General Editor's Introduction

During the preparation of the current issue (2010-2011), the developed world in general and North America in particular has been experiencing much economic angst. On the European side, there are hard-to-mend economical cracks within the body of the Economic Union, as the 'Union' tries to put out monetary fires one after another. Traditionally solvent economies like Spain's and Portugal's are increasingly showing an incapability to deal with their debt problems. Portugal recently had to accept a bailout. The contagion of economic woes are spreading to Ireland, and also affecting shaky Italian finances. Greece is not only at the verge of economic bankruptcy and collapse, but also capsized in the socio-political outrage of its own citizens. Thousands of Greeks who are accustomed to creature comforts derived from their European heritage, are finding their jobs, opportunities, social benefits and overall futures crumble, and get caught up in dangerous socio-political rallies and demonstrations. Germany, who often foots the bills to save this or that crumbling EU partner, is experiencing increasing difficulty to explain to its own citizens why so much of their economic wealth is being diverted to the rescue of others. Even England, who kept its monetary system intact and thus, partially avoided the problems with the EURO, is in some turmoil.

What is more important to keep in mind is that the economic troubles often spawn other, just as problematic social ills. As we have seen in the European case, even societies that are known for their affluence and 'equity-seeking' tendencies are not immune to the manifestation of social turmoil. In addition to the violent demonstrations in Greece, there was a violent riot in London and some other parts of urban England. Italy and France are heightening their rigid controls over their own visible minority contingents, especially of the kind who visually give the appearance to follow Islam. Norway recently experienced its largest mass murder by at least one (or more) self-proclaimed Islamaphobic Neo Crusader. Unfortunately, and as the laws of physics tell us, when there is a strong push, there is also a strong counter-push. Racist and ethnoreligious fundamentalism inevitably fuels opposing racist and ethnoreligious fundamentalism. The existing socioeconomic woes provide fuel for all kinds of dangerous fringes.

The political posturing at the United States' Senate and the House recently reached unprecedented levels of dysfunctionality in relation to discussions about the debt ceiling. Even under the guise of a thick rhetoric about cooperation and compromise, members of the House did engage in demonstrations of 'my way, or else...' attitudes and behaviour. The lack of cooperation was so long and so vicious that the S & P economic rating of the US got downgraded a notch. The magnitude
of the downgrade is not necessarily a big deal in itself, since it is marginal (from AAA to AA+). However, in its well over 200 years of existence, the first and the only downgrade of its kind did wound the American psyche deeply, and did catapult the international financial markets into a tail spin. The day following the negative S & P rating, the US financial markets lost over 600 points. Although not as devastating as the US stock markets, other world financial markets also followed suit by experiencing major losses. In the closely interdependent and intertwined world we live in, whenever US suffers a blow, the world markets get a major headache.

The current US political angst is mostly the by-product of the newly elected, ultra-orthodox fringe groups that loosely identify themselves as the Tea-party. Rather than splintering off into an independent political existence—which could likely be a marginal existence—the Tea-party affiliated members have wormed their way into the body of the more traditional/more moderate brand of conservatism under the Republican Party. Yet, their shrill, in-your-face presence and subterfuge tactics are proving to exert an influence far beyond what would otherwise be expected from their slim numbers. Even when those who loosely gather under the Tea-party slogans may not see eye-to-eye with other Tea-partiers on many socio-political realities, what they collectively congeal under is severely cutting down on government spending.

The vociferous and relentless demands from fringe groups, coupled with the bruise in its global economic superiority, are deeming the US government impotent. Thus, many social programs, especially equity related programs are the first on the hit-list of the ultra-orthodox groups. Unfortunately, many of the programs that are on the chopping block are those that make life possible for many women and children, and for those who are the visible, audible, ability-related or religious minorities, the poor, the disabled, the otherwise disenfranchised. There are also strong grumblings about issues that directly relate to women's rights. Many gains women and minority women have made since the 1970s (for example, freedom of choice in reproduction decisions) may be under threat. There are Tea-party rumblings about reversing Roe versus Wade. In the overall hostilities generated by a declining economic arena and retrenching government powers and subsidies, darker days may be awaiting women's social, political, educational and physical freedoms and health matters.

In the current issue, we present five articles that address different aspects of women's health within the changing times I briefly described. In the first article, Timothy Haney looks at spatiality of employment and welfare. Haney criticizes the punitive 1996 US welfare laws that start from the assumption that women welfare recipients are
lazy and unwilling to work. Instead, his own careful analysis shows that
the likelihood to find work is restricted by a myriad of individual and
contextual barriers. One of the most noteworthy individual barriers is
health. Neighbourhood-level variables that affect employability are
complex, and go beyond the traditionally thought out factors such as
neighbourhood poverty or living around disadvantaged people. The
observations in Haney’s analysis draw our attention to the spatial
distribution of opportunities and the place-based nature of social capital.

Haney’s work shows the close correlation between work and
health in numerous ways. The most visible of these correlations is the
one between health and employability. If women are not well, their
chances of employment are reduced. What is tragic, specifically for US
women, is that healthcare insurance is often contingent on one’s
employment, which means that sick, unemployed women who most
need healthcare are less likely to receive adequate healthcare than their
healthy, employed counterparts. What is also tragic is that even after all
the healthcare debates and legislation, US still is far from introducing
universal healthcare. Even the marginal advances in healthcare
legislation introduced by the Obama administration are being sharply
attacked by the so called Tea-partiers.

There is yet another work and health correlation that Haney’s
paper does not address but the feminist literature identifies. This
correlation is between employment and mental health. In capitalist
societies, there is an extraordinary amount of emphasis placed on work
and income. Even physically healthy unemployed women would likely
suffer a degradation in their self-perception and esteem. Over time, this
degradation may even affect their physical health. So, the cycle between
lack of health and reduced employability may be even more vicious
when one includes the axis of mental health into the mix. Yet, the US
politicians of the conservative order are still determined to attack the
disadvantaged through additional cuts to social welfare.

In the 2nd paper, Marcus Schulzke provides a historical analysis
of societal attitudes towards breast cancer. Indeed, across decades, much
has changed in the breast cancer awareness and treatments, but also
much has stayed stagnant. Schutzke convincingly argues that despite the
rising awareness about the disease, and despite its propensity to claim
thousands of lives, there is a disjunction between the visibility of the
social/medical actions and the invisibility of the women's bodies that
form the physical arena for the disease. According to Schulzke, the social
attitudes about the female body and standards of beauty and normalcy
are so entrenched that both the society at large and the individual
survivors have been colluding to hide the ravages of the disease on
women's bodies. Even quite successful social activist campaigns to raise
money as well as to create awareness about the disease have shrouded
themselves under eye-pleasing forms of symbolism (such as pink ribbons). A sea of pink, Schuzke argues, hides the physical and mental turmoil of women, the extensive scars and/or the loss of their breasts. Yet, donors, especially large corporations have found the 'pink marketing' non-controversial enough to contribute large sums of tax-deductable dollars. In an ironic twist, the more the visibility of the fund-raising campaigns about breast cancer, the more the hidden and the out-of-sight nature of the ravages of the disease. The true danger of the disease for women is compounded by women's fears of appearing non-feminine.

In Schulze's interesting analysis, women's hidden bodies and the sexist and prejudicial attitudes that surround them are discussed through mostly a social interactionist perspective. Schulze's analysis does not directly focus on the bearing of the macro forces on women's health. For example, why are conditions that most primarily (if not exclusively) affect women's lives are not given priority in the mainstream medical system/research? Why so much social activism is necessary to draw interest—and research dollars—on a major killer from private donors rather than making the disease a federal priority? In a socially responsible society, shouldn't it be the case that diseases that mainly affect women get a fare share of our tax dollars? In my opinion, gendering of health priorities is as much play in here as visibility/invisibility debates about women's bodies. The economic and political structuring of the society, which fails to give priority to women's health, is the scaffold against which the interactionist visibility/invisibility of women's bodies debates should take place.

Sterk, Klein and Elifson's study addresses sexual coping and frequency of sexual risk-taking among African American women who use drugs. Not surprisingly, women who already have so many other issues that impinge on their lives use sex as a coping mechanism, possibly opening themselves up to even more serious problems through their risk taking. According to the authors' multivariate analyses, seven items have emerged as correlates of sexual coping behaviours. Some of these factors are self explanatory, such as age (the younger, the more likely to engage in sexual coping), and attitudes toward condom use. Others are, I would argue, more insightful. For example, women who have lower levels of health information sources, lower levels of communication with their partners, and low levels of social support are more likely to turn to sex as a coping mechanism. What is most insightful in this analysis is the close link between amount of physical abuse and using sex as a coping mechanism. This link is robust in a large number of prior studies, including much of my own work. Abuse and violence not only directly put women at risk of injury,
but also put them at higher risk of engaging in maladaptive (sexual coping) and risk-taking (sex without condoms) behaviours.

Since Sterk, Klein and Elifson start from a meticulously focused set of hypotheses about sexual coping and risk, their work can only provide a focused light on sexual behaviour of at risk women. Their suggestions, although well-thought-out, are also reactive as opposed to proactive and preventative. For a wider focus on the problem, and for more proactive insights, one needs to ask qualitatively different questions. For example, why is it that in an exceptionally affluent society (even in an era of economic turmoil), there are so many 'at risk' women? Again, in such an affluent society (despite its recent economic woes), why is a disproportionately large slice of at risk women are also women of colour? Why is it that health-care and health-related-information still inaccessible to disenfranchised groups in the US? Why is it that women's sexuality is so often used and abused by men (as lovers, employers, teachers, etc. etc.)? How is it that women also learn to use/abuse their own bodies as a coping mechanism?

I think, we must also ask the difficult question about the existence of 'agency' in women's lives, without automatically attributing 'agency' to them. The agency issue might be particularly difficult to decipher in cases of women who are somewhat more disenfranchised (women of colour, women with disabilities, women with alternate sexual orientations, etc.). Is it the woman who 'actually' chooses to have risky sex, or is it that in a sexist world and male-dominated relationships, she has little say in the type/safety/frequency of sex she has? The necessity to confront the existing structural inequalities is at least as important as looking at social problems through the 'lens' of the individual women who seem awash in those problems. Unfortunately, the rabid individualism and anti-collective stance of the extreme-political-right in America is likely to pull the already flimsy social support rug from under the at-risk groups. Moreover, rather than taking responsibility for the disadvantaged, the strapped and disenfranchised government programs may push the already at risk women into a deeper abyss.

In the fourth article of the current issue, Nakamura et al. look at the gendered patterns of cannabis use amongst Canadian University students. Like we have seen in the 3rd article (Sterk et al.), the Nakamura article is about possibly dysfunctional coping mechanisms. In the Sterk article, the coping involved risk taking in sexual behaviour, whereas in the Nakamura et al. article, it involves smoking pot. It seems that not only female students use cannabis more frequently than their male counterparts, but are also likely to provide different reasons for their use than men do (more reasons about the medical benefits of cannabis use). Moreover, how male and female students might alter their behaviour in the future (stop use) also slightly differs. Female users think that
parenthood and career may change their behaviour, whereas male students predict a similar change through education and marriage. Maybe, the similarity in the male and female students' predictions is more important than the difference in their chosen words: they expect a change through socio-economic change for the better (education/career) and through increased stability of a relationship through marriage/parenthood.

Some additional questions come to mind that beg for answers. Why is cannabis use seen as deviant (and criminalized) whereas possibly equally questionable consumption in terms of smoking and drinking alcohol are not seen as 'deviant' and/or criminalized? Is there a 'safe' level of cannabis use, and if so, what is it? Obviously, the current authors see at least three times per week, for 12 weeks in a row as an indication of a problem level of use. Others may or may not agree with such a cut-off point. What seems to be the 'problem' to be addressed for the current authors is the difference in women's and men's propensities to engage in maladaptive coping behaviours (maladaptive is my choice of term, not theirs). From their observations, they conclude that women indeed engage in this particular behaviour more than men, and try to explain why that may be so. One interesting possibility is that men may engage in even more risky behaviour than using cannabis to cope with stress and anxiety. For example, they may drink a lot more frequently and heavily than women do, or they may drive fast, or engage in aggressive or violent sports. A few may get involved in physically violent groups or gangs, or vicariously experience risk-taking through videos or computer games. So, the gendered studies in risky coping behaviours may be important, but it is also important to contextualize how risky behaviour is defined.

In the last article, Alissa Overend explores the differences men and women experience of an amorphous illness that is referred to as Candida. Much has already been written about how women's 'biologically and hormonally natural' menstrual cycles have been problematized by men, by the traditional and male-dominated medical and pharmaceutical establishments, and even by women themselves. Moreover, how a 'natural' menstrual cycle in women has been (negatively) generalized to all women's behaviour/attitudes/emotions/abilities all the time is also a well-documented area of study. So, Overend's analysis of differential experiences of Candida is an extension of an already well-established feminist thought on gendered differentiations in embodiment.

What is interesting—albeit not surprising—is how women internalize the often overgeneralized, often problematized notions about their bodies. We often get a glimpse of these internalized sense of female bodies under 'ordinary' conditions, such as women calling their
menstrual cycles 'a curse', or women using all kinds of cleansing/perfuming products to scrub out any natural bodily fluid/smell in order to feel 'clean'. In the described Candida experiences, the 'othering' and the problematization of the female bodies is a couple of notches higher. An illness that involves some heightened level of bodily fluids, increased sensitivities or legions obviously fuels existing fears about the dangers that lurk within the female body. Although men and women may share many of the physical symptoms of the disease, their perceptions and interpretations and possibly, gut level experience of the disease is dramatically different. Despite numerous decades of new insights into the matters of embodiment, Overend’s research shows us how little distance the society on one hand, and some women have gone in terms of experiencing the 'leakiness' of their bodies.

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