Introduction

It has taken generations, if not centuries, of activism and advocacy within and beyond academia to legitimate gender as a “useful category of historical analysis” (Scott 1986, p. 1053), and sex/gender and health research still struggles for a bona fide place in the research/scholarly/biomedical world and beyond (Rosser 1994; Hubbard 1990; Birn & Kendal 2007). The relationships between sex/gender, and health are enormously complex, ranging from the social to the spiritual, political, and ideological, and always including the biological (Doyal 1995, Krieger 2003, Einstein & Shildrick, 2009). Amid this intellectual complexity, the Collaborative Graduate Program in Women’s Health at the University of Toronto (founded and directed by Einstein) is working to explore and unify the myriad approaches and themes within the field of women’s health.

Through collaboration across the humanities, social sciences, and biological sciences, students and faculty mentors in the program produce and analyze research that explicitly involves contrapuntal disciplines. With the clear acknowledgement of both the independence of and, simultaneously, inseparability of sex/gender (Johnson, Greaves & Repta, 2007; Einstein, 2012a) comes various challenges (Clarke & Olesen, 1999). By addressing these challenges, we can clarify how the corporeal body is situated in time, place, and social and biological histories (Grosz, 1994; Fausto-Sterling, 2008; Einstein, 2012b).

By crossing transdisciplinary borders (Rosenfield, 1992) including the health sciences, the humanities, and social sciences, this program exemplifies how women’s health can no longer be considered only in terms of the reproductive health of women—but must be contemplated in terms of the entire gendered body, and how the biological and social are co-constructed to create what Derrida (1972) called difference: “…an overflowing and intermingling of categories in which there is no access to a fixed or singular essence, and in which meaning is constructed through a network of interdependencies” (Einstein & Shildrick, 2009, p. 295). This kind of analysis enables biomedical research, treatments, wellness, illness, and bioethics to extend...
beyond the primacy of the universal, self-owned, able-bodied, masculine subject (Shildrick, 1997). As previous issues of this journal have clearly demonstrated, a myriad of disciplinary understandings is necessary to achieve a complete picture of any aspect of gendered bodies:

“The health aspects we pursue are loosely defined and abstract, but nevertheless important in their present or future consequences. The journal is equally interested in women’s health now versus in the future, or physical, sexual, reproductive or mental dimensions of health, or acute versus chronic conditions that affect women’s lives. The coverage will be international and interdisciplinary, and scholarly contributions from academics as well as social activists will be welcome” (Sev’er, 2002, p. 1). The journal’s geographic reach reflects the wider trend within the field. Although Anglo-American feminists were central to the initial field of sex/gender and health, the field has become increasingly decentred, with particularly exciting conceptual and empirical work coming out of South Asia and Latin America (Tajer, 2012; Sen & Ostlin, 2010; Corrêa, 1994; Biblioteca Virtual en Género y Salud, 2013).

Within this context, we agreed to develop a special graduate student issue of Women’s Health & Urban Life: “Gender/Sex & Health: Contextualizing the Body.” Our objectives were three-fold: First, we sought to clarify a range of interdisciplinary gender/sex and health issues involving the social and biological sciences, public health, the humanities, and practice-oriented fields such as rehabilitation sciences and social work. Second, we tried to frame the body through a variety of new and revisited gender/sex and health topics, from chronic disease and the biomedical culture, to gender and disabilities, to body image/active bodies, to re-interpretations of biomedical models of illness, to the globalizing of women’s bodies and experiences, to the practical use of gender as a road to innovation and uncovering ignorance. Third, we set out to highlight the work of graduate students in order to: support evolving ideas and approaches; create a shared community among graduate students working in research about women and health in the Collaborative Graduate Program and at the University of Toronto; and most importantly, give students a platform for their scholarly work.

The papers and book reviews presented here serve as a kind of conversation between and among the social, biomedical, and human sciences. All of the student authors were encouraged to consider their topics from the perspective of disciplines outside their comfort zones. Podnos and Gorczynski have included theoretical literature about the immune system, writing what is essentially a scientific report in an effort to incorporate theory into the field of immunology. Oldfield has included neuroscience literature about chronic pain in her autoethnographic paper about fibromyalgia. These interdisciplinary
analyses enrich our understanding of the conditions being researched, and help gender and health researchers combine the social with the biological (Rodríguez, 1994).

A number of the papers stemmed from the authors’ reflexivity about their own experiences and internationalities. Kumar is a physician from Sri Lanka, and Aryee came to Toronto from Ghana to study counseling psychology. These are uniquely Canadian perspectives: international in scope, yet focusing on health from within the expectations of the Canadian healthcare and research systems. They all stem from the assumption that identifying ignorance can be as powerful as knowing (Tuana, 2006).

The issue begins with a classic topic in women’s health research: women’s reproductive health, particularly how qualitative research serves as a lever for the rising prominence of maternal mortality on the global health agenda. However, rather than uncritically following this trend, Kumar offers a theoretical/methodological critique of qualitative health research as a window into the experience of women in childbirth in the Global South. She demonstrates that the longstanding but recently high-profile issue of maternal mortality (as a Millennium Development Goal, for example) is being addressed through a flawed epistemological approach that misrepresents the needs and priorities of women in the Global South. Using a post-colonial feminist perspective, she argues that a narrow focus on women’s interactions with the healthcare system as routes to health decontextualizes women’s needs and skew ‘solutions’ toward the technological rather than toward resource redistribution. She also points out that meeting the corporeal needs of women should not be an agenda set by feminists situated in the Global North.

Next, Oldfield intertwines her own experience facing a difficult-to-diagnose, heavily gendered chronic pain syndrome, fibromyalgia, with the experiences of others. Similar to a paper published previously in this journal (“Thousand faces of mastocytosis: mistaken medical diagnoses, patient suffering & gender implications,” Sev’er, Sibbald & D’Arville, 2009), Oldfield examines a relatively invisible-to-others, debilitating immune system disorder that affects every body system. She also describes the added social difficulties involved in trying to negotiate legitimate recognition and appropriate care within a biomedical culture that belittles, ignores, over-medicalizes, or underplays women’s experiences of pain.

Lee focuses on gender, underemployment, and health in the Canadian context from the perspective of women with disabilities. Using the narratives of a group of disabled women, she aptly enumerates the multiple, intersecting, negative health effects—corporeal harms—of underemployment. By incorporating the social model of disability and the feminist disability research framework, she identifies the structural,
environmental, and attitudinal causes of underemployment and shows how these affect disabled women’s physical, mental, emotional, and social health through the marginalization of identity, lost work opportunities, reduced income, and wasted effort. A similar paper was published by WHUL (“The geographic context of ‘personal responsibility’: the spatiality of employment & welfare receipt among unmarried urban women,” Haney, 2011); this research was situated in an American context, and demonstrates how place itself becomes a disability in employment-seeking, thus engendering illness and inability to work.

Podnos and Gorczynski explore the critical disconnect between gendered assumptions of breast cancer research, particularly those underlying cutting-edge immunological approaches to new therapies, and the animal models employed in research. The authors draw from crucial insights into sex/gender and health from the social sciences, demonstrating that although breast cancer is predominantly a woman’s disease, the scientific model for determining treatment and elucidating possible mechanisms is constrained by: 1) almost exclusive reliance on male rodents; and 2) the assumption that breast cancer takes place only in the breast. Carefully taking the reader through the biology of the immune system and its important sex differences, they present a ‘whole-body’ model of breast cancer mediated through the immune system, and argue that because of immune system sex differences, male cases of breast cancer should be studied using male models, and female cases should be studied using female models. Without denying the potential for wide variations among females and males that might actually bridge these binaries, the researchers argue that studying and comparing immune response differences by sex is vital to elucidating such bridges.

In the final research paper, Aryee focuses on the violence enacted on the bodies of women living in Ghana and its repercussions on mental health. While this association is well-established in the research literature, it has rarely been studied in the context of West Africa. Aryee uses her training as a counselling psychologist and researcher to assess the relative rates of depression among women living in Ghana (including Liberian refugees) who have been sexually assaulted, compared to those who have not. She employs quantitative methods to confirm that sexual assault has negative mental health outcomes, but that these outcomes may be mitigated by counselling. She then uses her position as an academic to suggest policies for education and counselling about sexual violence against Ghanaian and Liberian women, thereby fulfilling her promise to participants.

The issue is rounded out by two timely book reviews. First, Gray reviewed a recently published collection, Women and Exercise: The Body, Health & Consumerism (2011), which focused on: 1) the validity of
research about women’s health and physical activity; 2) government-based physical activity guidelines; and 3) how neoliberal discourses shape exercise messaging for the general public, particularly women. Its chapters draw on embodiment theory in all aspects of exercise, and illustrate how the field of sport concretely exemplifies the cultural and economic embodiment of gender, and in turn the gender implications—in physical, social, and psychological dimensions—within this increasingly commodified arena.

Second, Blom reviewed a Stanford University website: *Gendered Innovations* [http://genderedinnovations.stanford.edu](http://genderedinnovations.stanford.edu). This website presents innovations in science and engineering that have resulted from taking sex/gender into account (and identifies when these are not relevant) and offers a toolkit for sex/gender research. In her review, Blom considers the logistics and content of the site as well as its philosophical origins in epistemologies of ignorance (Tuana, 2006), and demonstrates the success of this website in promoting the benefits of research focusing on sex and gender.

In determining the trajectory and sharpening the research questions and analyses in these pieces, we were fortunate to have access to a wide range of new and established gender/sex and health scholars: Toba Bryant, Lesley Doyal, Manuela Ferrari, Eleanor Fish, Samah Hassan, Robin Mason, Krista Maxwell, Suzanne Sicchia, Brenda Toner, and Adriana Valentini.

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REFERENCES


