

CHAPTER 5

ONLY ANGELS CAN DO WITHOUT SKIN.³²⁵

A Note on the Politics of Theorizing the Body

1. INTRODUCTION

This book began with the identification of a paradox contained in contemporary technological configurations regarding reproduction. Although the rapid growth of reproductive technology and the improvement of women's position in society are both considered important and valuable achievements, one cannot escape noticing that the relation between the two developments is fraught with tension. Whereas women have acquired the freedom to explore their own interests and goals, instead of solely serving the interests of husbands and children, the development of contemporary reproductive technologies signals a movement in the opposite direction. In recent years, IVF treatment of women has been adapted so as to accomodate the problem of male infertility. In increasing numbers, fertile women are now taking the burden of relatively inefficient and complication ridden manipulations of their bodies onto themselves in an attempt to overcome the infertility of their male partners. Similarly, the medical care surrounding pregnancy has become increasingly intensive and invasive, a development exemplified in extremis by experimental fetal surgery. In both cases procedures are performed on women's bodies that are explicitly acknowledged as burdening and sometimes damaging to their own physical well-being and health.

It is nevertheless an undeniable fact that many women opt for these technologies. Since women are today considered as individuals quite capable to determine what they want and need, questioning this new technology can quite easily be taken as a disrespect for their choices or - in somewhat old-fashioned language - as an imputation of false consciousness. The extent to which women have been emancipated appears to diminish the possibilities for critique. It would be easy to oppose current technological developments, if women were pressured and forced to accept having medical treatments on

behalf of their children and male partners. While such pressures can be identified to exist (and be anticipated to become worse) in the case of prenatal therapy, they are much more difficult to establish for infertility treatments. Moreover, even if some women will be pressured, others are - and will be - explicitly asking for the technologies. Cases in which women went to court to claim the right to have fertility treatments, for instance, have on occasion reached the frontpages.

But the fact that there are women who want and use these technologies is not a strong argument against critical assessment of the technology from a feminist angle. A simple analogy shows how this argument is based on a superficial form of reasoning. For many years, marriage vows in most Western countries included the promise of obedience on the part of the wife. This did not stop millions of women to marry anyway, whether they actually believed that they ought to obey their husbands or not. The fact that so many women did marry, in turn, did not stop many married and unmarried women - even many men - to object to this legal constitution of marital relations. It has not proven necessary for the last woman on earth to refuse to marry under such laws before a good case could be made that they ought to be changed - and so they were.

This book has proceeded from similar assumptions regarding new reproductive technologies. The fact that many women use the technology, and will continue to do so, does not exempt it from criticism. The analogy with marriage laws extends to the way I analyzed technological discourse as constituting specific forms of relations - between male and female partners, between pregnant women and unborn children - the same way marriage laws constitute legal relations between husbands and wives. This way, it became possible to analyze the technology without addressing the issue of what exactly motivates the women participating in these technological practices. Reproductive technologies are clinical practices that may mean different things to different women. They are also discursive practices amenable to an analysis of the forms of relations they constitute and the forms of embodiment they yield. They constitute forms of relations through the redefinition of bodies that occurs with the transformation of the problems addressed by the technologies.

In the previous chapters I identified the specific forms of relations and embodiment engendered by and within the technological practices of IVF and fetal surgery. The conclusion to be derived from these analyses is that the paradox is not a paradox but indeed a genuine contradiction. The technologies offer forms of female embodiment that constitute specific relations for women vis-à-vis men and children that go against the struggle for and partial achievement of women's individuality. Feminism has been precisely about

the effort to establish that women are individual persons in their own right - *not* just spouses and mothers. By contrast, reproductive technologies, and the biologies or body ontologies they generate, show female bodies configured not as individual women's bodies, but as "prosthetic devices" instrumental in the medical care for other bodies that, in the same movement, are construed as self-realizing individual entities. The construction of couples and fetuses as patients enables the (re-)establishment of men and children as self-contained and self-realizing individuals. It makes possible the construction of infertile men as individuals still realizing their own potential to reproduce, and it yields the construction of fetuses as young children already individuated and developing independently from women's bodily activity.

The contradiction comes into relief even sharper, if one remembers how, precisely in the context of reproductive and sexual politics, emancipatory efforts have focused on the issue of the individuality of the female body in order to establish the right to bodily self-determination. The introduction of the notion that female bodies do have boundaries beyond which the pursuit of neither men's nor children's interests is legitimate, has been crucial. The analyses presented in this book show how reproductive technologies work by, once again, shifting, moving, and dissolving precisely these boundaries, in order to accommodate men's and children's medical needs.

Having arrived at the conclusion, the original problem of the relation between reproductive technology and feminism recurs in a different guise. I shifted the formulation of the problem away from the level of technologies on offer in clinical practices and women's choices whether or not to use them, to the level of the analysis of technology as discursive practice. However, the problem now presents itself in relation to contemporary feminist theory. I formulated my conclusions in terms of lacking individuality and recognizable female body boundaries, whereas feminist theory has been working hard to deconstruct the very ideals of individuality and autonomy. Feminism has been arguing for some years now that neither the body nor the self are to be conceived of as entities endowed with natural, fixed boundaries. It may appear that reproductive technologies merely seem to turn into material practice what feminism has been arguing for on a theoretical level. Therefore, it may still not be clear how technology poses a problem for feminism.

In this final part of the book I address these issues concerning postmodern feminist theory and the relation between technology, politics, and bodies. First, I briefly address the way feminist critique of new reproductive technologies often echoes and coincides with more general critiques of modernity. Then I describe how the feminist response to these critiques has been a call for a "move beyond" modernity, exemplified in the postmodernist

notions of 'cyborgs' and 'hybrids'. Next, I argue how a conception of postmodernism as successor to modernity, or even as solution to modernity's aporias is misguided and unhelpful. Drawing on the work of Donna Haraway and Bruno Latour, amongst others, I propose a view of technologies and bodies that acknowledges modernist ideals to be both contingent *and* indispensable, even for postmodern feminists.

2. TECHNOLOGY CRITIQUE AS MODERNITY CRITIQUE

The medical-technological rendering of women as "less" than individuals is not unique to contemporary technologies. This pattern, encountered here on the level of technologically produced body ontologies is strikingly similar to broader, historical patterns within modernity. There is by now a wealth of analytical work showing how the modernist and humanist ideals of individuals realizing their own potential, free from interference in their private spheres, and certainly free from violations of their bodies' integrity have not only excluded women, but how they were sometimes even conditional upon the conceptual and material denial of the same ideals for women.³²⁶

These cultural patterns are identifiable on the philosophical level, as for example has been done for modern political theories and concepts found in Hobbes³²⁷, Rousseau³²⁸, most versions of liberalism³²⁹ and marxism³³⁰ alike, up to contemporary theories and definitions concerning the development of the moral self³³¹ or the psychological ego.³³² Abstract as this may sound, the patterns are visible in very concrete historical practices as well. On critical examination the modern, humanist conceptions about autonomous individual subjects turned out to be thoroughly gendered. A pattern was revealed in which the possibility of *some* to be (construed as) autonomous and self-realizing individual citizens with rights and possibilities to act in a public sphere, in free 'possession' of their own mind and body, turned out to be conditional upon a concealed dependence on the existence and work of many non-free, non-autonomous (not only) female "non-individuals." The latter remained locked in the private sphere without access to education or public functions and denied the right or capacity to act autonomously regarding their own life, mind and body, while enabling and sustaining those very privileges for others. Rousseau's Emile's education for enlightened citizenship turned out to be conditional upon his having at his disposal a Sophie forever denied these goods.³³³ The status of men as breadwinners and heads-of-households - to take up a more concrete and historical instance of the pattern - in the Netherlands up into the late 1950s, was similarly conditional upon denying married women the legal competence to act, the right to hold a job in go-

vernment or civil service, and, until 1991, the right to refuse their husbands access to their bodies.

Moreover, it has been amply described how modern ethics and law have had a history of double standards when it came to women and reproductive issues³³⁴. While the integrity of the *human* body as a value or principle has been unquestionable, practically held sacred, women and their sexual and reproductive functioning have all too often been considered exceptions, and subjected to a different set of values, principles and practices. There are numerous instances in which the authority to disregard female body boundaries (to decide on interventions in their bodies for the sake of men's, children's or "general public" interests) was allocated to others than women themselves, specifically to husbands and public authorities. Next to this type of legal authority, the disciplinary powers of medicine, psychology and other social and life sciences and practices have similarly focused on female bodies in order to ensure healthy families, children, husbands, workers and social structures generally³³⁵.

For these reasons, feminism has felt forced to more or less discard the vocabularies of what can be loosely labeled modernism and humanism, including the concepts of the natural body and its boundaries, individuality, autonomy and bodily integrity. This position can be recognized as informing many of the feminist criticisms levelled at reproductive technologies. In particular, feminist analyses of technologies that led to the emergence of the fetus as an individual patient have consistently pointed at the role of modern individualism. Whether "abstract", "possessive" or "patriarchal", the dominance of an individualistic vocabulary in western cultures is blamed for the current trends emphasizing the individuality and separateness, and from that, the precedence of the fetus over pregnant women. Moreover, these very trends are taken as confirmation of feminist critiques of individualism as a modernist vocabulary inherently inimical to women. Far from invoking the individuality of women against constructions of fetal personhood, the very concept of individuality is thus discarded as suspicious. As Sarah Franklin, quoting Haraway, put it:

The very term 'individual', meaning one who cannot be divided, *can only represent the male*, as it is precisely the process of one individual becoming two which occurs through a woman's pregnancy. Pregnancy is precisely about one body becoming two, two bodies becoming one, the exact antithesis of in-dividuality. This is, claims Donna Haraway, "why women have had so much trouble counting as individuals in modern western discourses. Their personal, bounded individuality is compromised by their bodies' troubling talent for making other bodies, whose individuality can take precedence over their own."³³⁶

Prosthetic Bodies

The Construction of the Fetus and the Couple as
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van der Ploeg, I.

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