
Reading Group Guide

"[A] story that will resonate with anyone (man or woman) who has ever experienced pain.... [Norman] is a terrific storyteller." —*New York Times Book Review*

Ask Me

About



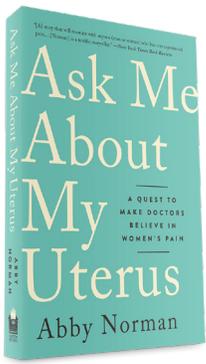
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A QUEST TO
MAKE DOCTORS
BELIEVE IN
WOMEN'S PAIN

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Abby Norman

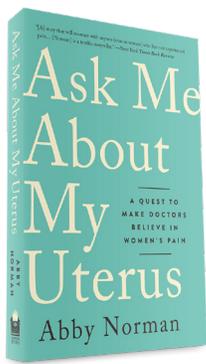




DISCUSSION QUESTIONS



1. In Chapter 2, Norman offers historical context for why many women experience discrimination in health care, explaining that women were often relegated to objects of experimentation and not taken seriously when expressing their experiences of intense pain. Did this affirm your own experiences? If so, how?
2. In Chapter 3, to describe her understanding of cycles of abuse and inherited trauma from the women in her family, Norman writes, “As an adult I’ve come to understand that as terrifying as it felt, the anger was never really about me.” In what ways has your family history shaped your perspective on well-being or illness?
3. How have your relationships with others informed or supported you in working through the challenges you have faced in your life?
4. What call to action does Norman make to readers — individually or collectively? How might readers rise to the occasion and affect change?
5. Can you point to specific passages that struck you personally?
6. How has Norman’s story changed the way you think about your own life story? Do you feel more empowered to share your own experiences, either with those close to you or more publicly, such as in your community or online?



AN INTERVIEW WITH ABBY



1. How did you balance your personal narrative with the history of women and healthcare in the U.S.?

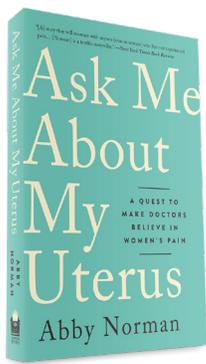
The book came into being a little ahead of the #MeToo movement, but ultimately I feel that movement has created space for it to be received and to become part of a much more public and visible conversation than I imagined would be possible. The truth is these conversations have been happening for a long time — much longer than I've been part of or aware of them just by virtue of being so young. But, not unlike the conversations women have long had about their bodies — abortion, sexual assault, and so forth — they've mostly occurred in secret. The historical precedent goes back a very long time and it felt imperative to not only give weight to that, but to put my experiences in both the context of my personal history and the larger history that in many ways sort of predestined for me.

2. What was your writing method like?

I consider myself a researcher before a writer and this book in particular helped me define that for myself. I took on the task of writing this book before I'd really had years and experience enough to understand my process as a writer and I naively thought that the very act of writing a book would reveal all and clarify it for me. It clarified some parts, but I think what it actually did was make clear to me that method is ever-evolving and responsive to the work. Or, ideally, that it should be able to adapt to the project. I was, and still am, also contending with the limitations put on me by illness and that more than anything else in recent years has dictated my process. To the point where it really steals some of the joy to be found in creative work, though I suppose there's some truth in the adage that writers simply have to write. Because even when it's miserable it really does feel like the only work I can do.

3. Was it hard to write about yourself?

Despite having written a book that's considerably memoir, I find it very difficult to write about myself now. I knew that the only way to write the book was to commit fully to being vulnerable and that was not an easy decision. But my whole life I've been writing about painful experiences as a way for me to better understand them, so it was a natural extension of that process, albeit a very public rather than private one. I don't regret that decision; it's helped me gain perspective and to begin to grieve. At times there's a feeling of solidarity, of sharing, of recognizing one's struggle in someone else. Empathy is pain familiar.



AN INTERVIEW WITH ABBY



4. What is something positive you have understood in sharing this story?

When people write to me and say things like, “I’ve highlighted this part of the book and shared it with my partner” or “I took this book to my doctor because it says things I didn’t know how to say.” I feel like the book achieved what I wanted it to: that it’s become a tool. I always knew that my health would limit how much I could be physically present in people’s lives or broader society as an advocate. It even limits my ability to advocate properly for myself. But I thought maybe if I provided something tangible that it would be able to go farther and reach more people than I ever could.

5. What inspires you?

I have always found solace in acts of scientific discovery, no matter how small. I enjoy being awed. I try to be awed at least once a day. So much of my life, especially the last decade of it, has been spent in uncertainty. Answerless wastelands, seemingly devoid of reason or purpose. I am inspired and reassured, constantly, by the simple knowledge that someone, somewhere is working to figure something out. Even if that something doesn’t pertain to me or my life in any way, the very act of an “a-ha,” the salve of something solved, is what makes me feel, and want to stay, alive.

6. You had no choice but to become an expert on your own health. What has that education taught you?

What I ultimately came away with, not just through my own experiences but the stories I’ve heard from others, is that what is truly dangerous is not when a woman goes to a doctor and her pain is dismissed or disbelieved — it’s when it’s happened to her so many times that she stops speaking up. She stops seeking medical care. She stops trying to ask for help or support. She just decides she has to live that way and that she has no option. Or, that she’s seen it happen to so many women in her life that she never even goes and seeks medical attention at all because it feels hopeless and pointless to do so. Not only does it put that woman’s life at risk but it sets an example or a precedent.

7. What needs to change--culturally, politically, medically--for women’s health to be taken seriously and addressed?

We need clinicians to ally with us. We need people outside of the chronic illness community to help. Because not only are we dealing with pain and other symptoms, but as patients, we’re bearing the burden to prove it, and even if we do, many of us have to reconcile the reality that there just aren’t that many treatments available, certainly nothing curative. We also need to advocate for awareness, for funding, for research. That’s a lot to ask or expect of anyone, but certainly those who are already struggling just to meet very basic expectations in their day to day lives. Then again our stories, our experiences, our pain — this is our peril and our power.