NEW YORK TIMES BESTSELLER

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Women’s Bodies, Women’s Wisdom
Creating Physical and Emotional Health and Healing

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Christiane Northrup, M.D.
One of the central outmoded ideas governing our health care system is the notion that the processes of a woman’s body are designed to cause suffering and pain, and that women require a great deal of medical care and testing to stay healthy. Though this is certainly the experience of countless women, there is another way—a better way. In fact, the female body was designed by our creator to be a source of pleasure, fertility, movement, strength, and well-being. Our bodies connect us with the moon, the tides, and the seasons. We are meant to flourish. We, the human race, have come to a crossroads, a turning point when old, unsustainable ideas and behaviors are breaking down all over the planet. The current health care crisis is just one example of this breakdown—an example with which I’m intimately familiar. There is no need to fear the crumbling of the old, for it opens a space for new, more sustainable, and healthier systems and ideas to be created in all aspects of the human experience on earth, including how we handle the experience of living in a female body.

Over the past three decades, my experiences as an ob-gyn physician, new mother, and midlife woman have led me to a revolutionary new approach to women’s health and wellness that acknowledges the seamless unity of our bodies, minds, and spirits. Though this wasn’t obvious to the mainstream medical community back in the 1980s and ’90s when I was first field-testing the approaches outlined in this book, it is now abundantly clear to us all that a woman’s state of health is highly influenced by the culture in which she lives, her position within it, her experiences, and her day-to-day thoughts, beliefs, and behaviors.

It is possible to thrive in a female body instead of simply waiting for disease to happen. It boils down to this: Regardless of our individual circumstances, our pasts, or our ages, each of us has inner guidance available that
we can tune in to in order to create vibrant health—now. We are born with this inner guidance, which comes in the form of the emotions and desires that lead us toward things (including thoughts) that feel good and are good for us, and away from things that feel bad and are bad for us. It’s that simple. We are hard-wired to seek love, joy, fulfillment—and health. Though we’ve too often been talked out of our desires as children, I’ve learned that we can trust those feelings that make us want to get up in the morning. Our desires are the way that the healing life force comes through us and replenishes our bodies. They are what make life worth living. They make up our hopes and dreams. And they invariably hold the keys to healing not only our bodies but our entire lives.

As a physician, I’ve seen time and time again how our inner guidance also comes in the form of bodily symptoms and illnesses—especially when we are living lives devoid of pleasure, joy, and hope. Our illnesses are designed to stop us in our tracks, make us rest, and bring our attention back to the things that are really important and that give our lives meaning and joy—aspects of life that we often put on the back burner until “someday.”

The insights catalyzed by decades of medical practice as well as my own health problems challenged everything I learned in medical school and residency training about women’s health. Over the years, it became abundantly clear to me that premenstrual syndrome (PMS), pelvic pain, fibroid tumors, chronic vaginitis, breast problems, and menstrual cramps were related to the contexts of an individual woman’s life and her beliefs about herself and what she thought was possible in her life. All of these factors are associated with very real biochemical changes in our cells. Learning about their diets, work situations, and relationships often provided me with clues to the source of women’s distress—and, more important, what steps needed to be taken to relieve that distress. Over the years, I have learned to appreciate the thoughts, beliefs, and behavioral patterns behind medical conditions in ways that simply aren’t addressed in medical training. These insights are the missing link to optimal health on all levels.

As I have developed more sensitivity to these patterns of health and illness, I have come to the conclusion that without a commitment to looking at all aspects of our lives and accessing our power to change them, improving habits and diet alone is not enough to effect a permanent cure for conditions that have been present for a long time. I’ve worked with many women whose illnesses could not be ascribed simply to what they eat and could not be cured solely through medication or surgery. Following a special diet or running three miles a day won’t make a woman feel well if her health is being adversely influenced by a subconscious belief that she isn’t good enough, or that she is the wrong gender, or that it’s a woman’s lot in life to suffer. If she has experienced incest and hasn’t allowed herself to feel the emotions that are often associated with that history, or if she was unwanted or abused as a
child, then no prescription drugs exist that will heal that wound and the physical aftereffects that often result.

Much of the degradation of the feminine, however, is far more subtle and pervasive than outright abuse. Examples include being made to feel uncomfortable breast-feeding your baby in public, being afraid to look and feel sensual for fear that you will attract unwanted attention (and then be blamed for it), and feeling the need to hide any evidence of your menstrual period and its effects. This is why feminist writer Adrienne Rich wrote, “I know of no woman . . . for whom the body is not a fundamental problem.” Having internalized our bodies as a problem is at the heart of women’s health. Changing our perception of this, one woman at a time, is, therefore, at the heart of the healing process. Still, trying dietary changes and alternatives to drugs and surgery for problems whose origins begin with our perceptions is often a very powerful, nontoxic, and health-enhancing first step—a step that opens us up to new, more holistic ways of addressing our symptoms. The secret to thriving is the knowledge that we are never simply victims of our bodies. It’s very reassuring to know that we all have within us the ability to heal from anything and go on to live joy-filled lives.

This new edition of *Women’s Bodies, Women’s Wisdom* is designed to help you not only stay healthy but also thrive mentally, emotionally, and spiritually as well as physically. I want you to know that it is pleasure, not pain, that is your birthright. When we finally make the connection between our thoughts, our beliefs, and our physical health and life circumstances, we find that we are in the driver’s seat of our lives and can make profound changes. Nothing is more exhilarating or empowering. Stories of such healings and awakenings are found throughout this book.

One of my readers once wrote, “*Women’s Bodies, Women’s Wisdom* is a love letter to women and their bodies.” I love that. And it’s true. As you read this new edition, please know that it is designed to help you fall in love with your own body and to awaken to its divine processes. Let it help you become the physical embodiment of your soul so that you discover the woman you were always meant to be. Let it help you find the best possible solutions for your individual situation. But above all, let it fill you with the courage necessary to make radical and life-giving changes in your mind and body that will allow you to flourish on all levels. And remember, the most fundamental and radical of these changes is learning how to love and accept your precious body right now. It is, after all, the temple that houses your soul. This is the path not only for our individual healing but for the healing of the planet and humankind as well.
Part One

From External Control to
Inner Guidance
Consciousness creates the body, pure and simple. Consciousness isn’t just in the head. It is far more vast than our brains and bodies and exists beyond time and space. On a practical day-to-day level, however, our consciousness is the part of us that chooses and directs our thoughts. Thoughts that are uplifting, nurturing, and loving create healthy biochemistry and healthy cells, while thoughts that are destructive to self or others do just the opposite. We are born with innate love and acceptance of our bodies. Over time, our bodies and states of health are molded by the habitual thoughts and beliefs that guide our behavior, thoughts and beliefs usually laid down in childhood. To improve our lives and our health and truly flourish, we must acknowledge the seamless unity between our beliefs, behaviors, and physical bodies. Then we must critically examine, name, and change any health-eroding beliefs and assumptions that we have unconsciously inherited and internalized from our parents and our culture. We must be willing to transcend what Gay Hendricks, Ph.D., calls our upper limits.
OUR CULTURAL INHERITANCE

Most modern civilizations are characterized by the belief that the intellect is superior to emotions, the mind and spirit are superior to and entirely separate from the body, and masculinity is superior to femininity. The work of cultural anthropologists and historians such as Riane Eisler, Ph.D., and archeologist Marija Gimbutas, Ph.D., have documented that our current worldview is only about five thousand years old. Before that, peaceful societies flourished for thousands of years. In these societies, women held high positions, art flourished, and religion included the worship of the Goddess.¹

Over time, however, societies and the gods they worshiped changed. Dominator tribes in which authority was vested in men and fathers emerged. These societies were characterized by violence, warfare, and the subjugation of the masses by a relative few who were considered “chosen.” Native American writer and anthropologist Jamake Highwater says, “All human beliefs and activities spring from an underlying mythology.” Given this, it is easy to make the connection that if our culture over the last five thousand years has been “ruled by a punishing authoritarian father,” then our views of our female bodies and even our medical system have also followed male-oriented rules.² Yet patriarchy is only one of many systems of social organization.

I have been in the delivery room countless times, for example, when a female baby was born and the woman who had just given birth looked up at her husband and said, “Honey, I’m sorry”—apologizing because the baby was not a son. The self-rejection of the mother herself, apologizing for the product of her own nine-month gestation period, labor, and delivery, was staggering to experience. Yet when my own second daughter was born, I was shocked to hear those very words of apology to my husband come right up into my brain from the collective unconscious of the human race. I never said them out loud, and yet they were there in my head—completely unbidden. I realized then how old and ingrained is this rejection of the female by men and women alike. I also know that in the past four decades, our worldview has been rapidly changing, in large part because of the feminist, civil rights, and gay rights movements—and also because the Internet has decentralized and globalized communication. Individually and collectively, we are waking up to the ways in which we have been participating in and thus perpetuating our dominator culture.

Still, far too often girls are given the message that their bodies, their lives, and their femaleness must be apologized for. Have you noticed how often women apologize? I was walking down the street a while back when a man ran into a woman who was walking by, causing her to drop a package. She apologized profusely. Somewhere deep inside many of us is an apology for our very existence. As Anne Wilson Schaef writes, “The original sin of being
born female is not redeemable by works.” No matter how many degrees you get in college, no matter how many awards you earn, many women are left feeling that they can never measure up. If we must apologize for our very existence from the day we are born, we can assume that our society’s medical system will deny us the wisdom of our “second-class” bodies. In essence, patriarchy blares out the message that women’s bodies are inferior and must be controlled.

Our culture habitually denies the insidiousness and pervasiveness of sex-related issues. I first learned in my medical practice that abuse against women (and the feminine aspects of men, for that matter) is epidemic, whether subtle or overt. And I saw how abuse sets the stage for illness in our female bodies. At that time, back in the 1980s, when I suggested to my colleagues that chronic pelvic pain, for example, was associated with a history of sexual abuse, they often guffawed. One even said to me, “Well, maybe your patients have that history. I only see normal women.” I soon came to realize that the women I was seeing were no different from those anywhere else—and they were perfectly “normal.” Consider the following: More than 40 percent of women in the United States have likely been the victim of violence, including childhood sexual abuse (almost 18 percent), physical assault (more than 19 percent), rape (more than 20 percent), and intimate partner violence (almost 35 percent). Some 6 percent of all pregnant women experienced violence during their pregnancies as well. Despite the widespread violence against women, less than 10 percent of primary care physicians normally screen for domestic violence during routine office visits.

Yet if the violence is not addressed, it is likely to escalate, putting victims at increased risk for committing suicide, being murdered, and suffering a host of serious injuries (such as brain damage) and chronic health conditions (including contracting sexually transmitted diseases and HIV/AIDS and abusing drugs and alcohol). Abuse against girls has been connected not only with early death and disability later in their lives but also with such diseases as cancer, diabetes, and heart disease, according to research by the Southern California Kaiser Permanente Medical Group and the Centers for Disease Control and Prevention (CDC). The relationship, the researchers report, is cumulative.

A 2003 report from the United Nations Educational, Scientific and Cultural Organization (UNESCO) documents that more than two-thirds of the world’s 860 million illiterates are women, and that when societies are faced with limited resources, females are more likely than males to be deprived of basic necessities, including food and medicine, increasing the risk of physical or mental impairment.

Some of the abuse against women in other parts of the globe is even more shocking. Consider these findings:
The World Health Organization estimates that between 100 and 140 million females have undergone female genital mutilation worldwide and that each year an additional 3 million girls in Africa alone are at risk for becoming victims of this practice.10

In India, the practice of sex-selective abortions in favor of male babies has become so widespread that the male-female balance has been dramatically thrown off (despite the fact that gender-based abortions have been illegal since 1994). One Indian fetal medicine specialist estimates that a million female fetuses are aborted every year in India. Even very conservative estimates put the number at half a million.11 The danger is greatest in urban areas with more access to amniocentesis and ultrasound, but laptop ultrasound units are now appearing in areas so remote that they don’t yet have electricity or running water.12 Although officially illegal in India, informing expectant parents of the sex of their unborn child is a common practice that is rarely punished.13

The United Nations estimates that 5,000 honor killings (murder at the hand of family members of women suspected of adultery) occur each year, most of them in Muslim countries. Incest perpetrators have used such “honor killings” to cover up their crimes when their victims become pregnant, and others have used them to solve disputes over inheritance. Some victims of rape or sexual abuse have even been forced to commit suicide.14

In China, 39,000 girls under the age of one die every year specifically because their parents don’t provide them with the same medical care and attention that they give to boys. For the same reason, girls in India between the ages of one and five are 50 percent more likely to die than boys of the same age.15

In Ghana, the first sexual experience for 21 percent of young women is rape.16

One woman worldwide dies in childbirth every minute. In the African nation of Niger, women have a 1 in 7 chance of dying in childbirth over their entire lifetime. In India, the lifetime risk is 1 in 70. (In the United States it’s 1 in 4,800, and in Ireland it’s 1 in 47,600.)17

A 2003 report by a division of the Cyprus government recently reported that more than 2,000 women a year, particularly those arriving from Eastern Europe and the former Soviet republics hoping for a better life, ended up forced into prostitution and trafficked to other European and Arab countries.18 A United Nations report estimates that in Asia alone, about a million children work in the sex trade and are kept in slavery-like conditions (such as being locked in brothels and beaten if they are uncooperative, not to mention
being undernourished and sedated with drugs to both pacify them and get them addicted).¹⁹

Due to widespread exploitation, sexual abuse, and discriminatory practices, teenage girls in southern Africa and the Caribbean are infected with AIDS four to seven times more often than are boys.²⁰ In Swaziland (which has the highest rate of HIV infection in the world, with one in three people infected) almost one in four girls is HIV positive.²¹ In Asia, 17 percent of all adults infected with HIV were women in 1990; by 2008, that figure had jumped to 35 percent. A report presented at the 2009 International Congress on AIDS in Asia and the Pacific adds an interesting twist, estimating that more than 90 percent of the 1.7 million women living in Asia who are infected with HIV caught the virus from their husbands or from partners with whom they were in long-term relationships. The report added that 50 million Asian women are currently at risk for contracting HIV infection from their intimate partners.²²

In a 2005 presentation in New York City, UNESCO decreed that violence against women and girls (including rape and torture as “a new strategy of warfare”) has become not only a major human rights problem affecting one in three females worldwide but also “a major public health emergency” of global proportions.²³ A particularly horrifying example comes from the UN Population Fund, which reports that of the almost 16,000 new cases of sexual violence registered in 2008 in the Democratic Republic of Congo, 65 percent involved adolescent girls and other children. Such violence includes sexual enslavement, forced incest, gang rape in front of families and community members, and stabbing and shooting women’s genitals. ²⁴

Riane Eisler, author of the best-selling book *The Chalice and the Blade* (Harper & Row, 1987) as well as *The Real Wealth of Nations: Creating a Caring Economics* (Berrett-Koehler, 2007), writes, “The world at large is finally waking up to the fact that we can no longer ignore the victims of intimate violence and the link between intimate violence and international violence, including terrorism.” After much research, Eisler cofounded the nonprofit Center for Partnership Studies (with her husband, social psychologist and futurist David Loye) to introduce a new partnership-based model of human rights, and “to show the link between ‘women’s and children’s issues’ and social violence, poverty, and other global problems, [as well as] to put an end to gender inequality and intimate violence.” (For more information on how she is helping to effect global change, see the Spiritual Alliance to Stop Intimate Violence program on the website of the Center for Partnership Studies at www.partnershipway.org.)

Because of Eisler and others like her, the tide is starting to turn. In 2009
alone, President Obama appointed a new White House Council on Women and Girls, the State Department created the new Office of Global Women’s Issues, and the Senate Foreign Relations Committee formed a new subcommittee that deals with women’s issues. A particularly inspiring message comes from Pulitzer Prize–winning journalists and husband-and-wife team Nicholas D. Kristof and Sheryl WuDunn, coauthors of *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* (Knopf, 2009). In a special issue of the *New York Times Magazine* devoted to women and girls in the developing world, Kristof and WuDunn wrote: “There’s a growing recognition among everyone from the World Bank to the U.S. military’s Joint Chiefs of Staff to aid organizations like CARE that focusing on women and girls is the most effective way to fight global poverty and extremism. That’s why foreign aid is increasingly directed to women. The world is awakening to a powerful truth: Women and girls aren’t the problem; they’re the solution.”

**Patriarchy Results in Addiction**

The patriarchal organization of our society demands that women, its second-class citizens, ignore or turn away from their hopes and dreams in deference to men and the demands of their families. Instead of learning how to pay attention to the genius of our intuition and inner guidance, we instead internalize the belief that we are not worthy enough, smart enough, or good-looking enough to live lives of freedom, joy, and fulfillment. Lacking a compassionate language that acknowledges universal human needs, many women (and men) turn to addictions such as overwork, overcare, smoking, drugs and alcohol, and overeating to numb their pain. This results in an endless cycle of abuse that we ourselves help perpetuate. What I’m calling abuse might be as subtle as feeling guilty about getting enough sleep! Being abused or abusing ourselves, we become ill. Then we turn to a medical system that is set up to deliver mostly quick-fix pharmaceutical solutions to problems that can’t be healed until we change our core beliefs and thoughts.

Anne Wilson Schaef writes that “anything can be used addictively, whether it be a substance (like alcohol) or a process (like work). This is because the purpose or function of an addiction is to put a buffer between ourselves and our awareness of our feelings. An addiction serves to numb us so that we are out of touch with what we know and what we feel.” Schaef re-named patriarchy the “addictive system” and described the characteristics of societies that squelch people’s inner knowing and emotions—thus favoring the use of addictive substances or processes to keep them going. (See table 1, “Characteristics of the Addictive System,” page 19.)

Whether you call it patriarchy, the addictive system, the dominator society,
or the mind-body split, it is abundantly clear that the way in which our society functions is harmful to both men and women (men die on average five years sooner than women) and that both genders participate fully in keeping it going. Yet the good news is that when we acknowledge our needs and release the emotional pain that results from denial, we are put immediately in touch with our hearts, our feelings, and our inner guidance system. Our intellects and thoughts can now assume their rightful role: being of service to our hearts and our deepest knowing, not the other way around. This shift puts us in touch with the unmet needs behind our pain. And that is the first step toward healing.

**FUNDAMENTAL BELIEFS OF THE DOMINATOR SYSTEM**

Marshall Rosenberg, Ph.D., the founder of the Center for Nonviolent Communication (www.cnvc.org), says that all human behavior is an attempt to get a need met. I wholeheartedly agree. This begins by listening for our needs and the needs of others—and believing that it’s okay to have needs in the first place! In order to flourish, we need to learn how to be in compassionate dialogue with ourselves. The first step in doing so is to get a handle on how we personally participate in the beliefs and behaviors characteristic of a dominator society. As you become more conscious of your own role in this feedback loop and then change your thoughts and behavior patterns, both your health as an individual and our health as a society will improve.

See if the following descriptions of our cultural attitudes toward women and health ring true for you. They may help you become more conscious of your own body and health issues.

**Belief One: Disease Is the Enemy**

Dominator societies have been properly described as societies that are either preparing for war or recovering from war. Such societies elevate the values of destruction and violence over the values of nurturing and peace. We have only to look at what our society spends on defense to see where its values lie, since the amount of money spent on something is considered a measure of its worth. The sum spent on weapons every minute could feed two thousand malnourished children for a year, while the price of one military tank could provide classrooms for thirty thousand students.27

It’s no mistake that the medical establishment describes our bodies not as natural systems homeostatically designed to tend toward health but rather as war zones. Military metaphors run rampant through the language of Western
medical care. The disease or tumor is “the enemy,” to be eliminated at all costs. It is rarely, if ever, seen as a messenger trying to get our attention. Even the immune system, which works to keep us in balance, is described in militaristic terms with its “killer” T cells. Recently, at a conference on a patient’s tumor held in our center, one of the radiologists said, “The previous bullets we’ve fired at that area [the pelvis, in this case] have failed to sterilize it from disease.”

The modern medical preference for drugs and surgery as treatments stems seamlessly from the ideology of our culture. That which is natural and nontoxic, such as the use of high-dose vitamin C as a well-studied and effective treatment for infection, is seen as inferior and ineffective compared with “real medicine”—the “big guns” of powerful antibiotics, drugs, chemotherapy, and radiation. Drug-free, natural methods of treatment with well-studied, well-documented benefits, such as massage, therapeutic touch, and prayer, are ignored at worst or tolerated as “probably not harmful” at best.28 A classic example of this in the field of obstetrics and gynecology is the impeccable research of Marshall Klaus, M.D., and John Kennell, M.D., on the effect of continuous labor support by doulas (women whose job is to sit with laboring mothers and provide emotional support). In a series of six different studies, Dr. Kennell found that the mere presence of a doula shortened laboring time in first-time mothers by an average of two hours and reduced the need for cesarean delivery by 50 percent. It also decreased the need for pain medication and increased the chances of successful breast-feeding.29 Back in the early 1990s, Dr. Kennell estimated that having a doula to support birthing mothers would save the health care system more than $2 billion per year in unnecessary medical costs from epidurals, surgery, fevers, and so on. Dr. Kennell quipped, “If the doula effect were a drug, it would be considered unethical not to use it.” But the effect of one caring human on another—which costs about $400—falls outside the paradigm of standard medicine, where the current rate of cesarean birth has now risen to an all-time high of about 32 percent (in fact, according to a 2009 report issued by the CDC, the cesarean rate has increased for eleven consecutive years).30

The medical literature is loaded with similar examples. Given these benefits and the total absence of side effects, a true scientist would be fascinated and want to study the effects further. Bernie Siegel, M.D., the famous Yale pediatric surgeon and author of Love, Medicine and Miracles, once told me that when he posted a study in the doctors’ lounge about the beneficial effect of prayer on heart attack sufferers, within a few hours one of his colleagues had written BULLSHIT across the front page.

Our culture considers the body to be inferior to the mind and its dictates of reason. It often teaches us to ignore fatigue, hunger, discomfort, and our need for caring and nurturing. It conditions us to see the body as an adversary, particularly when the body is giving us messages we don’t want to hear.
I saw a T-shirt the other day that said it all: “Pain is weakness leaving the body—U.S. Marine Corps.” We’re encouraged to try to kill the body—as messenger—along with the message. Though it’s important to stretch and challenge the body to keep fit and healthy, it’s also important to know the difference between stretching yourself and overextending. A dead giveaway that you are overextending, rather than stretching yourself, is the inability to nurture yourself or rest without a drink, a smoke, or overeating.

Belief Two: Medical Science Is Omnipotent

We have been taught that our disease-care system is supposed to keep us healthy. We have been socialized to turn to doctors whenever we have concerns about our bodies and our health. We have been taught the myth of the medical gods—that doctors know more than we do about our bodies, that the expert holds the cure. It’s no wonder that when I ask women to tell me what’s going on in their bodies, they sometimes reply, “You tell me—you’re the doctor!” Doctors are authority figures for some women, right up there with their husbands and religious leaders. Despite the fact that each woman is more knowledgeable about herself than anyone else could be, most women are trained to look outside themselves for answers. We live in a society in which so-called experts challenge and subordinate our own judgment and in which our ability to heal or stay healthy without constant outside help is not honored, encouraged, or even recognized.

As a physician, I was trained to be the paternalistic, all-knowing outside expert. The public, in turn, is conditioned to believe that doctors are paragons of healthy behavior who are entitled to judge them for their shortcomings. It always astounded me that my patients feared that I would yell at them for missing an annual Pap smear or mammogram appointment when missing appointments is something I and my colleagues also have done! Medicine itself has a very pathological focus. Scientists rarely study healthy people, and when people with chronic or terminal conditions manage to recover completely, defying the statistical medical prognosis, health professionals too often think that their initial diagnosis must have been wrong, instead of investigating why these people have done so well. In medical school, I practiced on sick or dead people. I was trained in what could go wrong. I was taught to anticipate everything that could possibly go wrong and to plan for it. As an ob-gyn, I was taught that the normal process of labor and delivery was a “retrospective diagnosis” and that it could randomly become a disaster at any moment without warning. When this kind of training goes unquestioned by doctors, the fear and tension that the doctor carries into the room of a laboring woman can increase her anxiety, resulting in hormonal changes in her body that, if not interrupted, favor a cascade of
physiological events that ultimately lead to a high rate of dysfunctional labors and cesarean deliveries.

Our culture and its conventional medical system believe that technology, testing, and more research will save us, that it is possible to control and quantify every variable, and that if we just had more data from more studies, we’d be able to improve our health, cure diseases, and live happily ever after. Back in the 1970s, the famous futurist Buckminster Fuller said that we had all the information we needed to wipe out poverty and hunger in the world, but what we lacked was the will to apply what we already know. Unfortunately, instead of applying what we already know, Americans and their doctors equate doing more with improving care. We believe that we can “buy” an answer by throwing money at it or doing more research. Again, we ignore or don’t trust our inner guidance system and our own healing ability.

Physicians order lots of tests because we are taught to be uneasy about being uncertain. Health care consumers, for their part, are just as uncomfortable with uncertainty as their doctors are. They want to know things in absolute ways. When people ask me about genital herpes, for instance, they want to know, “How did I get it?” “How do I know I won’t give it to anyone else?” These questions are essentially unanswerable with absolute certainty. And, of course, doctors also do a lot of procedures and testing for fear of lawsuits. This is one of the reasons why caesarean deliveries have skyrocketed.

When it comes to ourselves, doctors know all this. And it leads to a “Do as I say, not as I do” attitude. A very telling report from the University of California found that 50 percent of female physicians don’t do monthly breast self-exams even though they tell their patients to do them (more on this in chapter 10, “Breasts”). The same thing is true with immunizations. Many docs don’t give their own children the same shots they feel compelled to recommend to everyone else. My personal experience with both myself and my colleagues bears this out. I believe that the discrepancy between what doctors tell patients to do and what they themselves do is a matter of insider knowledge. We’re far more clear on the limitations of medical science than are our patients. But we don’t dare let on lest we destroy the placebo effect of our patients’ faith in us! The answer to this dilemma is for both doctors and patients to acknowledge the unknown and also heed the message behind the symptom. This awakens inner guidance and is compatible with any and all treatment choices.

**Belief Three: The Female Body Is Flawed**

Because being male has always been considered the norm in our culture, most women internalize the idea that something is basically “wrong” with
their bodies. They are led to believe that they must control many aspects of their bodies and that their natural odors, shapes, and processes such as menstruation are simply unacceptable. Women are socialized to think that their bodies are essentially dirty—requiring constant surveillance for “freshness” so that we don’t “offend.” Females naturally have more body fat than men, and because of better nutrition than in past decades, women today are also bigger than were their mothers and grandmothers. Yet the average fashion model, our cultural ideal, weighs 17 percent less than the average American woman. No wonder anorexia nervosa and bulimia are ten times more common in females than in males and are on the rise.32

This denigration of the female body has made many women either afraid of their bodies and their natural processes or else disgusted by them. Many never touch or get to know what their breasts feel like, for instance, because they’re afraid of what they might find. They may feel guilty for touching them, equating this with masturbation, since breasts are erotic for men—another sign of how thoroughly we have turned our bodies over to men. This also helps to explain why so many women feel uncomfortable breast-feeding their babies despite overwhelming evidence of the health benefits for both mothers and babies.

Health practitioners and women alike have been acculturated to view even normal bodily functions such as menstruation, breast-feeding, menopause, and childbirth as medical conditions requiring treatment. The attitude that our bodies are accidents waiting to happen seems to get internalized at a young age and sets the stage for women’s future relationships with their bodies. Given what we are taught, it is no wonder that so many women feel ill prepared to deal with and trust ourselves. Our bodies have been “medicalized” since before we were born.

Our culture fears all natural processes including birthing and dying. Daily, we are taught to be afraid. When my older daughter was seven, she was out with her father chopping down some brush in our backyard. Suddenly she started to cry and came running into the house with a bleeding finger. She had cut herself on a blade of grass. As I calmly held her finger under some cold water and saw that it was only a tiny cut, she looked up at me and uttered what I consider a major healing principle: “It didn’t hurt until I got scared.”

Many procedures that have been routinely performed on women’s bodies in particular are not based on scientific data at all but are rooted in prejudice against the body’s innate wisdom and healing power. Some procedures have their origins in emotional views of women handed down from previous generations. Routine episiotomies at delivery (cutting of the tissue between the vagina and rectum to make more room for the baby’s head) are an example. Despite the fact that studies have shown for the past ten years that episiotomy is usually unnecessary and increases blood loss, pain, and risk of
long-term pelvic floor damage and tears (something that midwives have been saying for years), episiotomy is still too common. It wasn’t until 2005 that a study published in the *Journal of the American Medical Association* on the outcomes of routine episiotomy was widely publicized, leading both women and their doctors to question the procedure more thoroughly.33

The reason this practice has persisted so long despite scientific data to the contrary is that obstetricians have truly believed that the birthing female body required the procedure to protect the pelvic floor and also to ensure a suitably “tight” vagina postpartum. One of the first things I was taught in my ob-gyn residency was how to place what was called the “husband’s stitch” in the episiotomy incision.

**RECLAIMING THE AUTHORITY OF OUR OWN FEELINGS**

Ultimately, I’ve found it enormously empowering to realize that no scientific study can explain exactly how and why my own particular body acts the way it does. That is because we each comprise a multitude of processes that have never existed before and never will again. In the end, our connection with our own inner guidance and emotions is the most reliable indicator of how well we’re doing. Science must acknowledge truthfully how much it doesn’t know and leave room for mystery, miracles, and the wisdom of nature.

My father used to say, “Feelings are facts. Pay attention to them.” Yet in my scientific training I quickly learned that feelings, intuition, spirituality, and all experiences of life that cannot be explained by the logical, rational parts of our minds or measured by our five senses are suspect or discounted as “magical thinking.” Because our culture places such emphasis on our intellects, we learn to fear our emotional responses. Women in particular are seen as emotional and thus in need of management. It took me years and years to break out of my own pattern of fearing emotional responses! In his groundbreaking book *The Biology of Belief* (Hay House, 2008), cellular biologist Bruce Lipton, Ph.D., who has done pioneering research on the effect of consciousness on cells, writes, “Bio-scientists are conventional Newtonians—if it isn’t matter . . . it doesn’t count. The ‘mind’ is a non-localized energy and therefore is not relevant to materialistic biology. Unfortunately, that perception is a ‘belief’ that has been proven to be patently incorrect in a quantum mechanical universe.” Our entire society functions in ways that keep us out of touch with what we know and feel.

Remaining unconscious about our innate needs takes an enormous emotional and physical toll on our bodies and spirits. Not acknowledging our needs for rest, intimacy, touch, good nutrition, acknowledgment, and so
on—and not knowing how to get these needs met directly—prevents us from being connected with our inner guidance. This disconnection, in turn, keeps us in a state of pain that increases the longer we deny it. It takes a lot of energy to stay out of touch with our needs. And we often turn to acculturated habits, such as the use of addictive substances, to keep us from confronting the unhappiness and pain that result from unmet needs.

Almost everyone understands that physical destruction results from abusing alcohol and drugs. Fifty percent of the accident victims in most emergency rooms are there because of alcohol abuse. As one of our staff anesthesiologists once said, “If it weren’t for cigarettes and alcohol, I’d be out of a job!” What many people don’t appreciate, however, is the enormous and equally deadly toll taken by compulsive behaviors such as overwork and overeating, used to avoid or deny one’s feelings.

Sexual and relationship addictions have gynecological implications and result in the epidemics of sexually transmitted diseases, such as venereal warts, herpes, and cervical cancer. A former patient of mine was married to a recovering alcoholic and was suffering from chronic vaginitis, for which I could find no cause. She finally came to the realization that her husband had been “medicating himself through sex with me every day for years. I saw that my body was his bottle—he was using it and sex the same way he had used alcohol, and I thought it was my duty as a wife to comply.”

My experiences in my own practice and life have led me to believe that health promotion and education won’t do a thing to decrease health care expenses unless we as individuals and as a society acknowledge our basic human needs and commit to fulfilling them compassionately. Only then can we begin to participate in our own recovery and truly flourish. Every overweight woman I know is clear about what she “should” eat. She doesn’t need more nutrition information. She needs first to feel the pain of her unmet needs for intimacy, recognition, grieving, and acceptance, which the excess food is preventing her from experiencing. This can happen only when she is encouraged to name those needs and learn how to meet them skillfully and compassionately. Her body and its state of health will always be a reliable barometer, letting her know how she’s doing in this regard.

The Power of Naming

A first step toward making a positive change in your life or your health is to name your current experience and allow yourself to feel it fully—emotionally, spiritually, and physically. Back in the 1980s, it was crucial for me to see how often I used the caretaker and rescuer role as a way to get my need for recognition and reward met. It was crucial for me to name this behavior “relationship addiction.” Before I did this, I looked to others to affirm me
and tell me that I was okay. I took their cues for how to act, feel, and look; I was always seeing myself in terms of other people. I believed that if I said no to someone who needed me, I wouldn’t be valued and loved. Looking back over my life, I see not only how persistent this pattern has been but also how much it has improved through insight and behavior change. My own life and health have improved enormously as a result of naming and changing this behavior. Simple. Not easy.

I came to see that my tendency to rescue people in need, my acquiescence to others, and my saying yes to everyone came out of my attempt to exercise a form of control: I believed that if I said yes, I would earn their love and approval. This wasn’t good either for me or for them, since by putting myself in the position of being other people’s rescuer, a substitute for their own higher power or inner guidance, I allowed them to remain out of touch with their own strengths. My behavior actually helped to create victims who needed me. Now when someone says he or she needs me, a red flag immediately goes up. I wait, check out the situation, and see what my inner guidance tells me before I decide how to respond. I’ve learned that if my answer is not an immediate and joyful yes, then almost always it should be a no.

One of the most common characteristics of people in our addictive society is dependence. “Dependency is a state in which you assume that someone or something outside you will take care of you because you cannot take care of yourself,” writes Schaef. “Dependent persons rely on others to meet their emotional, psychological, intellectual, and spiritual needs.” For centuries women have relied on men to meet their economic needs (not that they were given much choice, since in many cases they were owned like property), while men have relied on women to meet their emotional needs. As one patient of mine said about her former marriage, “Our agreement was, he would make the money and I would do the emotions.” Clarissa Pinkola Estes points out that one of the reasons women have not been more in touch with their creative instincts is that they have spent so much time succoring others who have been at war—either on the battlefield or in corporate America.

The problem with this way of relating to others is that it prevents true intimacy. Intimacy can take place only in a partnership relationship, not in one based on intersecting dependencies. My parents once cautioned me, “If a man ever says, ‘I need you,’ run the other way.” It’s good advice.

Naming the ways in which we participate in the dominator/addictive culture offers us a way out of the culturally induced trance that affects almost all women. Far too often, the culture’s definition of what it means to be a “good” woman is one who meets everyone’s needs but her own. Though being self-sacrificing for others earns love and acceptance in the short run, it always backfires because our bodies were designed to be healthy to the extent that we follow our hearts’ desires—not meet the needs of others at our own expense.

When you name an experience intellectually, be aware of how that expe-
rience actually feels in your body. Allow yourself to feel it physically. Otherwise, your own behavior—and your health—will not change. Once an experience is consciously named and internalized, physically and emotionally, it can no longer influence us unconsciously. When we change our perception, every cell in our bodies changes. We then begin to see how we have been influencing and perpetuating our own problems. Naming something that has affected us adversely—and also articulating the unmet need associated with it—is part of freeing ourselves from the negative influence of past trauma. Many times healing cannot begin until we allow ourselves to feel how bad things are (or were in the past). Doing this frees emotional and physical energy that has been stuffed, stuck, denied, or ignored for many years. When we can allow ourselves to feel exactly how we feel, without judgment, we begin to free our energy. Only then can we move toward what we want. Table 1 can help you name your addictive characteristics.

One of my former patients had a chronic and painful vaginal and vulva herpes condition that didn’t respond to conventional drug therapy or even to alternatives such as dietary changes. After three years of unsuccessfully searching for a way to stop her recurrent outbreaks, she came to the following conclusion: “Maybe I just need to walk around for a while saying that my vagina hurts. I was never able to say that to my mother when I was little.” From the moment she spoke this truth out loud, she began to heal. She told me that her father had sexually abused her for years and her mother hadn’t believed her. Layer by layer, she began to uncover her wounds, name them, and heal. With great compassion for herself, she acknowledged the pain of her past, her unmet need to grieve and have her pain witnessed, and moved beyond judgment of herself and her parents. As she did this, her pain gradually decreased while her creative life as a writer began to blossom. Today, she no longer has herpes outbreaks.

Over time I have come to see that what society calls being a “good woman” or a “good doctor” or a “good mother” came dangerously close to an invitation for me to lose myself in serving others at my own expense. I was reminded recently of how insidious this message is when I read the obituary of a woman who had died in her early fifties. Among other things, it said: “She was a tireless worker for the rights of women.” Anytime you see the word tireless, substitute martyr instead. We all get tired. And we’re supposed to rest regularly. Thinking that tireless is the equivalent of good is a setup for resentment, anger, and eventually illness. I’ve learned that I am able to provide optimal service and friendship to others only to the degree that I’m also tuning in to what I need to do for me. Over time I’ve created a life in which my family, colleagues, and loved ones have all committed themselves to living in balance as well. As a result of learning how to care for myself and listen to my own inner guidance, I have become far more effective at helping others than I ever dreamed possible.
Part of flourishing is allowing others to go through their own learning processes. No one can create health for another person. I have realized that I don’t have the answers for everyone—and neither does anyone else. Only the individual herself can gain access to her inner guidance when she is ready. After years of feeling that I was responsible for having all the answers for others at the expense of myself, I no longer try to convince anyone of anything (most of the time).

Many women are not in jobs and families that fully support their health. But if we can learn to value ourselves deeply, name our addictive behaviors, and commit to living our lives fully and joyfully, our jobs and circumstances will begin to change. Changing our thoughts and consciousness is always the first step toward healing. To help you in this, please read through the table on pages 19–20 and honestly assess which of these characteristics apply to you.

**Naming and Healing Emotional Pain and Its Physical Consequences**

Our emotions and thoughts have such profound effects on us because they are physically and energetically linked to our bodies via our immune, endocrine, and central nervous systems. And new research has shown that the connective tissue throughout our bodies functions as a continuous crystalline matrix in which a change in one area is immediately communicated throughout the entire system, because crystals are well-known energy transmitters and transducers. That means that the slumped shoulders associated with sadness and grief transmit the biochemistry of “sadness” instantaneously throughout the entire body. On the other hand, the very act of smiling sends the opposite message. All emotions, even those that are suppressed and unexpressed, have physical effects. Unexpressed emotions tend to stay in the body like small ticking time bombs—they are illnesses in incubation.

A culture that is unsupportive of women and the feminine sets the stage early on for health problems because the context of a woman’s life contributes greatly to the state of her health. When I first got my period, for example, I developed astigmatism and myopia and had to get glasses. It is very common for girls to need glasses around puberty. The eyes are in what’s called the “liver meridian” in traditional Chinese medicine (TCM), and the primary emotion associated with the liver meridian is anger. Because many young women lack the support necessary to identify the unmet needs fueling their anger, let alone a safe place to express anger in a healthy way, it’s no wonder their eyesight is adversely affected. I myself truly resented having to get glasses—no one else in the family had them. I now know there was something I didn’t want to see. I was unmistakably a girl in a family and a culture where male pursuits reigned supreme, and I was angry about this—but wasn’t aware of it.
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