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Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory

This article tracks the growth of medical anthropology in the United States in the decades since the 1970s, as it has intersected the expansion of feminist activism and scholarship. I argue that feminist attention to embodied inequalities quickly focused on reproduction as a site of investigation and intervention. Medical anthropology has benefited from feminist concern with stratified reproduction, especially its interrogation of nonnormative and stigmatized fertility and childbearing. When reproduction becomes problematic, it provides a lens through which cultural norms, struggles, and transformations can be viewed. Examples drawn from prenatal diagnosis are particularly revelatory of the diverse interests and stakes we all hold in reproduction. [feminism, stratified reproduction, stigma, genetics]

Beginning in the 1970s, medical anthropology increasingly became a growth pole. Moving from the more marginal position it had successfully occupied somewhere in the connective tissue where applied, biological, and demographic studies meet, anthropological work related to illness and health experienced a substantial increase in interest, funding, publications, and teaching. This growth was accompanied by an expansion of the theoretical and practical questions medical anthropology addressed: anyone reading his or her way through the last quarter-century in the field will note energetic and expansive debates that both mirror and comment on the social dilemmas, both national and international, with which medical anthropologists became involved. Epidemics, syndromes, and disabling experiences were increasingly placed in complex analytic historical and cultural contexts. There have been profound struggles over the analysis and impact of the political economy of medicine, on the one hand, and about various strategies—phenomenological and existential, historical, and biopolitical—best used to powerfully represent the experiences of illness and health, on the other. This scholarship has de-centered European (or Euro-American) notions not only of the body as a precultural, universal object of scientific investigation, but also of science in general and the biomedical sciences in particular as Archimedean vantage points from

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which to view bodies, their aches, and accomplishments. Everyone from Marx to Foucault and Bourdieu has been awarded credit for this historicization, theorization, and politicization of the body (or, rather, *bodies*. To take an extreme example, we have all benefited from considering Margaret Lock's [1993] provocative claim that local biologies play out in Japanese aging).

We all are surely indebted to many outstanding scholars for the increasing depth and breadth of our understandings of embodiment. Here, I make the case that we are also indebted to other social analysts, some of them only marginally related to medical anthropology or even the social sciences, for the seriousness with which bodies, health, and illness are increasingly taken as analytic subjects. I am, of course, making an immodest claim on behalf of my generation of feminist scholars: the dramatic rise and expansion of international women's movements, which have been virtually coterminous with this period in the transformation of medical anthropological scholarship, also fueled the imaginations of legions of feminist scholars. Often, we were scholars in the making—we might note that many members of today's feminist professoriat have aged into this field, having begun as activist graduate students. The graying of our research topics is not unrelated to the personal dilemmas we interpreted as worthy of social analysis in the realm of women's and then maternal/child health, adding the new reproductive technologies, infertility issues, and women's aging to our agendas as we ourselves moved through our own life cycles.¹ Many of this generation had more than a passing acquaintance with the women's health movement or other iterations of feminist activism. Collectively, we worked in the anti-violence movement; fought for reproductive rights both nationally and internationally; championed the diversity of sexual orientations; participated in development "as if women mattered" programs; experienced gendered economics, including problems of women in nontraditional (read: male) jobs and the gendering of service work, much of it body work or family work. From the earliest Miss America Pageant demonstrations to the struggles for safe, legal abortion and against sterilization abuse, North American feminists (and their international counterparts) of a certain period bumped into the body: *Our Bodies, Our Selves*, as the Boston Women's Health Book Collective (1998) would famously dub it. In all of this activist work, the mind/body distinction was subjected to political analysis. As the philosopher Susan Bordo so elegantly put it,

Feminists first began to develop a critique of the "politics of the body" not in terms of the body as represented (in medical, religious, and philosophical discourse, artworks, and other cultural "texts") but in terms of the material body as a site of political struggle. When I use the term *material*, I do not mean it in the Aristotelian sense of brute matter, nor do I mean it in the sense of "natural" or "unmediated" . . . I mean what Marx, and, later, Foucault had in mind in focusing on the "direct grip" (as opposed to representational influence) that culture has on our bodies, through the practices and bodily habits of everyday life. Through routine, habitual activity, our bodies learn what is "inner" and what is "outer", which gestures are forbidden and which required, how violable or inviolable are the boundaries of our bodies, how much space around the body may be claimed, and so on. These are often far more powerful lessons than those we learn consciously, through explicit instruction concerning the appropriate behavior for our gender, race, and social class. [1993:16]

After all, *we* were allegedly identified with the body rather than the mind; with feelings, not thought; with irrationality, not rationality; in short, with nature rather than with culture, as Sherry Ortner, building on Simone de Beauvoir, told us in 1972. If women were associated with the forces of nature, available and accountable for domestication, *So Be It*: Since women's roles as breeders and feeders were alleged to be natural, then we would have to shake the pillars of Nature Herself to seek justice and a re-division of labor and resources.

At the same time, a nascent women's studies movement was taking shape in universities and colleges throughout North America: interdisciplinary, energetic, determined, as the poet Audré Lorde (1984) put it, to remake androcentric scholarship, beginning with anatomy and ending with zoology. It was the collective achievement of feminists across a range of then-emergent women's studies arenas to have quickly dragged the concept of nature under the microscope, pronounced its discursive as well as materialist moorings pathological, and subjected it to grueling interrogation. Thus were the cultural antinomies of rational/emotive; public/private; production/reproduction—in sum, culture/nature—located as historical, often transhistorical, and *social* constructions. Which, I should stress, made their deep impressions in the flesh no less dangerous, pleasurable, or political. But once the gender politics of Nature were revealed to be *Just So*, the profound influence of biomedical discourses and practices on the production of gender was ripe for social analysis, as well.

Thus, feminist scholars trained their sights on biomedicine, where the study of the reproductive life cycle and, especially, the politics of reproduction came under energetic scrutiny. Of course, not all those anthropologists who would contribute to the analysis of reproduction were associated with the field of medical anthropology: we necessarily claim a highly hybridized theoretical genealogy. Many feminist anthropologists came directly from the realm of classic social structural analysis: we were quick to link the study of kinship and marriage to the analysis of gender (e.g., Yanagisako and Collier 1987), and attention to the female reproductive life cycle was also related to enduring themes like the domestic cycle (e.g., Buckley and Gottlieb 1988; Kerns and Brown 1992). The study of childbirth—medicalized and otherwise—became something of a cottage industry (see Davis-Floyd 1992; Davis-Floyd and Sargent 1997; Ginsburg and Rapp 1991). The importance of racial formations and class locations was recognized in the medicalization of U.S. women's reproductive lives (Litt 2000; Martin 1987; Michaelson 1988), and the international politics of the subject were dragged to the center of social theory (Ginsburg and Rapp, eds. 1995). There, the survival of children and the mothering work entailed in it were brought under analytic scrutiny (e.g., Scheper-Hughes 1992; Scheper-Hughes and Sargent 1998; Stephens 1996). Feminist scholars who focused on communities of color in the United States highlighted state surveillance, eugenics, and commodification as central issues for the analysis of motherhood (e.g., Collins 1990, 1994; Glenn et al. 1994; Litt 2000).

Building on David Schneider's (1990) insights into how U.S. kinship uses metaphors of blood and contract to condense and naturalize the biological and social bases of relationships, anthropological feminists also took on the new reproductive technologies (Casper 1998; Franklin 1997; Ragone 1994; Strathern 1992), attacking their reductive foundationalism. This work crisply intersected feminist science studies (e.g., Franklin 1995; Haraway 1989a, 1989b, 1991, 1997), where

contemporary biomedical rationality has been analyzed as operating to reproduce older forms of gender, ethnoracial, class, and national stratification, even (or perhaps, especially) on its technologically “revolutionary” edges (Michaels and Morgan 1999; Rapp 1999; Stolcke 1986).

Stratifying Reproduction

These multiple theoretical strands can be used to scaffold an analysis of what several of us have elsewhere labeled “stratified reproduction”—the hierarchical organization of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others (cf. Colen 1986, 1990, 1995; Ginsburg and Rapp 1995). The idea of stratified reproduction helps us to make sense of how the technologies of biomedicine in fields as diverse as fertility treatment and neonatology, mental health, interventions into addiction, epidemiology, and gerontology both accompany and partially produce late modern pathologizations of personhood, gender, and kinship. Indeed, along with Canguilhem (1978), we can increasingly see the choreography of normality and abnormality as mutually co-constitutive, the normative depending in large measure on the pathological, the outlawed, and the despised instance for its very taxonomic foundation.

In this process, problematic reproduction has played an increasingly important role, not only for medical anthropologists, but also for those tracking topics and processes as diverse as commodification, state surveillance, and the global economy. In other words, pathologized or otherwise stigmatized reproduction can be used as a red thread whose presence in the warp and woof of daily life reveals shifting norms of globalizing stratification. Thus, for example, two recent edited collections between them cover the terrain of open and international adoption; relations among abuse, poverty, and fosterage; the medicalization of infertility, pregnancy loss, and traditional versus gestational surrogacy (whose biosocial permutations begin to sound like a recitation of Arunta eight class subsection marriage analysis!); parenting disabled children; parenting differently raced children; homeless parenting; and lesbian and gay parenting (Layne 1999; Twine and Ragone 2000). To the extent that such diverse familial arrangements share anything at all, it is stigma and travail: indeed, the struggles for recognition and acceptance played out in these ethnographic accounts suggest that reproductive normalization is an achievement that is hard-won, often closed to some constituencies through mechanisms of state and market, cultural branding, and ritualized fears. Yet ironically and dialectically, experiences with nonnormative, pathologized reproduction can also provide the material for self-reflection and mobilization of new social and political identities.

This is a point that Faye Ginsburg and I have tried to make in our several collaborative productions (e.g., Ginsburg and Rapp 1991, 1995, 1999; Rapp and Ginsburg 2001).² The formerly “invisible centrality” of reproduction to social life has become ever more visible in both public discourse and anthropological scrutiny (Franklin and Ragone 1997). As the use of new biomedical technologies to assist or “manage” reproduction has become more routinized, especially in postindustrial settings, their potential to complicate received ideas and practices has become the source of widespread public attention (Nelkin and Lindee 1995; Taylor

1992). At the same time, these technologies have made new reproductive options available to groups who previously felt themselves excluded from this aspect of social life. These include the diverse family forms that have emerged as a result of increased single parenthood, late mothering, and gay and lesbian families (Lewin 1993, 1999; Weston 1991), as well as the sometimes extraordinary efforts required to sustain traditional family arrangements in the face of unprecedented changes in reproduction (Casper 1998; Franklin 1997; Lewin 1993; Ragone 1994; Stacey 1990; Strathern 1992). It could be argued that this increasing self-consciousness and manipulation of the categories of kinship and biology is part of a more general ethos of postmodernity. As the "taken-for-grantedness" of "the facts of life" unravel in the face of technologies that, for example, enable grandmothers to bear their own grandchildren, social actors become more aware of the constructed nature of foundational cultural categories (Giddens 1979; Miller 1994; Strathern 1992). As important as this is to building theories of late modernity, we also want to underline the profound effects such processes have on anthropological fieldwork itself. We and the social actors we study are equally engaged in trying to comprehend how categories that currently define reproduction are changing. In other words, many of the people from whom we learn are no less implicated than we are in the reflexive process of trying to come to terms with this shifting cultural domain.

While the boundary between analyst and subject grows increasingly porous, so does the distinction between participation and observation. In a way that mirrors the life cycle experiences of scholars, recent anthropological work has expanded from a focus on conception and birth to address emergent cultural and medical issues surrounding the fetus and the survival of ever-younger neonates (Feminist Studies 1997; Hartouni 1997; Landsman 1999, 2000; Layne 1996; Michaels and Morgan 1999), adoption (Gailey 1998; Layne 1999; Modell 1994), and infant/child health and welfare (Scheper-Hughes and Sargent 1998; Stephens 1996). For example, the unanticipated consequences of technoscientific interventions are encountered in daily life as increasing numbers of people in postindustrial societies, benefiting from neonatal intensive care units (NICU), face the enhanced survival of high-order multiple births resulting from fertility treatments and that of other medically compromised infants and children. Ironically, the exquisite social stratification of health care options in the United States may bring high-end and low-end NICU users together, as the scourge of low birth weight disproportionately affects both the newborns of the poor and the multiple births associated with the expensive fertility treatments available to the rich. These developments in particular bring with them complex and unexpected cultural contradictions between economies of care and compassion, as more and more disabled infants are able to grow into child- and adulthood. Thus, the dilemmas faced by families about how to care for and incorporate differently embodied kin are simultaneously the subject of private decision making and intense public debate about entitlements and inclusions in the body politic. This intersection of reproduction and disability represents, we believe, an important arena for future anthropological investigations (Rapp and Ginsburg 2001).

Intersections

In that intersection, a research team comprising Deborah Heath, Karen Sue Taussig, three graduate research assistants, and myself locates some of its fieldwork and analysis.³ In light of the considerable eugenic anxieties generated in and around the Human Genome Project, we are using anthropological methods to investigate empirically what actually happens when new genetic knowledge is produced and trafficked among interested constituencies. We work among research scientists characterizing and cloning genes, clinician-physicians treating patients who have the conditions attributable to those genes, and people in and out of lay health organizations who live with the consequences of phenotypic difference. All are concerned with connective tissue disorders, and all contribute to and use new genetic knowledge. Although our fieldwork focuses on many intertwined issues beyond the scope of the present article, I would like to highlight one aspect of new genetic knowledge directly relevant to the subject of stratified reproduction. Despite the considerable media and financial hyperbole regularly generated around the topics of gene therapy and molecular medicine, at the present moment, the only widespread and practical intervention attendant on finding a new disease gene is prenatal diagnosis (PND). The cloning of genes for some late-onset conditions has also led to a much smaller market in diagnostics for those diseases. Once a gene is characterized and cloned, geneticists can usually develop a prenatal test to check for its presence or absence either *in vitro* or, more usually, *in utero*. Which means that advances in the Human Genome Project are intimately tied to the freighted politics of abortion in the United States. And those politics play out differently for affected individuals and their families than they do among those lacking intimate, embodied knowledge of disabling or stigmatizing conditions.

Ethnographically speaking, we became aware of this difference when attending the National Conventions of the Little People of America (LPA), where we have been learning about biomedical activism among dwarfs and their supporters.⁴ Dwarf babies are widely welcomed throughout the organization, and many workshops focus on family support. Inside the community of the short-statured and the average-statured parents of short-statured children, there is considerable anxiety about the uses to which the 1994 discovery of the gene for achondroplasia (the most common form of dwarfism) will be put. Currently, most dwarf babies are born to parents of average stature because of a genetic mutation in *FGFR3*, a receptor for a growth factor, and they are diagnosed either very late in pregnancy, via sonogram, or at birth. A prenatal genetic test is currently only available to people with achondroplasia who are having babies with other achondroplasts (that is, dwarfs reproducing with other dwarfs). But members of the LPA community are acutely aware that this situation may well soon change. With the coming of a high through-put diagnostic chip, screening the gene for the *FGFR3* mutation will probably be added to a battery of other tests, making prenatal diagnosis for this condition widely available to the general population. This makes the short statured and the average-statured parents of short-statured children angry and frightened, for they fully recognize the level of misinformation and bias underlying the way in which dwarfs are regularly viewed outside of communities with intimate knowledge of this condition. Indeed, this oppositional anxiety is inscribed on a tee shirt

widely displayed and worn at LPA meetings: its logo announces dwarfs to be “an endangered species.”

Yet inside the LPA community, attitudes toward prenatal diagnosis are quite different. Because the *FGFR3* mutation that causes achondroplasia is dominant, a dwarf couple has classic Mendelian odds of passing along their condition in each pregnancy they undertake together: there is a 50 percent chance that the fetus will be a dwarf, inheriting the dominant mutation from only one parent; a 25 percent chance that it will be an average-statured person, inheriting the dominant mutation from neither parent; and a 25 percent chance that the baby will be born dying from the lethal effects of double dominance, having inherited the mutation from both parents. Under these painful conditions, dwarf couples may choose to use prenatal diagnosis to avoid the death of a doomed child. But (and despite apocryphal stories to the contrary), there is no record of a dwarf couple using PND to eliminate fetuses of average stature. My point is obvious: within a community in which phenotypic difference is normalized and socially supported, the uses and meanings of new genetic reproductive technologies are quite specific. They do not, however, necessarily or automatically reflect how new genetic knowledge will play out in different communities, where old and familiar conditions of bias and prejudice against dwarfs will most likely surface in stratified deployment. Thus, our study of new genetic knowledge is constructed in an old landscape where familiar fault lines of eugenic fear and prejudice are easily identified.

In conclusion, it has been a collective achievement of feminist anthropologists and fellow travelers who saw “reproduction” as invisibly central to social life to have dragged that topic to the heart of our empirical and theoretical work. Through its lens, and, especially, by focusing on its socially as well as medically identified pathologies, the reproduction of children and families as well as the chasms that separate those bearing old and new forms of social stigma from those who are conscripted into embodied normativity are revealed. Peering across those chasms with an ethnographic gaze, we recognize that we *all* bear the marks of stratified reproducers—as parents and nonparents; the fertile and the less-than-fertile; bearers of despised racial, class, ethnic/national, and religious markings; sexual-preference outlaws; able-bodied or disabled; and now, increasingly, as the genetically marked across the generations. And we see clearly the intimate consequences of discrimination etched into embodiment. Please take a good look.

NOTES

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1. Perhaps attention to the caretaking work that passes among generations of women (usually but not always, adult daughters taking care of elderly mothers) should be highlighted as the next potential focus of feminist analysis, as one anonymous reviewer of this article usefully suggested. See Abel 1991 and Olesen 1997 for important examples.

2. These two paragraphs were coauthored with Faye Ginsburg in "Relocating Reproduction, Reproducing Culture," a paper prepared for Wenner Gren Conference #125 "Anthropology at the End of the Century," Cabo San Lucas, Baja, Mexico, October 30–November 5, 1999, organized by Sydel Silverman.

3. This example is drawn from our collaborative work "Mapping New Genetic Knowledge," funded by NIH/ELSI Grant # 1 R01 HG01582-01. Our research into how new knowledge is produced and circulated among basic scientists, clinician-physicians, and patients who have the genetic disorders under investigation is presented in our publications, including Heath et al. 1999, Rapp et al. in press, Taussig et al. 2002, Taussig et al. n.d.

4. We acknowledge with gratitude the work of Joan Ablon, whose books on the LPA are deeply appreciated by every association member with whom we have spoken (Ablon 1984, 1988). Her warm and trusting relationship with the LPA (who honored her with their first lifetime membership ever awarded to a person of average stature) enabled our research to receive a warm welcome as fellow anthropologists.

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