PART TWO

Living in the Body

Women’s Experiences of Health and Illness
HE politics of women’s health and work was embedded in debates about employment, public health, and welfare. Early Victorian ideas about reproductive and able bodies confronted working women with conflicting expectations regarding their employment and health. Ideological lines were clear-cut for able-bodied men: they were either independent, respectable workers, or they were unworthy, idle paupers. For women, however, the connections between ablebodiedness, independence, and respectability were more ambiguous. Being healthy and able to work did not necessarily mean that a woman should work. The claims of the reproductive body competed with the claims of ablebodiedness. The dominant voices in public debates about women’s work and women’s health were not female voices. How, then, can we understand how poor women themselves conceptualized the relationships between their work and their health?

Using women’s voices from the parliamentary inquiries and medical case histories, Part Two explores the experiences of working women, examining how they understood the functioning of their bodies and represented their health experiences in the contexts of work and home. Poor women’s health-care choices and beliefs about their bodies were situated in the context of the medical culture of the time, which contained many possibilities for understanding the causes contributing to their illnesses that went beyond the reproductive body. While parliamentary investigators and medical men viewed women’s bodies through the lens of reproduction, working women presented a more complicated vision of their bodies’ health and illness. In speaking about their health, women of the laboring poor emphasized the impact that social, environmental, economic, as well
as biological factors had upon their bodies. In examining these women’s voices, the abstract idealized categories of biological and social reproduction fade into the background. Living in the body for working women meant practical survival and the negotiation of the relationships among their work, home, and health. They measured their health against a norm of ablebodiedness, not the fragile reproductive body.