

THE HADASSAH
RESEARCH INSTITUTE
ON JEWISH WOMEN

JEWISH WOMEN 2000:

CONFERENCE PAPERS

FROM THE HRIJW

INTERNATIONAL SCHOLARLY

EXCHANGES 1997-1998

EDITED BY HELEN EPSTEIN

WORKING PAPER 6 / NOVEMBER 1999



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MICAELA PROCACCIA

oversees religious archives in the Archival Department of the Italian Ministry of Culture. She holds a doctoral degree in “Lettere” (History and Italian Literature) with a specialization in Paleography. She also holds post-graduate diplomas from The School of the Vatican Secret Archive and the School of the State Sarchive in Rome. She is a member of the Council of Jewish Cultural Heritage Italian Foundation and the Scientific Committee of the *Centro bibliografico dell’Unione delle Comunita ebraiche Italiane*.

She is the author of several essays on the history of Jews in Italy and the author of texts and screenplays for videos about Jews in Rome and the *Shoah* in Italy.

MARLENA SCHMOOL was born in Leeds, Yorkshire in 1941. She was educated at the Leeds Talmud Torah, the Allerton High School for Girls, the University of Birmingham and the London School of Economics. She has been involved in “Jewish” research all her adult life and has served as Research Director, Jewish Board of Deputies since 1986. Politically incorrect as it may be, the most important fact in her life, she writes, is “to see my children, Barak 30 and Osnat 27 as fulfilled in their lives as I feel in mine.”

SUSAN SERED was born in New Jersey in 1955 and has lived in Israel for the past twenty years. She received her Ph.D. from Hebrew University in 1986. She is Associate Professor at Bar Ilan University, currently on sabbatical at Harvard University. Sered is a founding member of the Israel Association for the Advancement of Women’s Health. Her publications include *Women as Ritual Experts: The Religious World of Elderly Jewish Women in Jerusalem; Priestess, Mother, Sacred Sister: Religions Dominated by Women; and Women of the Sacred Groves: Divine Priestesses of Okinawa*, all published by Oxford University Press. Her forthcoming book, *What Makes Women Sick: Gender, Illness and Authority in Israeli Society* was written while she was Scholar-in-Residence at the HRIJW, will be published by UPNE.

RUTH KNAFO SETTON was born in Safi, Morocco in 1951. She is the descendant of Kabbalists, visionaries, artists, musicians and martyrs, including Maklouf Knafo, one of the legendary fifty *nisrafim*, the Jewish martyrs of Oufran who chose death by fire rather than conversion to Islam in 1790; as well as of the Cabessa family, residents of Toledo who fled Spain during the Inquisition. Her novel, *The Road to Fez*, is forthcoming

by Counterpoint Press. She is the recipient of fellowships from the NEA, PEN, and the Pennsylvania A Council on the Arts. Her work has appeared in many journals and anthologies, including *Mediterraneans, f/m, CrossConnect, International Quarterly, Tikkun, Lilith, Bridges*, and *Sephardic-American Voices: Two Hundred Years of a Literary Legacy*. She teaches at Lafayette College.

KATALIN TALYIGAS was born in 1942 in La Paz, Bolivia and grew up in the United States and in Hungary. She is currently Secretary General of the Hungarian Jewish Social Support Foundation and Senior Lecturer at the Eötvös Lóránd Science University in Budapest, where she received her doctorate in Sociology in 1986. She has worked in both Hungary and Bolivia, managing many social work projects and writing a long list of articles, particularly on refugees, the care of the elderly, and managing social care. She was responsible for establishing social work education at a university level in Hungary.

EDITOR'S NOTE



FOR SEVERAL MONTHS NOW, I have been editing the papers of 24 women working in different fields and in different places throughout the world. These women also come from very different parts of the Jewish community and work in a variety of settings: some are academics; some are writers; some are social workers. All originally presented papers in 1997 and 1998 at the Hadassah Research Institute on Jewish Women located at Brandeis University. Reading their work, thinking about their ideas, and sometimes struggling to translate them into English has been an unexpectedly absorbing experience for me and I've wondered what it is, exactly, that I find so rewarding. I've concluded that spending time in the company of an international, interdisciplinary group of Jewish women begins to fill a most basic and persistent need in me: the need of human beings to see themselves sympathetically represented and reflected in their culture.

As a Jewish woman growing up in post-war America, I rarely saw any semblance of my reflection in the mainstream culture. Although I grew up in the middle of New York City where almost everybody in my immediate world was Jewish, representations of Jews were absent from the museums I visited, the movies I saw, or the books I read in school. Except for *The Diary of Anne Frank*, which I consider problematic reading for a young Jewish girl, there was no Jewish heroine in the books of my childhood. I identified with active, adventurous girls like Jo March, Nancy Drew or Cherry Ames and liked reading about the dramatic lives of European and English queens. I didn't then notice that none of the women I was reading about were Jewish, or that Archie and Veronica seemed to have no Jewish friends; that there were no Jewish Mouseketeers; or that there were no Jewish girls in *American Girl* or *Seventeen*.

I was in my forties and listening to West Indian writer Jamaica Kincaid speaking at the Isabella Gardner Museum in Boston, when I suddenly perceived their absence (like Pnina Motzafi-Haller in her essay about *mizrahi* women in Israel, I applied the insight of an African-American woman to my own life). Jamaica Kincaid had done a brilliant and audacious thing: invited to choose her favorite painting at the museum and speak to a large audience about the reasons for her choice, she had beamed an old snapshot of her mother on the museum's large screen and talked about it.

All of us in the audience, of course, had been accustomed to viewing the parade of art history on such a screen – from the Greeks to the Renaissance masters to the Impressionists and Abstract Expressionists. We were accustomed to oil portraits and elaborately framed photographs. The effect of Kinkaid's snapshot was shocking and made the author's point more forcefully than her words: Had we ever seen the image of an ordinary West Indian woman on the walls of a museum? Had we ever contemplated her face? Her body? Her surroundings? Her life? How did we ascribe value to this snapshot when it was viewed in a private photo album, in a newspaper, or here, in the context of other portraits in the museum? We had all read or at least heard of Ralph Ellison's *Invisible Man*, but what about the invisible woman? In this case, what about an entire sub-culture usually hidden by the majority African-American minority culture?

I viewed many of these working papers as such snapshots that raised some of these and many other questions.

In addition to experiencing a kind of invisibility as a Jewish girl in America, I also felt an invisibility in the Jewish community as the daughter of Czech Jews (of *ashkenazi* descent on my mother's side; *sephardi* on my father's). We lived on the Upper West Side of Manhattan, where there were many Jewish refugees from Central Europe but where the definition of Jewish culture was determined by people who, like the majority of American Jews, were of Russian and Polish descent.

This particular group, I later learned, had jettisoned their working-class, Yiddish-speaking parents (as well as their working-class culture) in the Bronx, or Brooklyn, or Queens, or the Lower East Side. They were West Siders now, middle-class, highly educated, new Jews, who frequented the American – not Yiddish-language – theater and Lincoln Center, collected art, read the cultural sections of the *Times* and the *New Yorker*. The men worked as professionals; the women were delighted to be full-time homemakers in the image of Betty Crocker. Most were political liberals who had flirted with Communism or Socialism in college; they had friends or acquaintances who were blacklisted and were deeply affected by McCarthyism. They had also been deeply affected by the events of the second world war and were in every way invested in a prototypically 1950s American mainstream lifestyle.



My family entered this Upper West Side Jewish milieu towards the end of 1948 like creatures from another planet. My parents were *both* Holocaust survivors and political exiles from Communism. They had grown up middle-class, did not speak Yiddish, had never seen a bagel, and were not especially interested in Israel. Although they had no sympathy for McCarthyism, they were staunch anti-Communists who regarded Stalin as another version of Hitler. During the 1950s, they struggled to earn money and to adjust to America. Like many Jewish (and other) refugee women, my mother supported the family. My father – a former Olympic water polo player and sometimes officer of the Organization of Czech Sportsmen in-Exile-in-the Western World – was mostly unemployed until I was ten years old.

All this is to say that, as I was growing up, I felt as invisible in the Jewish community as I did in the American one. And when I had finished growing up, although I was counted as an American Jew, I still did not feel like American Jewish culture included me. G.B. could have been describing the Epsteins when she writes “Iranian Jews do not easily mesh with the majority Jewish culture. Those who live in North America feel marginalized: their experience has been that American Jews know nothing about them... The Iranian Jewish diaspora is triggering a re-examination of hegemonic notions of American Jewish identity. Iranian Jews with their own ethnic and cultural tradition are challenging the American Jewish culture that was brought from Eastern Europe and that is presumed to apply to all arriving Jews regardless of their background. This ashkenazi standard for Jews is similar to the WASP standard for assimilation to North American society.”

The issue of cultural hegemony is addressed in an even more dramatic way by South African Sally Frankental. “It is a truism to note that all Jewish communities, in all times and places, reflect the context in which they are located,” she writes. “In the South African case, the segregationist policies of the colonial authorities, the Boer republics, and the Union, followed by the apartheid system of the past fifty years, form the inescapable frame for all who live in South Africa... the disproportionate numbers who arrived from one region, Lithuania, gave the community an unusual degree of homogeneity relative to other diaspora communities. This was reflected in the virtual absence of Hasidism (until the 1970s), in the particular form of Yiddish



spoken, and in a variety of foods and customs particular to Lithuanian Jewry. In addition, the east Europeans' lack of exposure to Reform Judaism meant that Reform or Progressive Judaism was established in South Africa only in 1933, far later than in most diaspora communities." All this, of course, shaped the lives of South African Jewish women.

In reading these papers, I was struck by how many kinds of Jewish women there are, how profoundly we are influenced by our country of origin and the continuity or discontinuity of Jewish life within its borders, and by our experience of such factors as entitlement, dislocation, prejudice and outsider status. History, particularly this century's history, has not treated all Jewish women equally. In writing their papers, some authors – like Katalin Talyigas of Hungary – was reconnecting to and reconstructing the history of Jews in their country for the first time. Others, like Micaela Procaccia, who lives in Rome, is steeped in her history and writes with the surety of long immersion in the past: "In the year 1537, a Roman Jewish working class girl named Lariccia cried for days because of an unwanted match," begins her paper. "The day before the *qiddushin*, or betrothal, a washerwoman named Clemenza heard Lariccia saying to her father: "I do not like this man, nor do I desire him. I refuse him and reject him, nor do I want him." She declared herself to be "the unhappiest of all women," and on the next Shabbat, she told her father that she would not agree to let "the *qiddushin* become *nissu'in*.' Her father then hit her with the butt of a knife."

The biographical section of this volume itself makes for fascinating reading – as much for the wide geographical spectrum represented as for the facts each woman deemed important to include. As different as each woman is, I find much in common with her. It was easy for me to enter into her world.

Although this first HRIJW collection of writing by Jewish women around the world is inevitably uneven and incomplete, it is a respectable beginning. The authors represented here are, in some countries, part of a larger scholarly and cultural project of researching and writing about women's lives; in others, they are pioneers – the first of their kind. In some countries, they have been able to draw on a large body of data and literature; in others, they are themselves creating that data and literature. Ana Lebl from Split (now in Croatia) lives in an aging and relatively poor community of only 100 Jews

with scarce resources; Americans Riv- Ellen Prell and Pamela Nadell enjoy the support of Jewish Studies as well as Women's Studies departments at major American universities. Our Israeli and Latin American contributors bring both these realities into yet another perspective.

Some of the authors chose to spend time reworking their original presentations; others were content to have published what they originally presented. Many have struggled to express themselves in English – their second or third or fourth language. As a writer who has often had to communicate in foreign languages, I admire their pluck; as editor, I hope they forgive my journalistic bias, my many questions, and my inadvertent mistakes. Parts of all their work – even where it represents a starting point – moved and inspired me. I hope it will move and inspire you.

Helen Epstein

October, 1999

ISRAELI WOMEN AND HEALTH

by Susan Sered

Writing this paper, I find myself wearing two hats that I have never before worn at the same time. I am writing both as an anthropologist who studies gender in Israeli society and as a women's health activist. I am one of the founding members of the Israel Association for the Advancement of Women's Health, the first feminist organization in Israel dedicated solely to improving the health status of Israeli Jewish and Arab women.¹



The theme that I will address, wearing each of these hats in turn, is why Israeli women make so many visits to the doctor, why they are hospitalized so often, why they complain of so many chronic illnesses, and why the life expectancy of Israeli women is among the shortest of women in the western world. But before I begin, I want to draw you into my anthropological way of thinking about the body.

Anthropologists understand the body to be not only a biological entity but also a cultural construct. We take seriously the notion that cultural patterns and practices and social arrangements and beliefs actually shape the body. Rituals in which the body is flamboyantly modified (such as *brit milah*) are perhaps the clearest expression of this notion, but other sorts of patterns and arrangements, such as preferential feeding of male or female children, fashions in clothing, ideas regarding beauty, modes of employment, and medical practices, to name just a few examples, also give form to the individual body. When anthropologists use the word “body politic” we mean it literally! The body both represents political arrangements and is shaped by them.

With this conceptual framework in mind, I would like to share with you some data concerning the health status of Israeli women. Israeli women, consistent with the pattern found throughout developed societies, visit family doctors 20% more often than men in all but the youngest, zero-four age group. Women visit medical specialists 60% more often than men do, and in the 25-44 year old group, they visit medical specialists twice as often as men do. Hospitalization rates for women are 33% higher than for men.² These kinds of numbers suggest that Israeli women, like other western women, are sick more often than men are sick, despite, on the average, living several years longer than men do. Women report a higher overall rate of six of the most common chronic diseases – diabetes, heart disease, kidney disease, ulcers, asthma, and hypertension – which women suffer from at 1.5 times the rate that men do.³ Israel also has a high rate of breast cancer and women's mortality rates from cancer are comparatively high, while Israeli men's mortality

¹ My argument in this paper appears in a more developed form in Susan Sered, *What is Making Women Sick: Gender and Authority in Israeli Society*, University Presses of New England (forthcoming).

² The statistics cited in this paper have been provided by the Israel Association for the Advancement of Women's Health. The IAAWH can be reached at POB 46155, Jerusalem, 91460. Contributions are being sought to help fund a range of exciting programs aimed at improving the health of all Israeli women. The Israel Women's Network has collected statistics on women's health in a 1998 publication entitled *Women in Israel: A Collection of Data and Information*, edited by Nira Reiss.

³ Israel Central Bureau of Statistics, Avorva et al 1996

rates from cancer are comparatively low.⁴ In other words, the issue at stake is not physiological women's bodies are not less "hardy" than men's bodies, but rather social: something in the way that social life is organized seems to make women sick.

The kinds of explanations that have been offered by scholars (see Doyal for a review of the literature) to explain the higher rates of illness among women include: women's double work load inside and outside of the house (a workload that often includes long-term care of small children, handicapped family members, and aging parents or in-laws); sustained discrimination against women, especially the economic discrimination that leads to the feminization of poverty in much of the world; cultural patterns of defining women's normal physiological processes (such as pregnancy and menopause) in pathological terms, thereby encouraging women to see themselves as not healthy and to seek out expert medical advice during numerous stages in the normal life cycle); cultural images of women as weak (these images can become a self-fulfilling prophecy); cultural ideas of women's beauty that translate into harmful physical practices (such as extreme dieting, wearing high-heeled shoes); and, finally, depression (rooted, it is suggested, in the "unfairness" of a woman's life in a male dominated society, in suppressed anger, or in low self-esteem) which is manifested through physical and psychological symptoms.⁵

All of these patterns are present in Israeli culture, and all help explain why Israeli women, like their counterparts in other western societies, are so often sick.

But there is at least one number that leads us to think in a more particularistic way about the unique experiences of Israeli women. While Israeli women, like women throughout the western world, live longer than men, the gender gap in Israeli life expectancy is only 3.6 years for Jews (1.5 for Arabs). This is HALF (or one quarter) the gender gap among Americans and most of the developed world. Thus, in 1996, the life expectancy of Israeli women was 79.9 years (compared to an average of 80.7 years for women in the EU countries; and the life expectancy of Israeli men was 76.3 compared to 74.0 for men in the EU countries. The gender gap in life expectancy has also been found to be smaller among Israeli Jews than among Jews in Montreal (the one North American population for whom reliable comparative statistics are available), indicating that environmental or cultural rather than genetic factors are responsible for the poor health profile of Israeli women.⁶

The question that frames this paper is: Why does the life expectancy of Israeli women rank only 13th to 15th in the world (there are slight variations from year to year) while the life expectancy of Israeli men is among the highest in the world, ranked second or third, following only Japan, Canada, and Sweden?

The long life expectancy of Israeli men suggests that the Israeli semi-socialized health care system is, at least, adequate (on a personal note, having spent the past year in the U.S. I can affirm that the Israeli health care system is in many ways superior to the American, both in terms of universal coverage and ease in accessing the system). The answers seem to lie in cultural patterns of gender rather than in the health care system itself.⁷

⁴ Hoffman and Avgar 1998

⁵ A good overview of these issues can be found in Lesley Doyal, *What Makes Women Sick: Gender and the Political Economy of Health*, Rutgers University Press, New Brunswick NJ 1995.

⁶ See Shatenstein and Kark, 1995

⁷ A good comparative discussion of women's health in Israel can be found in Eileen Hoffman and Amy Avgar, "Women's Health in Israel and the United States: A Cross-Cultural Perspective," *Journal of Gender-Specific Medicine* 1(2): 44-51.

A first piece of information that can help us out is research such as William Skinner's brilliant study of Tokugawa, Japan that shows that patriarchy, in the sense of significant and systematic power differentials between men and women, is unhealthy for women: when there is a significant power differential between men and women, women's life expectancy falls.⁸

Israeli society is characterized by systematic power differentials between men and women. The top echelons of government and the business sector are intertwined with the top echelons of the Israel Defense Forces, an institution that openly and systematically excludes women from positions of power and prestige, and that valorizes male bodies, bonding and authority. The gross underrepresentation of women in government and in the high ranks of private industry are an easy-to-measure gauge of women's relative powerlessness in Israeli society.

A second piece of the picture is that Israeli women have more children than women in other western countries. Israel's notoriously high natality rate is not spread evenly among the population: Arab women, ultra-orthodox women, and women of non-European ethnic groups are pregnant more often and raise more children than highly educated, secular, Jewish women of European backgrounds. But even among well-educated women, the fertility picture is complex. I would like to share with you some of the information that the Israel Association for the Advancement of Women's Health collected by means of a questionnaire published in one of Israel's most popular women's magazine – *At* – of August 1996.⁹

The questionnaire, that was completed and returned by 839 women, asked for a wide range of health and life style information. The results offer interesting perspectives on these issues. First, the women who filled out the questionnaire were overwhelmingly middle-class, married, and well-educated (60% had completed more than 12 years of school). Almost all worked outside the home in some capacity (although their average incomes were a third less than the average incomes of Israeli men). Approximately two-thirds of the women were mothers; the average number of pregnancies was 3.4, and average number of births 2.5.

More than a quarter of the women had been pregnant five or more times. One in three women reported at least one miscarriage, and one in four reported at least one abortion. These numbers become even more significant when we learn that almost one in eight married women reported having undergone fertility treatment. Indeed, Israel has one of the highest (if not *the* highest) rate of IVF (In Vitro Fertilization) in the world. What these numbers suggest is that Israeli women spend a great deal of their lives not only raising children (alongside other responsibilities) but also worried about, dealing with, stressed from, and in medical treatment for fertility "problems" of one sort or another. Israel's maternal mortality rate is low by international standards: it is not childbearing as a purely physiological matter at issue here. Rather, I am talking about cultural constructions that construe the female body, and especially the female reproductive system, as problematic and in need of repeated or ongoing medical attention.

Let me continue this train of thought, taking a slightly different tack. We have a great deal of documentation showing that, cross-culturally women around the world work more hours per week than men, and that

⁸ William G. Skinner, "Conjugal Power in Tokugawa Japanese Families: A Matter of Life or Death." In *Sex and Gender Hierarchies*, ed. Barbara Diane Miller, Cambridge University Press, Cambridge, pp. 236-270, 1993.

⁹ The results of the survey were published in the January 1997 issue of *At*, in an article by Amy Avgar and Carol Gordon.

women's overwork causes poor health. Israeli women are employed outside the home, have more children than women in any other 'first world' country, and tend to be responsible for aging parents and often in-laws. (In the *At* magazine survey, approximately one third of the married women also cared for aging parents or a handicapped family member). Yet I think that overwork alone is probably too simplistic an explanation for poor health. We all know that when we are busy at work that we enjoy and for which we feel appreciated and are adequately remunerated, we feel good (and, in fact, studies in the U.S. show that full-time housewives complain of worse health than women who work outside the home). The issue has to do with the nature and the social location of women's work.

Research carried out by social psychologists shows that people employed in positions in which they have lots of responsibility but little authority tend to suffer from higher rates of poor health. Nurses are the classic case. Nurses bear incredible responsibility for the lives and well-being of their patients, yet have almost no authority regarding decisions about diagnosis, treatment, or type of care. Indeed, the health profile of nurses is consistently poor.¹⁰

Lots of responsibility and little authority characterizes the lives of many Israeli women. Women are "equal" citizens (that is, responsible for taxes, encouraged to vote, etc.), yet they have almost no authority regarding ultimate decisions affecting the Israeli nation (for example, the "security" question). Women are grossly under-represented in the Knesset, and especially under-represented (perhaps not represented would be more accurate) in security forums and IDF decision making bodies.

Even in the arena of life in which Israeli women gain much supposed esteem – natality – the same pattern holds. Women are responsible for producing children, but the first system to which Israeli women turn for help, the health care system, is authoritarian. Doctors are paternalistic and women feel powerless regarding their own health. Moreover, Israel has one of the highest rates of IVF treatments in the world, indicating that even in the project of maternity many women are highly dependent upon a male-dominated medical elite that holds a monopoly upon "esoteric" treatments seen as having an almost magical power to give women their much-desired babies. Significantly, the provision of the Israeli government requires all Sick Funds to provide unlimited fertility treatment up to two live births. That mandatory "basket of services" does not, however, include contraception.

The second system to which Israeli women turn for help with health matters, the religious system, is equally authoritarian. For example, extraordinarily high rates of women turn to rabbis for help with fertility issues. The help that rabbis offer (blessings, prayers, and amulets) reflect a hierarchical world view in which God is the ultimate authority. Rabbis and other holy men share in some of that authority, but women have no authority whatsoever. The typical model of interaction between the sick or infertile woman and the *Rebbe*, rabbi or saint, is hierarchical and dogmatic: The holy man gives orders regarding which doctors to consult, which prayers to say, which *mitzvot* (religious commandments) to observe.

¹⁰ See Doyal, pp. 168-169.

In short, I would suggest that the unhealthy position of holding responsibility without authority is an overarching theme in the lives of Israeli women: Praised for their fecundity, expected to be able to raise their children to be healthy, well functioning adults, women in reality struggle to keep their own children alive in the face of disease, war and terrorism.

The intensive and extensive authority of both doctors and rabbis in matters concerning women's bodies is, in fact, a reflection of a much larger issue. Women's bodies in Israel are culturally defined as belonging to the collectivity as much, if not more, than to women themselves. First, women in Israel are urged to contribute to the national enterprise by having children. The government rewards women for having children with a "*ma'anak leda*" or childbirth grant (enough money to purchase basic baby items) and by publicly depicting women who are mothers to large families as national heroes. The discourse is explicit: Israeli Jewish women should dedicate their bodies to replacing the six million Jews lost in the Holocaust and to bearing and raising children who will be the next generations of citizens, mothers, and soldiers.

Second, women's bodies are constantly introduced into public discourse in Israel. The most obvious examples concern disputes between secular society and orthodox society over women's "modesty." Newspapers report endless conflicts over women in trousers or short-sleeved blouses working in government buildings located in or near ultra-orthodox neighborhoods and rabbinical rulings concerning appropriately modest hair coverings or stockings for women. All women are now required to wear "modesty scarves" to walk through the passageway *next* to the Western Wall.

Third, a close look at Israel's abortion law reveals an interesting pattern. Unlike America's abortion law that focuses on the status of the fetus (that is, the length of gestation), Israel's law focuses on the status of the woman (her age, marital status, circumstances under which she became pregnant). In order to obtain a legal abortion, Israeli women must submit to questioning by a committee composed of two doctors and one social worker. In these committee meetings, the woman's body becomes a matter of public inquiry. (In fact, as Delila Amir has shown, almost all abortion requests are granted; the issue is that the committee ritual defines the woman's body as not her own. Using the terminology that I introduced earlier, the inquisitory style of the abortion committees gives the message that while women are to be held responsible for unwanted pregnancies and for contraceptive failure, women do not have the authority to terminate their pregnancies.)¹¹

Fourth, compromises and deals between secular and orthodox political parties have created a situation in which weddings in Israel are carried out only under the auspices of religious authorities (recently, there have been some exceptions). The orthodox rabbinical establishment requires Israeli brides to immerse themselves in the *mikveh* (ritual bath) prior to the wedding, and to bring a note from the ritual bath attendant testifying to their menstrual purity. Again, I draw attention to the role of the state in institutionalizing a religious discourse and practice in which women's bodies elicit enormous amounts of attention as symbol-laden vessels that can bring either divine blessing or curse to the Jewish collective. All of these practices, and especially those legitimizing public scrutiny of women's bodies, encourage women to internalize the belief that their bodies carry weighty public and collective significance and responsibility,

¹¹ "Responsible, Committed and Wise: The Establishment of Israeli Femininity in Committees to Terminate Pregnancy," *Teoria VeBikoret* 7: 247-254, 1995.

yet little agency or authority. I would suggest that this is a heavy load to carry: the continued health and existence of the Jewish collectivity rests on the bodies, especially the wombs, of women.

Nira Yuval-Davis has eloquently argued that Israeli women's bodies are construed as markers of the collectivity, of national identity, not only in such expressions as the "*moledet*" or "the motherland," but also in the idea that men fight "for women and children."¹²

Even a cursory reading of Israeli newspapers exposes the national belief that the Israeli collectivity is vulnerable (to invasion and to world opinion), constantly endangered and under attack. I would like to suggest that women's bodies, understood to symbolize the collective, "act" in a manner consistent with this cultural construction. In contrast, men's bodies are culturally construed as the epitome of agency. While being a soldier for the state is not necessarily an agency-rich role, in Israel where the army is supposedly a "citizens' army" and in which the army ethos (at least in myth) is one in which each soldier is important and individual initiative is rewarded, the army can be understood as an ironically health-enhancing site of agency for men.

A great deal of cross-cultural research shows that people, and maybe especially women (who tend to lack access to more direct and effective means of making public statements), tend to somatize (that is, express in corporeal ways) stress, unhappiness, negative feelings and experiences.¹³ Human beings reveal our concerns about relationships, our feelings, in a sense, our souls, through our bodies. The *At* survey mentioned earlier found that Israeli women complain of all kinds of chronic bodily symptoms: back aches, stomach aches, fatigue. These kinds of symptoms, in many cultures, seem to plague women more than men, and have typically been understood as somatic expressions of the unhappiness associated with women's subordinate position in male dominated societies. Referring back to an anthropological understanding of the body, we can see that it can be "read" as a kind of map corresponding to cultural patterns. I would like to propose further that there is real significance to *where* in the body chronic pain or illness is located. The *At* survey gives us another intriguing bit of information: a full 75% of women reported that they suffer from headaches. Against the background of the culturally constructed, collectively defined, and publicly scrutinized Israeli female body, I would like to suggest that the incredible rate of headaches among Israeli women can be interpreted as a painful appeal to "pay some attention to my head, and not just to my body."

¹² *Gender and Nation*, Sage Publication, London 1997.

¹³ A classic work is I.M. Lewis, *Ecstatic Religion*, Penguin Books, Harmondsworth, Middlesex, England 1975[1971].

BIBLIOGRAPHY

- Shatenstein, Bryna and Jeremy D. Kark. 1995. "Mortality in Two Jewish Populations – Montreal and Israel: Environmental Determinants of Differences." *International Journal of Epidemiology* 24 (4):730-739.
- Amir, Delila. 1995. "Responsible, Committed and Wise: The Establishment of Israeli Femininity in Committees to Terminate Pregnancy." *Teoria VeBikoret* 7:247-254.
- Avgar, Amy and Carol Gordon. 1997. "Your Health: Results and Conclusions." *At* (Hebrew).
- Avorva, Miriam, Ziona Haklai, Hava Klein, and Meir Handelsman. 1996. *Health in Israel: Selected Statistics*. Israel Ministry of Health.
- Doyal, Lesley. 1995. *What Makes Women Sick: Gender and the Political Economy of Health*. New Brunswick, NJ.
- Hoffman, Eileen and Amy Avgar. 1998. "Women's Health in Israel and the United States: A Cross-Cultural Perspective." *Journal of Gender-Specific Medicine* 1(2):44-51.
- Lewis, I.M. 1975[1971]. *Ecstatic Religion*. Harmondsworth, England: Penguin.
- Reiss, Nira, Editor. 1998. *Women in Israel: Data and Information*. Jerusalem: Israel Women's Network.
- Sered, Susan. forthcoming. *What is Making Women Sick: Gender, Illness and Authority in Israeli Society*. University Press of New England.
- Shatenstein, Bryna and Jeremy D. Kark. 1995. "Mortality in Two Jewish Populations – Montreal and Israel: Environmental Determinants of Differences." *International Journal of Epidemiology* 24(4):730-739.
- Skinner, G. William. 1993. "Conjugal Power in Tokugawa Japanese Families: A Matter of Life or Death." Pp. 236-270 in *Sex and Gender Hierarchies*, edited by Barbara Diane Miller. Cambridge: Cambridge University Press.
- Yuval-Davis, Nira. 1997. *Gender and Nation*. London: Sage.

