

## 1 Introduction

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*Margaret Lock and Patricia A. Kaufert*

Living in the twentieth century, women have experienced an increasing appropriation of their bodies as a site for medical practice, particularly in connection with pregnancy, childbirth, and the end of menstruation. This phenomenon forms one of the cornerstones of “the medicalization of life” (Illich 1992:230), a process which is likely to become more intrusive with the laboratory manipulation of human conception and the routinization of mass screening programs for genetic disease. Medicalization has been characterized as the making of a “body pliant to power” (Grosz 1993:199), but the authors who have contributed to this book (thirteen anthropologists, together with two epidemiologists and an historian as co-authors on two of the essays) start out from the position that medicalization and power are ideas which must be grounded historically and culturally, as must resistance, agency, and autonomy. However, although we believe that the creation of nuanced relativistic explanations is essential, these accounts are not our final objective. Situated accounts should stimulate self-reflection – an exercise which, if successful, encourages analysts of social and political events to pay attention to the way in which “our own common sense is structured” (Zito and Barlow 1994, see also Rabinow 1977). It is only on the basis of this semiotic turn, in which certain truth claims are decentered, including those originating with the medical sciences, that attempts can be made to generalize about body politics.

In concluding this introduction, given the rapid spread of knowledge and technologies, we will call for yet another move, a “semiotic return” to local sites of research in order to understand better how globalization affects body politics.

In putting this book together, our primary concern was with the “microphysics of power” (in Foucault’s idiom) and its operation in everyday life. We set out to provide a series of accounts of women’s knowledge about and responses to body technologies of various kinds, but we wanted also to situate the subjectivity and agency of women in the context of their lived experience. We have tried to make clear the

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extent to which biomedical technologies are not autonomous, but are themselves the products of the same historical, cultural, and political contexts to which women are responding. Finally, we sought to elaborate further on social science theory in connection with body politics, and to this end we build on several books written by feminist anthropologists and historians (see, for example, Atkinson and Erington 1990; Ginsburg and Rapp 1995; Strathern 1992; Yanagisako and Delaney 1995; Zito and Barlow 1994).

Practices and discourse which have particular implications for women and their health are central in all the essays in this book. Their common aim is to illustrate the complexity of women's responses to the process of medicalization, responses which may range from selective resistance to selective compliance, although women may also be indifferent. However, these essays suggest that ambivalence coupled with pragmatism may be the dominant mode of response to medicalization by women.

Focusing, therefore, on the complexity of women's relationship with technology, these essays take a quite different position from those discussions which start from the assumption that women are passive vessels, simply acting in culturally determined ways with little possibility for reflection on their own condition. Neither do the authors set off from the opposite premise which defines women as inherently suspicious of and resistant to technological interventions. Rather, the contributors propose that women's relationships with technology are usually grounded in existing habits of pragmatism. For by force of the circumstances of their lives, women have always had to learn how they may best use what is available to them. If the *apparent* benefits outweigh the costs to themselves, and if technology serves their own ends, then most women will avail themselves of what is offered.

To the extent that any thinking about women and the body must confront issues of reproduction, we have included a number of essays in this collection which deal with different aspects of the reproductive body. Lisa Handwerker and Karina Kielmann explore the meaning of infertility for women living in countries – China and Tanzania – in which the state and the medical system construe women's bodies in terms of fertility to be controlled. Iris Lopez explores the decisions made by Puerto Rican women in curtailing their fertility. Ellen Lewin discusses the ways of becoming fertile chosen by lesbian women. Emily Abel and Carole Browner focus on the relationship between experimental knowledge of the pregnant body and the quasi-scientific knowledge of the prenatal advice literature. Janice Boddy reflects on her experience as a witness to childbirth in Canada and the Sudan, creating

a compelling account of the different forms that the “colonization of consciousness” with respect to childbirth takes in these two cultural settings. Ellen Gruenbaum situates the fertility and childbirth of Sudanese women as one important element in the wider context of their overall health.

Yet, we also wanted to steer the book away from the current tendency (encouraged, perhaps, by our fascination with the new reproductive technologies) to portray women’s lives as though consumed by reproduction. By privileging for analysis problems relating to reproduction, of outstanding importance though they be, the danger is that one of the most intransigent stereotypes – woman equals reproduction – simply slips by unexamined. Hence other essays in the book have been deliberately selected because they deal with quite different dimensions of women’s experience. Emily Abel and Carole Browner explore the experience of being a daughter to aging parents; Margaret Lock describes being mother to a child with Down syndrome in Japan. Soheir Morsy and John O’Neil and colleagues focus on women who question not only the impact of science and technology, but also the role of the state in the protection of public health. Brooke Grundfest Schoepf discusses women and AIDS in Zaire, while Patricia Kaufert reviews the history of the breast cancer movement in the United States.

Although diverse in topic, these essays share some commonalities of approach, such as a mutual commitment to the long overdue but growing recognition that it is inappropriate to conceptualize a “one culture/one gender system” when representing women. While some feminist anthropologists have chosen to minimize differences in economic and power relations between women, we have tried to avoid that particular trap, believing that the behavior and subjectivity of individual women cannot be explicated on the basis of gender alone, even when appropriately contextualized. As many of these essays show, gender is cross-cut by other categories of class, religion, language, and ethnicity, whether at the local level (as in the village communities described by Gruenbaum) or at the level of international politics (as in the conferences described by Morsy).

By their use of the ethnographic method in which due attention is paid to both local practices and local knowledge, these essays run counter to the critique of resistance studies recently made by Ortner, namely that they are “ethnographically thin” (1995:190). Considered as a whole, this book displays a wide array of anthropological techniques, although most authors make use of the “ethnographic stance” (Ortner 1995:173) in which they present empirically rich, contextualized case studies. The essays by Janice Boddy, Ellen Gruenbaum, and Brooke

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Grundfest Schoepf, for example, are based on years of ethnographic fieldwork in the same villages and with the same people. Ellen Lewin, Iris Lopez and Margaret Lock adopt the technique of allowing women to present their own stories, but then situate these accounts in the larger context of dominant ideologies about reproduction, fertility, and infertility. Soheir Morsy and Patricia Kaufert draw on official records, documentary evidence, government reports, the scientific literatures, using these materials to reconstruct the history of particular protest movements. Despite these differences in materials and methods of research, the essays are linked by a common preoccupation with medicalization, the politics of the body and the responses of women to biopower in its many different forms.

### **Contesting the common sense of culture**

Before specifically considering the medicalization of female bodies, it may be helpful to outline our position on the central concepts of culture, ideology, and hegemony, concepts which are used explicitly in many chapters, and implicitly in the others.

There are several reasons why the idea of hegemony has appeal for cultural anthropologists. As the Comaroffs note, it appears to offer a ready *rapprochement* between practice and theory, action and thought, and ideology and power – dualities which many cultural anthropologists work hard to paste over (Comaroff and Comaroff 1991). For Antonio Gramsci, the creator of the concept, “nothing is anchored to . . . master narratives, to stable (positive) identities, to fixed and certain meanings: all social and semantic relations are contestable, hence mutable” (Hebdige 1988:206). Thus hegemony is not a given, nor simply a product of oppressive forces or class difference, but is realized only through negotiation among competing forces.

Gramsci, and later Raymond Williams (1977), both emphasized that the ideas of hegemony, culture, and ideology should be kept distinct, arguing that they cannot be reduced to, or subsumed by, one another. Taking this lead, the Comaroffs define culture as:

[T]he space of signifying practice, the semantic ground on which human beings seek to construct and represent themselves and others – and, hence, society and history. As this suggests [culture] is not simply a pot of messages, a repertoire of signs to be flashed across a neutral mental screen. It has form as well as content; is born in action as well as thought; is a product of human creativity as well as mimesis; and, above all, is empowered. But it is not all empowered in the same way, all of the time.

This is where hegemony and ideology become salient . . . They are the two

dominant forms in which power enters – or, more accurately, is entailed in culture. (Comaroff and Comaroff 1991:22)

The majority of anthropologists do not think of culture as a stable entity, as something which coincides with a nation, society, ethnic group, or professional organization. Instead they think in terms of landscapes of group identity – “ethnoscapes” – in which groups are no longer conceptualized as tightly territorialized, spatially bounded, historically unselfconscious, or culturally homogenous units (Apparudai 1991:192). Few populations have lived in total and permanent isolation from others, although relatively large portions of the world’s population have lived for long periods of time within clearly defined boundaries. Today virtually no people remain untouched by the transnational networks of communication in which we all participate.

This insight does not dispose of culture as a salient concept around which meanings are mobilized; it does, however, alert one to the way in which the dialectics of domination and resistance take place in a cultural field which is fluid and continually open to contestation (see, for example, Nordstrom and Martin 1992). Globalization has ensured that the majority of the world’s people are aware, as never before, that other ways of being exist beyond the boundaries of their respective communities. This experience encourages reflection, heightens the possibility of resistance to local social arrangements, or alternatively may lead to a reaffirmation of tradition. More frequently, the consequence is an unstable mix of ongoing contestation. As a result of globalization, hegemonic power, “that order of signs and practices, relations and distinctions, images and epistemologies – drawn from a historically situated cultural field – that come to be taken-for-granted as the natural and received shape of the world and everything that inhabits it” (Comaroff and Comaroff 1991:23), is a shrinking domain. In other words, common sense – the unspoken authority of everyday life – becomes increasingly subject to disputation. Orthodoxy – that which is “naturalized,” hegemonic, and taken as self-evident – is brought into consciousness and made recognizable as ideology, and is therefore laid bare for criticism.

It is at this disjunction, where tacit culturally shaped knowledge lies exposed, that the assertion of power and associated ideological truth claims become most evident. Evidence that individuals who challenge institutionalized power bases can be perceived as a serious threat is to be found at times in brutal acts of violence, whether it be the murder of gynecologists who assist women in obtaining an abortion, or the slaughter of Algerian women who choose not to conform to Islamic fundamentalism. Individuals who dispute either physical violence or

“symbolic violence” – the institutionalized violence of everyday life (Bourdieu 1977:190) – are considered dangerous to a conservative moral order, which is itself undergoing a renewed vitalization with the resurgence of various forms of global fundamentalism and the elaboration in North America of the New Right.

### **Biopower and subjectivity**

In this book we are concerned primarily with taken-for-granted knowledge as it manifests itself in the practices of medicine and public health. The claims of medical knowledge to a privileged status depend on the belief, shared by medical professionals and the public alike, that scientific knowledge, being factual, cannot be subject to epistemological scrutiny. Together with a gathering number of other dissidents, we reject this view of science, and start out from the assumption that science and technological practices are historically and culturally produced. Thus biomedicine and its associated technologies, like all other cultural domains, are subject to discursive negotiation.

In *Discipline and Punish* (1979), Foucault made a distinction between two types of power, one in which authoritative control is exerted directly over others (which is how medicalization is usually thought to be enacted), and a second, more insidious form which “proliferates outside the realm of institutional politics, saturating such things as aesthetics and ethics, built form and bodily representation, medical knowledge and mundane usage” (see Comaroff and Comaroff 1991:22). We believe that this division is too stark, for although the practice of biomedicine can be described as paternalistic and exerting authoritative control, characterizing it by the first type of power would be a gross oversimplification. Our concern here is particularly with the second kind of hegemonic power, for we argue that tacit knowledge not only shapes the behavior of practitioners, but accounts for the mixed and ambivalent reception of medicalization on the part of women.

We do not conceptualize power, therefore, simply as negativity, oppression, and constraint imposed from the top down. Rather we draw on Foucault’s notion of biopower which, following Nietzsche’s lead, emphasizes localized, routinized bodily practices in families, communities, and institutions. This type of body politics, which Foucault argued emerged in Euro-America from the beginning of the nineteenth century, construes the body as a corporeal entity, the boundaries of which are clearly demarcated anatomically. This physical entity has become the systematic target for disciplinary measures implemented by experts of various kinds. Biopower is conceptualized by Foucault as



having two poles: that of “anatomy-politics” focused on the manipulation of individual bodies and, at the other pole, the manipulation and control of populations, systematized from the mid-nineteenth century onwards through “techniques of the survey,” which ensured the possibility for regulation of both public and private life (Armstrong 1983; Foucault 1979). One of Foucault’s most pertinent insights was his assertion that biopower, in creating a domain of expertise, constitutes its own objects of analysis to which it then responds. In other words, bodily states are labeled by experts as diseases; certain behaviors are defined as deviant, unnatural, immoral, opening up the way for systematic and legitimized attempts at medicalization of both body and behavior. Nowhere is this more apparent than in the lives of those women who do not fit within normalized categories, such as the infertile women in China (Handwerker) or Tanzania (Kielmann), Japanese women who produce “deficient” children (Lock), the fertile lesbian women in California (Lewin). Such women become ready-made targets of the medical gaze.

Our position here is not simply one of social constructivism, however; for while we recognize with Foucault that the classification of illness and deviancy is a discursive exercise, we would also argue that the labeling and diagnosis of physical states often serves its denoted purpose, namely, as an opening to obtaining a therapeutic regimen for the relief of pain and misery and as a barrier against death. Hence for women with breast cancer, it is their dependency on medicine for therapy and relief of suffering that defines the central core of the relationship with biomedical research and technology (see Kaufert, this volume).

At the site of the individual body, therefore, biopower may be experienced as enabling, or as providing a resource which can be used as a defense against other forms of power. At the centre of many of the essays in this book stands a pragmatic woman willing to use whatever biomedicine can provide in pursuit of her own goals or the protection of her independence. This type of pragmatism explains why infertile women in Zanzibar went to see a gynecologist (see Kielmann, this volume) or a lesbian woman in California went to her local medical clinic when she wanted to become pregnant (see Lewin, this volume). Both groups of women were willing to use a biomedical solution if it would ensure their fertility. Similarly, Japanese women will embrace reproductive technologies if seen as a valid means to achieve their social and culturally defined priorities, namely a family in which biological and social parentage are one and the same (see Lock, this volume). The realities of being a Puerto Rican woman, trying to survive and raise

children in New York, set boundaries beyond the control of the individual woman. Continuing life as a fertile woman almost ceases to be a meaningful choice, as Iris Lopez shows. Yet, given the wider system of economic and social oppression, being sterilized may also be interpreted as a source of freedom, providing women with some minimal control over their bodies relative to other forms and conditions of either contraception or childbearing. Tubal ligation, known familiarly as *la operacion*, becomes accepted practice, its necessity recognized, but resented.

Foucault himself argued that subjects of biopower are not passive recipients; on the contrary the body becomes the center of a “dialectical force relation” in which it stands as a “metaphor for the anatomical focus and embodiment of power; a materiality that acts as a source and target of power, whether expressed politically, sexually, juridically or in discourse. It is not assigned a binary value as either active or passive, as the perpetrator or recipient of power” (Hewitt 1991:231). Although subjects do not control the direction of history writ large, Foucault insisted that people have the ability to choose among available discourse and practices, to use them creatively, and to reflect on them. Thus the subject is “neither entirely autonomous nor enslaved, neither the originator of the discourses and practices that constitute its experiences, nor determined by them” (Sawicki 1991:104).

Foucault’s theory of biopower is clearly insightful, but feminist critics are uncomfortable with the way in which subjects, although not rendered passive, remain marginalized. Many argue that power relations make competing demands on people, and that the complex responses of individuals to both coercive and more subtle “common-sense” hierarchies and oppression are underestimated by Foucault. For this reason alone research should privilege the standpoint of those who are the usual targets for normalizing discourse and practices, and feminists who live and work outside the Euro-American tradition have been particularly active in developing important critiques of much of the research on subjectivity and agency.

Kumar (1994), for example, takes exception to the idea of subjugated (marginalized) knowledge as conceptualized by Foucault, because women and other disenfranchised people are inevitably understood in this scheme as fully constituted by and reacting only to those at the center of powerful institutions. Limiting analysis to relationships of domination directed from the top down, even when the subject is made active, fails to decenter the loci of power it is assigned. In a Foucauldian analysis, these hubs of hegemonic engagement remain as the dominant “other” in terms of which women everywhere are produced and



produce themselves as irrevocably different – usually as inferior or wanting in some way.

Radical feminists point out that it is necessary to locate “new idioms of alterity” (Suleri 1992:1), to seek out the often subtle ways in which those who do not apparently control their own lives actually constitute different local worlds for themselves, worlds from which they can reflect upon the ironies of their situation, both locally and globally. Joan, the woman at the centre of Mark Nichter’s contribution to this book, observes both herself and the medical care system, seeking always to subvert its accustomed order, relishing her successes, conscious all the time of the battle engaged.

In a different but related vein it has been argued by feminists that a widely shared female subjectivity cannot exist, largely because forms of patriarchy, tacit knowledge, and power relations are not universal. Kumar criticizes the tendency in many feminist analyses to dehistoricize and essentialize the subject, whether it be “women, peasants, or tribals” (1994:7). She stresses the importance of understanding the power play involved in the constitution of “woman as subject” with its emphasis on the “inborn” qualities of women defined as femininity, virtue, purity, nurturance, and so on. She goes on to argue that the implementation of such concepts varies through time and space and, therefore, contextualization is imperative.

Without historical contextualization these papers could be in danger of being dismissed as anthropological trivia – culturally relative, but with little significance outside the societies in question. Historically grounded ethnography permits perceptive comparisons, highlights the resilience of culturally constructed value systems, and above all forces an engagement with body politics within and between societies. The women around whom these essays are constructed all exist in the context of a densely described historical past. In Mark Nichter’s chapter, this past is a single life history, but in the other contributions the relevant past includes the history of colonial policy in the Sudan (Boddy; Gruenbaum), the more recent impact of the World Bank and international development and population policies in Egypt (Morsy), China’s population policies and its culturally constructed history of infertility (Handwerker), the centuries-long history of the planned family in Japan, together with the cultural history of reproduction there, with its focus on the production of children who are wanted by society (Lock), and the remarkable history of *la operacion* in Puerto Rico (Lopez).

Similarly, the essays all locate the development and implementation of technologies of the body not only with respect to the lives of

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individual women, but also in larger social, political, and global contexts. However, when discussing situated local practices, levels of analysis shift between a focus on the single woman (Nichter), one or two women with a single gynecologist (Kielmann), or families of women functioning within the context of their village community (Gruenbaum). By using the comparative method to examine case studies of individual women in Canada and the Sudan, Janice Boddy provides a compelling re-creation of the lived experiences of these women, but also reveals significant differences in the form and functioning of the family in the two settings. In her conclusion, Boddy draws on a careful review of the causes of maternal deaths to make a powerful statement for improved public health and better distribution of global resources rather than the increasing medicalization of the birth process. Similarly, other essays move from micro- to macrolevels to reveal contradictions between the everyday lives of women and dominant discourses and policy making, as in Morsy's analysis of the impact on women of relationships between the Egyptian state and international capitalism, and in Handwerker's exposé of the management of reproduction by the Chinese government. Childless women remain subject in China to harassment and discrimination, rather than being lauded for their contribution to the nationally recognized problem of "overpopulation." Women have now been provided with access to IVF technologies as the means of overcoming the "deficiency" of their infertility.

As several of the essays show, women may react against local hegemonies which pit women against women, but they may also collaborate or remain silent. Schoepf, for example, writes about a woman telling how she was driven from her home after the death of her husband by his sisters, who, falsely accusing her of having given him AIDS, seized all his wealth and property. Janice Boddy explores the different reasons for a young woman's death, including the reluctance of her mother-in-law to offend the family of the local midwife by seeking care from a more competent practitioner in a neighboring village. Greed in the first case, respect for convention in the other, took precedence over solidarity among women.

Personal gain, class interests, or adherence to tradition are powerful forces capable of withstanding efforts to overcome exploitation by "consciousness raising" and appeals to female solidarity (Lock 1993; hooks 1990). Appeals to some universal form of feminist solidarity are themselves suspect. Many of the European and North American delegates attending the International Conference on Population and Development in Cairo in 1994 or the United Nations Fourth World Conference on Women in Beijing in 1995 wanted to transcend their