

Book Review

What Makes Women Sick: Maternity, Modesty, and Militarism in Israeli Society. By Susan Sered. New Hampshire: University Press of New England. Brandeis Series on Jewish Women, 2000.

Israeli women, says Sered, are much too sick. In contrast to western countries, they have some of the higher incidences of heart disease and cancer, while Israeli men have some of the lower, they outlive men by a smaller margin than the European average, and North African Jewish women who immigrate to Israel increase their risk of breast cancer by 75 percent after thirty years in Israel. This odd situation is probably not attributable to deficiencies in medical care, she argues, because men are comparatively healthy, nor to congenital disorders, because Jewish women in Montreal (the only North American country with statistics) do not follow the same pattern. Since we know from a number of sources that the powerless are more likely to get sick, it makes sense to examine the Israeli situation as the psychosomatic outcome of what must be a particularly virulent form of social powerlessness in Israeli women.

Such powerlessness, Sered argues, results from the activities of multiple institutions in Israeli society. Each institution—the media, military, state, economy, medical, and religious establishments—has a gendered agenda, which constructs women's bodies in one of three ways: (1) as sick, weak, polluted, or otherwise in need of correction or protection, (2) as the bearers of great social responsibility that is out of sync with women's practical powerlessness, and (3) in ways that are in conflict with each other, causing women's bodies to become battlegrounds.

The bulk of the book analyzes each institution's construction of the female body. Justification for framing this project as a search for the causes of women's illness is in the introductory chapter, which briefly reviews the data on Israeli women's health and international research linking social powerlessness to physical disease. Later chapters are organized around institutions and corresponding constructions. Thus it is the medical establishment that does the most to construct women's bodies

as ill, (Chapters 1 and 2), the army, as vulnerable (Chapter 3), the religious establishment, as polluting and in need of containment (Chapter 4), the state and religious establishment as responsible for fertility (Chapter 1), and the combination of religious demands for modesty and commercial demands for sexiness that make women's bodies into battlegrounds (Chapter 5). A concluding chapter gives a limited account of resistance, arguing that women usually resist the discourse of one institution by employing that of another, keeping them in a male-dominated system. Sered weaves together an impressive array of data to document these constructions, including: reviews of Knesset (parliament) debates, interviews with women who have just given birth, analysis of orientation pamphlets given to female draftees and brides undergoing ritual immersion, and a range of newspaper articles and studies on disparate phenomena.

If the task is to isolate institutional messages that could put women under stress, Sered is extremely successful. The army appears particularly insidious, drafting women in the name of gender equality but neglecting to teach them even the rudiments of self-defense, all the while warning them of sexually predatory Jewish and Arab male soldiers (Chapter 3). The state and religious establishment appoint women responsible for populating the nation, with the heady charges of reversing the Holocaust's devastation and preventing wartime annihilation, but the state puts control over that fertility in the hands of medical personnel, as by increasing maternity benefits for hospital births (Chapter 1). The medical establishment further medicalizes women's bodies, constructing even the slightest delay in getting pregnant as a fertility problem requiring invasive procedures, and granting women little control or expertise over the birthing process (Chapter 2). And all the while, the military puts the products of that obligatory fertility—the children—at constant risk, even as women have little say in whether or not the state will go to war (Chapter 3).

The social causes of women's illness are clearly understudied, and the notion of linking illness to gendered institutional agendas is intriguing. Sered does not explicitly organize her work around any particular body of theory, but it is clear that she is working with arguments from the literature on gender and nationalism. Her work can thus be used to refine the now-common insight that much of the labor of producing the nation falls to women, who are expected to give birth to its citizens or embody its cultural distinctiveness in socio-sexual behavior. Rather than locating demands for female behavior in one, widely-accepted, nationalist project, Sered locates them in several, often competing (or worse, cooperating) institutions, whose varying degrees of attachment to a range of interpretations of the nationalist and other projects result in intense pressure on women's behavior.

That said, however, Sered does not fully attend to the relationship between discursive constructions promulgated by institutions, women's receptivity to those constructions, and the institutions' ability to enforce them. The army, a total institution with draftees and a full two years to work on them, is probably well able to enforce its world view. But the religious establishment controls women's lives only at certain points, and the sophisticated and widespread anti-religious discourse developed by secular Ashkenazim (Jews of East European origin) defines that control as illegitimate. In fact, I would argue that rather than being simply undermined by the religious establishment's sexism, secular Ashkenazi feminists can sometimes build on it, and on widespread resentment of the religious, to garner support for feminist causes. Although Sered is aware of these distinctions, her overriding concern is to demonstrate that each institution has some following; its relative weight in Israeli society, its strategies for influence, and the complex ways in which women assimilate and reject its constructions, remain a black box.

A second major objection has to do with ethnicity, conceptualized in Israel as a distinction between Jews from the Arab world (Mizrahim) and Eastern Europe (Ashkenazim) (Sered does not discuss non-Jewish Arab women). Despite her meticulous recording of ethnicity in specific events, Sered theorizes using undifferentiated blocks of men and women. I would argue, however, that the institutions she sees as gendered—because they promulgate social goals that have consequences for women—are also ethnicized, in the same way.

Evidence can be taken from Sered's own careful attention to ethnicity in the 1950s Knesset debates on the feasibility of compelling women to give birth in hospitals. Sered interprets this as medical and state collusion to medicalize women's bodies. At the same time, she notes that it was *Mizrahi* women who were the target of this move, and that home births were attacked as part of a widespread *Ashkenazi* move to transform the "primitive" Arabic culture of the Mizrahim into something commensurate with nationalist goals of modernization and westernization. What to Sered is contextual detail is to me the point; this was not a male move against women, but rather an ethnic-gender move in which Ashkenazi women were partners and Mizrahi women were targets. Male collusion against women and medicalization are not absent, but complex. Since midwives assist in hospital births in Israel, Ashkenazi women would be both the enforcers and occupational beneficiaries of a move to use medicalization to modernize Mizrahim. And in agreeing to the project, Ashkenazi women would also agree to medicalization for themselves, resulting, Sered argues, in their getting sick as well. Returning to my earlier critique, it appears that it is the simultaneously ethnicized and gendered nature of both institutions and individuals

carrying out the nationalist project that accounts for the institution's ability, in this case, to enforce its constructions.

Finally, I see problems with the initial justification of the project. First, the introductory chapter does not systematically review alternative hypotheses for the data that Israeli women are relatively sick, nor does it explain why only *corporeal* constructions would be expected to cause stress-related illness. Second, Sered argues that it is (1) women (2) in Israel who are sick more often. But (1) she does not try to determine whether it is all Israeli women who are sick, or a less powerful ethnic or class subset, and (2) she compares Israeli statistics primarily to those of western countries, even though the Middle East and Eastern Europe are the main sources of the Jewish population, the physical environment, and the often impenetrable bureaucracy of Israel's health care system. The limited comparisons are not only methodologically problematic, they again bring up ethnicity and the nationalist project. Historically, comparing Israel to "other" western countries (at one point, Sered even compares Israel to "other European countries" [p. 124]) is one of the more common discursive techniques by which Israel achieved its nationalist goal of becoming part of the western world. In uncritically reproducing this technique, Sered both undermines her own attempt to introduce ethnicity into the equation, and perpetuates the alienation of Mizrahim, who are still seen as "eastern" in contrast to "western" Ashkenazim.

Despite its problems, I highly recommend the book, as both a graduate and an undergraduate text. Its discussion of the discourse promulgated by Israeli institutions, and the uniqueness of women's place in Israel, is valuable for any study of gender, nationalism, health, or Israeli society. Methodological pitfalls can be analyzed in class, and the basic argument that social agendas can lead to physical illness is thought-provoking and will make for lively argument.

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