

Introduction

Governing the Female Body

Three Dimensions of Power

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IN 1973 BOSTON WOMEN'S HEALTH COLLECTIVE published the book *Our Bodies, Ourselves: A Book by and for Women*, which was to become second-wave feminism's health manifesto. The book articulated a women-centered health agenda, drawing on expert, scientific, and medical knowledge as well as personal experience. It had its origins in the collective's workshops that applied the consciousness-raising method, which started from the premise that by exploring together personal experiences of oppression women could begin to see that their troubles were not personal issues but were shared by other women speaking about social subordination of women and requiring political responses. As discussed by Echols (1989) consciousness-raising was a method shared by many 1960s' radical movements, such as the civil rights movement and the Guatemalan guerrillas, but the feminist version was unique in its aim to politicize intimate, embodied feelings and issues, such as sexuality, health, and family.

The opening paragraphs of *Our Bodies, Ourselves* relate moments of recognition the women of the collective experienced when they had gone through the same embodied experiences, such as feeling that their first menstruation was scary, mysterious, and embarrassing (Boston Women's Health Collective, 1973, p. 2). Overall, the second-wave feminist movement's goal was to bring to the surface and challenge long-sedimented patriarchal myths, such as the association between menstruation and shame, which layered women's sense of themselves. The aim was to pave the way for alternative or more emancipatory modes of relating to the female self, body, and health.

Around the same time, Michel Foucault (1978) published the first volume of his *History of Sexuality*, offering a highly original theory on

the production of various “perverse” bodies, such as the masturbating child, hysterical woman, and the homosexual. The book offered a detailed account of how what had previously been considered aberrant behaviors were constituted as “specimens” by the early modern sciences of psychiatry and sexology. The conditions, such as masturbation, homosexuality, and female hysteria, were positioned in scientific classificatory tableaux and associated with detailed lists of symptoms, photographs, and methods of intervention. These diagnostic categories isolated and intensified certain behaviors not only as objects of diagnosis and often cruel treatments, but also as sources of pleasures, identification, and emotional and political investments.

What united the feminist politics and Foucault’s oeuvre was a strong liberatory agenda that was in keeping with the radicalism of the late 1960s and early 1970s. Both the feminist health collective and Foucault explored and attacked the way in which the bodies of women, gay men, and children were inscribed as always potentially eruptive and pathological by expert gazes of medicine and science, accounting for the sense of shame and mystery that they associated with their bodies. The feminists and Foucault parted company, however, in their understanding of emancipation. The Boston Women’s Health Collective (1973) set out to discover and construct a “more whole” or “more self-confident” and “stronger” femininity (p. 3). On the contrary, Foucault was circumspect about any attempt to recuperate a “more whole” identity, arguing such a project was always bound to recreate a dogma of “true self,” which deciphers and classifies certain behaviors and dispositions as the true and the norm, and others as false and wrong (Foucault, 1984; also Sawicki, 1992).

The title of this book, *Governing the Female Body*, refers to both the feminist and Foucauldian critical traditions of analyzing discourses that have constituted female bodies and selves. The term *governance*, derived from Foucault’s (1991) middle works, both bridges and clarifies these two traditions. Governance has three dimensions that usefully highlight and trouble classical ways of understanding the relation between power, gender, and the body. The first and most obvious dimension is the reference to political power or the art of governing nations and populations. One of the red threads running through Foucault’s work is an examination of the link between political governance of populations and the intimate governance of bodies and selves, which is crystallized in the feminist slogan “personal is political.” Thus, as King discusses in this volume, the self-identification of women with breast cancer as “survivors,” who empower themselves by taking charge of their health and self, not only articulates an attempt to deconstruct the stigma of

pollution, passivity, and victimization associated with cancer, but also embodies the contemporary individualist, self-enterprising political sensitivity and identity.

The second aspect of Foucault's theory on governmentality is that it highlights the Janus-faced nature of power, which is never simply a force of dominance. Rather, governance always refers to both the process of becoming an object of governance of a social institution and a discourse and of becoming a subject of governing oneself. The way in which discourses both subjugate individuals to their agenda and constitute them as individuals capable of enacting their own agenda often cannot be separated from one another as exemplified by the contradictions of the breast cancer survivor movement.

The third aspect of governance is that it points toward a less hierarchical and more horizontal or network-like notion of power. Foucault's dearest objects of attack, as well as sources of inspiration, were Marxism and Freudian psychoanalysis, both of which are grounded in a hierarchical metaphor of "foundations." These foundations, such as the economic base or the unconscious, are seen as explaining social or personal life and being the true object of investigation for political-economic and psychoanalytic science. Rather than look for a final explanation an analysis of governance pays attention to networks and circuits of power that traverse different spheres of life or, to use Appadurai's (1997) term, "scapes." To continue using King's chapter as an example, the breast cancer survivor movement has a strong emotional dimension to it, both for the women who take part in it and for the various audiences that purchase pink ribbons or follow events, such as the Race for the Cure, through the media or from the sidewalks. Breast cancer activism is also big business, and major corporations, from BMW and Avon to National Football League, have adopted breast cancer awareness as a particularly "safe" form of corporate philanthropy and image-building. However, the movement's upbeat message of empowerment, in tune with contemporary liberal, individualist self-empowerment zeitgeist, does not address the glaring and widening disparities in survival rates from breast cancer between women of different races and social classes. This case illustrates the way in which emotional, economic, and political agendas and gendered and racial inequalities mix in breast cancer activism producing a disconcerting political cocktail. None of these dimensions is more fundamental or explanatory than others, but it is rather the intertwining of these politics that accounts for the appeal of breast cancer activism and its contradictions.

The goal of *Governing the Female Body* is to disentangle and critically analyze the multidimensional networks of power or governance that

traverse the female body and through which the female body traverses. The poststructuralist framework has inspired many excellent works and collections on gender, health, and the body. Some of this work has focused on theory (McWhorter, 1999; Ramazanoglu, 1993; Sawicki, 1992;) methodology (Clarke & Olesen, 1998), reproduction (Davis-Floyd & Dumit, 1999; Ginsburg & Rapp, 1995; Inhorn & Van Balen 2002), science and new technologies (Goodman, Lindee, & Heath, 2003; Terry & Urla, 1995; Treichler, Cartwright, & Penley, 1998), family and kinship (Franklin & McKinnon, 2002) and psychology, (Henriques, Holloway, Urwin, Venn, & Walkerdine, 1998). This collection builds on this exciting work. However, we do not focus on theory or a particular area of health and science. Rather, we explore a variety of new and emerging gendered discourses and practices around health, such as genomics; in-vitro fertilization (IVF); development and marketing of various psychotropic and hormonal drugs; formation of advocacy groups and identities; and new popular, interactive, and online modes of communication and (self)-diagnosis. The framework or backbone that ties together the chapters of the book and accounts for its specificity is the application of Foucault's three-dimensional notion of power or governance. This framework guides our objective of providing timely, empirically grounded, and theoretically sophisticated analyses on the personal and political, subjugating and enabling, and many dimensional (mediated, economic, political, and diagnostic) aspects of power, and how they play out in the contemporary ways of governing the female body with a view of advancing its health. By showcasing the diverse case analyses together we hope to draw attention to the similarities between the contemporary workings of power, gender, and health on the Internet, in the IVF-clinic, and in debates on lesbian sadomasochism, while also exploring their specificities and disjunctures between them.

Before moving on to the case studies themselves, however, we will discuss the three dimensions of governance.

Between the Micro and the Macro

To start with the first dimension of governance, the linking between the personal and the political, it is useful to define the concept that has become synonymous with Foucault's work: discipline. In colloquial language *discipline* refers to techniques adopted to modify the behavior of a person, usually that of a child. Foucault distinguishes three elements of discipline: (1) the embodied element, which refers to harnessing the body's capacities to operate in a certain way, such as sit still or

walk with a particular gait; (2) the symbolic element, which refers to meanings attached to certain behaviors and modes of communicating those meanings, for example, diagnosing children who cannot sit still as having ADHD (Singh, 2005); and (3) the power-relations it establishes between individuals, such as the one between a parent and a child or a doctor and a patient (see Foucault, 1991). The concept of discipline was central to Foucault's early works on medicine, psychiatry and the prison system.

In his later essay on governmentality Foucault (1991) defines *discipline* as referring to the management of states as well as the closely associated management of populations, such as children, the sick, families, and communities (221). Governmentality bridges the micropolitics of disciplining the body and mind and the macropolitics of governing the nation-state via management of populations by various programs and institutions, such as education and health care. Doing so draws attention to parallels between historical modes of political governance and the way in which we govern our bodies and selves in our everyday intimate lives. The aim of Foucault's works on clinics, asylums, prisons, and sexuality was to delineate a particular mode of governing people's bodies and minds or souls typical of the modern period. The modern way of governing states, populations, bodies, and selves, however, is currently giving way to something new. Trying to make sense of this emergent development, commentators have begun to talk about, for example, postdisciplinary (Deleuze, 1992) and neo-liberal (Rose, 1999) societies.

Emily Martin (1994) has termed the new mode of governance the era of the "flexible" body. In the postwar period the ideal individual was imagined in terms of an impermeable fortress with solid boundaries that kept its body and mind intact from outside invaders be they bacteria, viruses, or dangerous social ideologies or propaganda. Lately, however, a new ideal has begun to emerge, that of a body and mind that are open to the outside world, dynamically transforming themselves in interaction with it. A "robust" immune system is no longer imagined as a fortress but a system that has been exposed to a variety of external stimuli and learned to react and adapt to them. Similarly in the workplace the ideal manager and worker no longer follow orders and pursue stability but rather seek to perpetually innovate, reorganize, and retrain themselves and their companies in response to turbulent business environment. As Martin notes, while the new ideals of connectivity and fluidity may appear fresh in comparison to the stale old ideals of isolation and stability, their newness masquerades the fact that they are also strictly normative and often perpetuate same old inequalities. Thus, the ideal

of continuous self-innovation is not only liberating. Rather, it often connotes an obligation to readapt oneself.

In this scenario those with less flexible work portfolios, immune systems, and less economic and symbolic capital to opt for reeducation and complex drugs wilt away in the brave new world of continuous economic and psychological restructuring.

Martin's (1994) work highlights the way in which our relation with our bodies is shaped by wider social regimes. One of the specific focuses of *Governing the Female Body* is to examine the links between the micropolitics of enhancing the health of individual bodies and the macropolitics of maintaining and re-creating social, political, and often global regimes of power. We are particularly interested in investigating new forms of governance that challenge the old bulwarks of institutionalized medicine and linear health communication from experts to the public and give rise to a contradictory mosaic of "flexible," self-help and self-health movements, groups, interactive forums, tests, and internationally funded but locally participatory telenovelas.

Indicative of this new regime of self-adaptation is that while the second-wave feminism questioned the patriarchal myths and shame attached to menstruation, the postfeminist drug Seasonale promises to help women by eliminating menstruation and the associated "toxic estrogen surge" altogether, as discussed by Gunn and Vavrus in this volume. In a similar vein, in the twentieth-century, genetics and gender frequently came together in prenatal testing, a technology designed to detect and eliminate fetuses deemed "defective." As analyzed by Saukko in this collection, in the twenty-first century women may have a genetic testing for a susceptibility to deep vein thrombosis and miscarriage to carry to term a fetus, which will always also potentially have genetic susceptibility. This new application of genetics blunts its eugenic edge, yet, it also commits women to lifelong monitoring and modifying of their own, their child's, and family's lifestyle and medical treatment based on genetic information.

In these cases an old interpretation and practice around gender and health seems to be giving way to a new way of relating to the body, self, health, and the polity. Rather than simply impose a diagnostic norm, such as a genetic diagnosis, or invite a straightforward opposition or resistance to it, the new mode of governance invites individuals to use new medical technologies to re-create their postfeminist presents and genetic futures. *Governing the Female Body* investigates the problems and possibilities embedded in these new micropolitics around health and bodily conduct and the personal meanings, uses, abuses, and fantasies as well as historical, political agendas, and regimes attached to them.

Power as Productive

Even if *Governing the Female Body* is driven by critical interrogation, our aim is not simply to denounce contemporary discourses on health and gender. Foucault frequently underlines that governmentality should not be conflated with domination, just as power should not be conflated with force. As Foucault (1982) famously put it, violence “bends, breaks on the wheel and destroys, closing the door to all possibilities” (p. 220). Rather differently, power refers to “actions upon actions”; instead of treating an individual as an object or a thing, the way violence does, power engages with a subject or a person who acts. Thus, unlike the concept of discipline, governance not only refers to modifying individuals to fit institutional agendas, but also to an active practice of self-governance. Self-governance encompasses the way in which discipline is internalized or owned by individuals so that children internalize parental discipline and become “good.” Still, self-governance also encompasses the way in which individuals detach themselves from or problematize their being and actions, thereby opening a space that allows some freedom to govern themselves differently, the way the Boston Women’s Health Collective did (see Foucault, 1985). Thus, the relation of power with action opens a “whole field of responses, reactions, results, and possible inventions” (Foucault, 1982, p. 220).

In his late works Foucault (1988) conceptualized a mode or ethos of governing self and others, which would enable the productive exercise of power with minimum domination. Foucault envisioned this ethos as consisting of reflexive, conceptual, as well as practical, techniques that aimed to distance the self from the discourses and practices that had constituted it. This critically reflexive technology of the self (and the body) forms the methodology of this collection in that all chapters interrogate an existing discourse and practice, aiming to open up a space to think and act about it differently. This critical reflexive methodology moves away from a dichotomous notion of power, emphasizing the Janus-faced nature of power, as always both constraining and enabling. Interpreting power in simple terms as domination produces a dilemma that has been extensively debated in feminism: emancipatory politics, which is oblivious of its own dominating elements. From early on, White middle-class feminists were reminded of their race and class based omissions, silences, and silencing (e.g., Moraga & Anzaldúa, 1984). In the late 1980s and 1990s the dilemma resurfaced in debates on whether feminist condemnation of beauty practices and pornography were patronizing and quick to pass judgments on “correct” forms of beauty and sex (e.g., Chancer, 1998; Davis, 1995; Rubin, 1993). These

criticisms have led to their own excesses, such as the postfeminist “Grrrl Power” advertisements that suggest that young women dress in highly sexualized fashion gear “for themselves” (e.g., Gill, 2003). All and all, these debates and counterdebates have highlighted the danger embedded in emancipatory, antirepressive politics, which does not consider its own potentially subjugating elements.

The complicated play of power, gender, the body, and politics is illuminated by many of the chapters in the book that tackle the beguiling nature of phenomena, such as pink-ribbon breast cancer activism or the way in which women’s and men’s lifestyle magazines understand “control.” The multifaceted nature of power becomes particularly clear in Mennel’s analysis of the feminist debates in the late 1980s and early 1990s on lesbian sadomasochism (S/M). She points out how the anti-S/M feminists missed the theatrical and parodical nature of lesbian S/M, condemning it as “real” while the pro-S/M feminists interpreted the fantasy-like aspect of S/M as “authentic.” Reading this debate against the original historical works of Sacher-Masoch (1870), Mennel points out how the anti-S/M stance reinforces the idea that women are naturally masochists (and cannot parodically mimic it), whereas the pro-S/M stance denies the fluidity of the border between the private theater of S/M and the public arena of institutionalized sadism. As a whole, both the proponents and critics of lesbian S/M missed the main point of S/M, which is the play with the precarious difference between power and violence.

Bearing this complicated nature of power closely in mind this volume hopes to analyze the way in which power is used and mobilized in contemporary discourses and practices on health and gender in an often bewilderingly contradictory way.

Network of Sites and Scapes

The third specific feature of this volume is that it examines how power, gender, the body, and health come together in different sites or locales articulating diverse areas or spheres of life (see Appadurai, 1997; Marcus, 1998). The causal model of reasoning informing natural and social sciences tends to direct inquiry into seeking “origins” of social structure, psyche, or life in some predestined or prioritized sphere, such as economy, the unconscious, or DNA. Different times and different disciplines have held significantly different beliefs about what is the fundamental sphere or loci that explains the object of study. For example, in the early twentieth century personality was understood to be reflected in body shape (e.g., Sheldon, 1940). After World War II the psychoanalytic boom viewed the unconscious as the hidden abode

of individuality. In the early twenty-first century brain-imaging technologies, such as magnetic resonance imaging, are increasingly seen as the method par excellence to reveal the essence of personhood and its aberrations (see Dumit, 2003).

Governing the Female Body is not informed by a vertical notion of scientific endeavor in terms of seeking origins. On the contrary, the chapters of the volume question assumptions about origins of personality or pathology in mothering, gender, hormones, or genes. Rather the collection follows a network-like model of analysis, or to use Deleuze and Guattari's (1987) metaphor, imagines analysis not in terms of "roots" or tracing causalities but in terms of "crabgrass" or mapping connections between sometimes seemingly disparate entities or issues. One of the themes running through the chapters in the anthology is how different issues, such as meanings, emotions, economics, politics, and science, intertwine to produce the messy politics characterizing many of the phenomena we are analyzing.

Many of the chapters in *Governing the Female Body* analyze meanings, such as diagnostic categories, including computer addiction (CA). However, as Reed demonstrates in her chapter, the discourse on CA does not have a merely symbolic or stigmatizing function. Illustrated by an analysis of two talk shows the discourse on CA is associated with regulating the activities and movement of female bodies. The scandal of the Internet is that it literally provides a "space" of escape from domestic duty and conjugal fidelity, while allowing the woman to remain within the safe confines of the home. As such, regardless of its "virtual" referent, CA participates in the time-worn regulation of the location of female bodies, which has traditionally been the task of the decidedly material profession of town planning that separated the spheres of public production, political deliberation, private unpaid production, and familial devotion.

One of the goals of this volume is to explore how the practices of health link from the outset separate agendas or processes together. Mapping these connections allows the chapters to use medical terminology to provide a "multifactorial" analysis of various contemporary discourses and practices around health and the female body.

Outline of the Book

In the spirit of exploring the spheres and dimensions of governance and their interaction, this volume is divided into four parts, which address the mediated, economic, political, and scientific dimensions of governing the female body.

Part one on mediated self-health begins with “It’s Down to You’: Psychology, Magazine Culture, and Governing Female Bodies” by Lisa Blackman. She examines how we are currently invited to become self-enterprising or neo-liberal individuals who are willing and able to judge and amend our own psychology to achieve success, satisfaction, mental health, and happiness (see Beck & Beck-Gernsheim, 2001; Rose, 1999). Blackman investigates women’s and men’s lifestyle magazines and how they address the “problem of relationships.” Her analysis reveals that women’s magazines employ the postfeminist narrative of empowerment, where a woman overcomes one’s self and her dependency on others in order to achieve autonomous selfhood. On the contrary, men’s magazines do not discuss relationships in terms of learning to master and manipulate oneself but in terms of learning to master and manipulate the bodies and selves of women. Reflecting on these differences, Blackman concludes that theories on the entrepreneurial self presume its universality, which obliterates the fact that the new subjecthood may have very different implications for women and men. The following chapter by Paula Saukko, “Beyond Pill Scares? Internet Discussions on Genetic Thrombophilia and Gendered Contradictions of Bioindividuality,” analyzes an Internet support group for people, mainly women, who have usually a low-risk genetic susceptibility to deep vein thrombosis or blood clots. Doctors may recommend this genetic test for women before going on the Pill or when they are pregnant, and so some may choose not to take the Pill, which increases the risk of clotting, or may take anticoagulants, which help to prevent clotting-related miscarriage. The new test no longer frames genes as “fate” but as something we can “do” something about. However, what passes unnoticed is that this “doing” refers to women’s unending private labor of love, framed as “choosing” their own and their families’ contraception (when there are no equal alternatives to the Pill), prophylactic medications (with potentially fatal side effects), health care, diet, exercise, vacationing, making love, having children, and obtaining insurance.

Chapter 3, the last chapter in part one, “Gender, Pathology, Spectacle: Internet Addiction and the Cultural Organization of ‘Healthy’ Computer Use” by Lori Reed, discusses the politics around the new diagnostic category of CA, or computer addiction. Analyzing two talk shows on the topic Reed concludes that even if computers are associated with masculinity CA as a diagnostic technology regulates female bodies. The most notorious cases of CA involve women who have neglected their children and spouses by escaping their domestic confinement and responsibilities to the virtual reality. While male computer nerds or hackers are romanticized as eccentric geniuses or Robin Hoods of the

contemporary Microsoft world, women's and children's virtual journeys are associated with social problems, abuse, neglect, and pathology.

Part two concerns the privatization and the body proper—ty focuses on the ways in which economic incentives and programs intertwine in the production of healthy female bodies. It opens with chapter 4, “Pink Ribbons Inc.: The Emergence of Cause-Related Marketing and the Corporatization of the Breast Cancer Movement” by Samantha King, which examines how breast cancer has been reconfigured from a stigmatized disease and individual tragedy best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing, to an enriching and affirming experience that is best responded to by charitable giving. King reflects how the discourses and practices of volunteerism and privatization have shifted the attention away from more mundane issues of cancer screening, mortality, and inequality, rendering the pink ribbon donned by many women an eerie ring. Chapter 5, “Regulation Through the Postfeminist Pharmacy: Promotional Discourse and Menstruation” by Joshua Gunn and Mary Vavrus, focuses on another marketing campaign, namely the launch, more or less at the same time in early 2000, of three pharmaceutical products regulating menstruation: Remifem for menopause, Sarafem for premenstruation, and Seasonale for cessation of menstruation. Gunn and Vavrus analyze how the advertisements for these drugs unabashedly used feminism, such as being a “Remifemin-ist,” in their campaigns to reaffirm a familiar postfeminist discourse on self-empowerment. What Gunn and Vavrus argue is that these drugs belong to the commercial end of a wider “gyniatric apparatus,” which includes practices as varied as self-breast exams and affirmative action that focus on defining and acting on a pathology or disadvantage specific to the female body. The last chapter in part two by Kristin Swenson, “Productive Bodies: Women, Work, and Depression,” also examines drugs marketed predominantly to women: antidepressants. Starting from Metzl's (2003) analysis of advertisements for antidepressants Swenson argues that while the early psychotropic drugs for women, such as Valium, addressed the depressed women as agitated and full of tension and frustration, the contemporary advertisements for products such as Zoloft depict depression in terms of listlessness and sadness. Swenson argues that the change in the marketing of the drugs is symptomatic of wider changes in economy, where women have not only moved from the domestic sphere into the labor force but have also become the ideal worker, who is flexible, able to multitask, and orientated to fulfilling the expectations of others. In this situation antidepressants become the trendy remedy that helps women and men to embody this active, agile, and endlessly helpful worker.

Part three addresses the political aspect of governing female bodies and health, particularly from the point of view of transnational inequalities. Chapter 7, “‘The Pill’ in Puerto Rico and the Mainland United States: Negotiating Discourses of Risk and Decolonization by Laura Briggs, rereads the narrative on the testing of the Pill on Puerto Rican women, which has been argued to epitomize the way in which science subjected vulnerable women of Third World countries to dangerous side effects in order to develop a drug for middle-class White women. Reading the original documents, Briggs contends that the Pill was never primarily intended for middle-class use, but that it was deliberately designed as a drug to solve a cold war political and economic problem: Third World poverty and Communism. Revisiting the mythology about the early development of the Pill underlines the continuous need of feminism to be wary of making claims about “women’s” oppression and analyze how different women are differently imbricated in webs of power, gender, race, and nation. Chapter 8, “Biopolitical Media: Population Communications International and the Governing of Reproductive Health” by Ron Greene and David Breshears, continues the story that Briggs starts and analyzes a new genre of communication designed by Population Communications International (PCI): participatory soap operas that educate about sexual health, contraception, and women’s rights. Greene and Breshears argue that this form of media is usually lauded for being locally sensitive, feminist, and, most of all, effective. Rather than focusing on the contents of these soap operas, Greene and Breshears analyze the methods they are using, predicated on turning women into audiences. They argue that this method forces communication-scholarship, hoping to be funded, to focus on measurable outcomes, such as uptake of contraception, and gears development communication into a machinery that trains and incorporates women into the management of themselves and others. At the same time, structures of inequality underpinning both health communication and women’s health in the Third World pass unnoticed. Discussing similar issues in a different context, Angharad Valdivia and Isabel Molina explore the representations of Latinidad in Hollywood films featuring prominent Latina actresses such as Salma Hayek and Jennifer Lopez in chapter 9, “Disciplining the Ethnic Body: Latinidad, Hybridized Bodies, and Transnational Identity.” They argue that the films read Latina (not Latino) bodies through the tropes exoticization, racialization, and sexualization, depicting them as both seductive and hypersexual as well as foreign, out of control, and threatening to social order, the body politic, and the health of the country. As Latinas are becoming increasingly prominent in contemporary American popular culture, they are often commodified and branded using classical tropical

symbols, such as hoop earrings, big hair, ruffles, and bright colors, which are nevertheless underpinned by grimmer associations between Latinidad and the menace of overpopulation, contagion, and non-White hegemony.

Part four discusses the way in which scientific discourses govern female bodies with reference to nature. Chapter 10, “Doing What Comes Naturally . . .’: Negotiating Normality in Accounts of IVF Failure” by Karen Throsby, discusses how women who have unsuccessfully tried IVF articulate their experience in terms of normality and naturalness. In her interviews these women distinguished themselves from figures, such as the “selfish” woman, who decides not to have children; the “IVF-junkie,” who goes for more and more cycles in a desperate bid to have a baby; or couples, who try for the “designer baby,” the mongrel sibling of the IVF “miracle baby.” These narratives of normalcy highlight how women using this new technology had to walk on a narrow tightrope demonstrating they were still behaving as good mothers or did “everything possible” to become mothers without trying “too hard” or going too far. The most disheartening finding of the interviews was, however, that, regardless of whether IVF was used for reasons of female or male infertility, women tended to blame their bodies, not the technology, for the lack of success in a situation where 80% of IVF cycles are unsuccessful. Throsby concludes that while debates on IVF have often focused on the new ethical implications, much less attention has been paid to how discourses and practices surrounding the technology frequently confirm old discourses on normality, nature, and motherhood. Chapter 11, “Sado/Masochism and the Re/Production of Femininity” by Barbara Mennel, discusses feminist debates on lesbian S/M. Going back to Sacher-Masoch’s original text (1870), she notes that the scenario he constructs ends in the female, a Russian woman called Wanda who was trained to theatrically abuse the hero, becoming violent and calling a Greek man to whip the hero. The feminist debates, Mennel argues, miss this fluidity between the theater of sadomasochism and real violence by arguing that the violence of sadomasochism is “real” or that it is always “authentic.” The simplicity of both feminist and psychological discourses on S/M acts as a general reminder of the lack of nuance in much analysis of power that apply the diagnostic logic. The last chapter of the book, “Beyond XX and XY: Living Genomic Sex” by Ingrid Holme, discusses the ultimate frontier in the governance of female bodies: the biology of sex. Holme discusses how genomics, as opposed to genetics, has begun to discover processes that highlight that DNA is not the stable “blueprint” it was once thought to be but that the genome modifies itself in interaction with different parts of the genome, the cell, the organism, and the

outside environment. Research on one of these processes, methylation, has shed new light on what used to be called “sex determination,” but which has proved out to be much more processual and precarious development. These interesting findings have, however, been interpreted through old gendered narratives that frame the methylation processes involved in sex development using old gendered metaphors, such as “gagging” the X chromosome or the “battle between sexes.” These stale metaphors have distracted from the radicalness of this cutting-edge research, which is that it provides new evidence of the way in which embryos do not “have a sex” but are “sexed,” so that we are governed into becoming, rather than being, men and women not only culturally and socially but also biologically.

The four parts of this book highlight different mediated, economic, political, and scientific dimensions of the process of governing female bodies through health. However, similar themes and issues repeat throughout. The most recurrent theme is the discourse on self-empowerment, which pervades health-related discourses from women’s magazines and breast cancer charities to marketing of antidepressants and menstruation suppressants. The issue of contraception also recurs in the global but mostly U.S. Internet chat rooms on genetic susceptibility to the side effects of the Pill, in the development of the Pill using Puerto Rican women, and in Third World family-planning campaigns that operate through soap operas. The most interesting and enjoyable aspect of editing this volume has been discovering how similar issues recur in diverse practices that govern women and their health in various settings as well as becoming aware of how similar issues are articulated differently in different contexts. Our hope is that—in the spirit of feminist consciousness-raising—the resonances and occasional discords between the chapters also evoke moments of recognition and rethinking in the reader.

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