Background (135 words): Naomi Miller Stokes is a wife, mother, and grandmother who has dedicated much of her life to advocating for women's health and empowerment. Prior to writing "The Castrated Woman," she owned and ran an advertising agency for 25 years, but left that career in 1982 to focus on writing and lecturing about the consequences of hysterectomy.

Stokes' own experience with the surgery, which she underwent at the age of 40, left her struggling with a range of physical and emotional symptoms, including depression, fatigue, and sexual dysfunction. Determined to understand the root causes of her suffering and to help other women in similar situations, she embarked on a years-long journey of research and self-discovery that ultimately led to the writing of this book.

Today, Stokes continues to speak out about the need for a more patient-centered, holistic approach to women's reproductive health, and to advocate for greater awareness and support for women who have undergone hysterectomy. She lives in Portland, Oregon, where she continues to write and lecture on these issues.