Université de Montréal

Oublier le corps: les dynamiques du corps féminin et de la pilule anovulante. Une étude ethnographique avec des femmes montréalaises

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Cette thèse intitulée:

Oublier le corps: les dynamiques du corps féminin et de la pilule anovulante.
Une étude ethnographique avec des femmes montréalaises

présentée par

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Sommaire

Tout au long de cette thèse, nous examinons la gérance du corps féminin au travers du mécanisme des hormones sexuelles féminines. La question abordée ici concerne la pilule anovulante, qui est directement liée à la sexualité et à la contraception, et qui constitue une fonction réglante du corps féminin. La pilule anovulante soulève des questions chargées de sens, surtout celles qui touchent à la sexualité et l'image du corps et de soi-même. Les bases sur lesquelles les choix contraceptifs se font sont lourdement chargées de sens et dans notre culture, la responsabilité reste largement celle de la femme. Pourtant, la pilule anovulante constitue une fonction régulante du corps féminin, et cette fonction change souvent le cycle et la familiarité avec laquelle la femme se connaît. En plus, les effets secondaires de la pilule présentent un problème sérieux pour un certain nombre de femmes. Dans cette optique, examinons les récits des femmes montréalaises et des médecins pour mettre en place la question complexe de la consommation des hormones sexuelles sous forme de la pilule anovulante.

J'ai travaillé avec des femmes montréalaises, âgées entre 23 et 33 ans, sur la question de la pilule. Il s'agit d'une enquête sur la problématique de pourquoi certaines femmes décident de ne pas utiliser d'hormones sexuelles et comment elles sont arrivées à ces décisions. Entre les femmes qui prennent la pilule, j'ai abordé les variances d'orientations du corps et des perceptions envers la pilule. J'ai aussi exploré les mythologies et les craintes qui accompagnent l'usage ou le non-usage des

hormones, ainsi que les croyances sociales et les opinions du monde médical autour de ces drogues réglantes. Certaines femmes se mettent à questionner le processus de consommation de ces hormones, et en considèrent les effets secondaires potentiels, tels que l'infertilité ou le cancer.

Mon travail considère la façon dont une compréhension médicale du corps de la femme construit celui-ci comme étant largement contrôlé par des hormones. En outre, j'ai fait des entrevues complémentaires avec des médecins montréalais, pour apercevoir leur point de vue sur la prescription de la pilule anovulante. J'examine comment l'institution médicale situe la femme dans le contexte de sa sexualité et de son identité, une orientation incorporée dans le cadre médical.

Résumé

In the course of this work, entitled 'Forgetting the Body: the dynamics of the female body and the anovulant Pill. An ethnographic study of Montreal women' we examine the management of the female body through the mechanism of female sexual hormones, specifically in the form of the birth control pill. The Pill is prescribed as a means of body regulation by overriding the physiological cycle of ovulation, thus providing a highly effective method of birth control. While the Pill is one of the surest contraceptive methods and serves the needs of many women, it contains myriad levels of meaning for the women who use and have in the past used the Pill as a contraceptive method.

While on one level, the Pill represents the most effective means of birth control, the Pill evokes important questions for many women, especially questions concerning responsibility and personal safety (a pertinent concern in the current age of AIDS), sexuality, and self and body image issues. While public concern and information exist about the threat that AIDS poses, it is a fact that in North American culture, responsibility for contraceptives rests primarily with the woman. In this context, the Pill presents itself as a dubious and ineffective means of protection from sexually transmitted diseases, including AIDS.

The Pill serves to regulate the female body. Such a function alters a woman`s natural cycle and for many women, this results in serious physical side effects, whether they be headaches, nausea, weight gain, libido loss, or a myriad of others. It

is with some of the complexities of the Pill in mind that we examine the stories and experiences of Montreal women around the birth control pill.

In 1996, I interviewed thirty Montreal women between the ages of 23 and 33 on the subject of the Pill. A rich corpus of stories resulted, in which women shared their thoughts about the way that the Pill affects their body image, their beliefs about their sexuality, and for those who have taken the Pill but have since ceased doing so, their motivations for stopping. I explore myths and fears about the Pill which accompany both usage and non-usage of the Pill, as well as social beliefs and opinions about the medical model which frames this regulating drug.

This dissertation examines the social and cultural ways in which beauty standards inscribe meaning on the body. Women adopt, value, and incorporate cultural beauty norms into their expectations of their bodies and their perceptions of self. Delineating the ways that such beauty standards permeate North American culture is important to understanding the sociocultural dynamics of body control. As a mechanism of social and body control, we see the role that the Pill plays in a culture where the sexual body is symbolically charged and centrally situated in the value system; in this light, the Pill is a crucial element of female body management.

In the broad sociocultural context, the Pill can be understood as a charged cultural symbol, which structures meaning around sexuality, selfhood, and the body. As such, attitudes and beliefs about the Pill become a rich and pertinent gauge of North American culture.

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Introduction

Medicine's role is to heal the human body from sickness. Yet in our age, medical technology has attained the capacity to do more: medicine can decisively alter a body that is not sick, in order to make it function differently. The birth control pill constitutes a striking example of this modern development. Effectively, the contraceptive pill functions by artificially modifying the hormonal equilibrium so as to eliminate ovulation, and consequently, the possibility of a pregnancy. The Pill is thus a medication that dupes the female body into suspending its procreative function. Such a process is revolutionary. Taking the Pill makes a woman free to make her own choices about reproduction: she can decide if and when she wants to have a child. When a woman is taking the Pill, her own body will not betray her by unintentionally becoming pregnant. As well, the implications of the medical and pharmaceutical control implicit with the Pill are vast and affect women in myriad ways, as we shall later see. Despite this, such issues are rarely brought up in medical discussions about a woman's health and well being.

In past centuries, the relationship between a doctor and patient was short-term, lasting only for the duration of an illness or occasionally for a preventive exam. Today however, with the phenomenon of the birth control pill, which requires a doctor's prescription that must be renewed each year, the doctor-patient relationship has changed into a constant and long-term relationship, which is necessary to body management. This relationship reinforces the dynamic of dependence of a woman on her doctor. A profound irony marks this situation: a healthy woman must go each year to renew her prescription and to verify that this wonder drug has not made her ill. Side effects and the possible

health risks of the Pill render medical body surveillance necessary. This assures that there is a balance between the managing of the body and endangering that body. When we consider that a large number of women take the Pill for 10 to 20 years of their reproductive lives, we understand to what extent the birth control pill has come to represent a significant part of the female experience.

The Pill also constitutes an important market for the pharmaceutical industry and for the medical world, which maintains a non-negligible relationship with pharmaceutical companies. "The use of oral anovulants has been described as the largest experiment ever conducted on a group of otherwise normal, healthy women of reproductive age."[1] More than 50 million prescriptions for the Pill were dispensed in the U.S. in 1992.[2] The enormous number of women on the birth control pill creates phenomenonal cultural meaning.

In terms of the formation of cultural meaning, I proposed to examine Paul Stoller's use of the term 'conscious' as a point of departure. As he discusses it in *Sensous Scholarship*, 'conscious' is a noun, a state of being, rather than an adjective describing that state. Yet the idea of consciousness implies both awareness and a lack thereof, more specifically a sensory absense. Paul Stoller further utilizes this term, this state, to talk about cultural memory. 'Conscious' describes a culture's evolutionary level of awareness of itself, while simultaneously pointing out its missing zones of cultural memory, its sensory blind spots. Since so much of a culture's memory is inscribed in the body, and

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[1] Merkin, Donald. *Pregnancy as a Disease: the Pill in Society*. Port Washington, NY: Kennikat Press, 1976, p. 40.

since sensorial experientiality is lived through the body, the central relevance of the body's role in the formation of cultural memory and meaning becomes clear.

Additionally, Paul Connerton reminds us that « flesh both inscribes and incorporates cultural memory and history.[3] » Such a statement elucidates the way in which body habits that a person adopts both affect and reflect culture. Taking the Pill can be considered a body habit. Such bodily automatism is what Connerton would call habit-memory, which he defines as « having the capacity to reproduce a certain performance. »[4] A habit-memory like taking the Pill is an act which is fundamentally rooted in the body. It is a daily gesture, a performance that begins as a conscious act but often transitions to normalcy, which relegates it to a subconscious level. Such an act is a « bodily practice that keys cultural memory. » [5]

In these terms, seeing Pill-taking as a bodily habit, at once an embodied state, a statement of cultural meaning, and a mechanism of cultural memory formation, we discover the breadth of the impact of the Pill on Western culture this century. As women settle into the bodily practice of taking the Pill, often for many consecutive years, and as medical practitioners teach women to incorporate the Pill into their daily lives as a habit, ie. « Put your Pill packet next to your toothbrush and take it after you brush, » taking the Pill thus becomes firmly nussled into women's subconscious body habits. Inadvertantly, such individual habit acts translate into broad-based cultural meaning. When more than 50 million women use a medication to invisibly but profoundly alter their bodies,

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[2] Schondelmeyer, S.W. and Johnson, J.A. "Economic implications of switching from prescription status" in S.E. Samuels and M.D. Smith, Eds. *The Pill: From Prescription to Over the Counter*. Menlo Park, California: Henry J. Kaiser Family Foundation, 1994, pp. 189-235.

[3] Connerton, Paul. *How Societies Remember*. Cambridge: Cambridge University Press, 1989.

[4] Ibid, p. 22.

Stoller's statement that « 'conscious' is sedimented in the bodies of women »[6] takes on important cultural relevance.

Medical anthropology must trace the ways that modern medicine influences body politics and can emit « sensory anesthesia »[7] which enables the absensing of the body. The sensory body is a concrete element of cultural memory, over which medicine has a significant influence.

The birth control pill has become the most commonly used drug in the history of medicine. [8] This remarkable fact necessitates a thorough questioning of medical practice which proposes an image of the female body subordinate to the harsh necessity of hormonal regulation (read alteration). Such an assumption that the female body needs regulating consequently actualizes a cultural, prototypical body heavily biased by and in need of medical mechanisms for its smooth functioning. The medical assumption of a need for body control thus concretizes its position in the management of women's bodies with the Pill.

In this optic, the Pill represents a powerful symbol in North American culture that creates meaning and influences the lives of millions of women. The analysis of these multiple and often conflictual meanings and experiences constitutes the objective of this work.

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[5] Ibid, p. 5.

[6] Stoller, Paul. *Sensuous Scholarship*. Philadelphia: University of Pennsylvania Press, 1997, p. 74.

[7] Ibid, p. 75.

[8] Oudshoorn, Nelly. *Beyond the Natural Body: an archeology of sex hormones*. London: Routledge, 1994, p. 82.

The Project

During 1996, I conducted interviews with Montreal women about their practices, attitudes, fears, and beliefs about the birth control pill. Within the context of my fieldwork, I also wished to explore the biomedical perspective on these issues, by discussing with practitioners their relationship with and opinions on the Pill. These discussions reveal preoccupations with the Pill and orientations that are clearly different from those of women with whom I spoke. Thus it is by examining a variety of perspectives that I propose to discuss the complex dynamics engaged by the Pill.

Often sexual and contraceptive choices follow logic formed by one's entourage and environment, specifically, friends, family, media and doctors. However, since North American culture generally considers that sexual education should remain in the private domain, such logic is usually structured by silence. This predominant silence may occur within the context of institutions of religious faith or of some other social construct, or may exist as a general lack of discussion of sex in the family. A fearful attitude results from this silence, which once again reinforces the impossibility of discourse around sexuality.

In North America, the educational system has strongly resisted having sexual education as part of its curriculum, mostly to avoid potential conflicts with parents and the community over moral issues. Such a position infers that a discussion of sexuality might provoke illicit behavior among young adults. In fact, it is usually the contrary that results: a lack of information about sexuality forces the public to live within the realm of myth about bodies and sexuality. Once sexually active, girls live in fear of getting pregnant, often experiencing a vague sense of panic or powerlessness when faced with

sexual activity. Fear can be a conduit that relays shame and emotional and intellectual censure to everything that surrounds sex. This fear translates into an absence of power over one's own body, often resulting in a feeling of alienation. Individual embodied fear merges with cultural silence, resulting in a powerfully incorporated cultural memory, constituting a repressive image of sexuality and the body.

Friends also exert a powerful influence over a young woman's contraceptive choices. A certain precocious adolescent culture exists in which there are informational exchanges about 'forbidden' subjects. But in order for this female culture to exist, a girl must have access to a strong reservoir of information and friends for whom such discussions are acceptable. If this context does not exist, most young girls do not dare provoke the confrontation or embarrassment which would result from questions that would most probably make adults in authority feel uncomfortable, whether within the family or at school, since both contexts are rarely amenable to discussions of sex. In such a situation, a woman must make a concerted effort to overcome cultural taboos, and in a majority of cases, she must work things out for herself. For the women that I interviewed, this solitary quest for sexual emancipation has not been particularly easy, but rather it has been a result of their own exploration and initiative. In many of their families, discussions about intimacy and sexuality were completely taboo.

Cultural values, social norms, and media projections are also endemic to the formation of meaning and myths of what a woman is about. Many of these meanings remain overriding ideals that meld with one's subconscious personal standards. Modern cultural norms are symptomatic of our age and remain relatively stereotypical: such standards emphasize the importance of being beautiful, young, thin, feminine, and sexual

but not **too** sexual. Although these attributes are superficial, it is often difficult for a young woman to transform stereotypical ideals into conscious, negotiable factors that can then be healthily, sanely controlled and thus disempowered. Women often feel domineered by the demands that such standards place on their behavior and self-perception. Cultural values associated with women's appearance and behavior are vapid, and social expectations, to which we constantly react, are imprecise, unrealistic, and even contradictory. Culturally, we expect a girl to be strong and independent, but there is an equal pressure for her to be docile and 'ladylike' when she is around males. The gaze towards the female body comes from a certain migratory angle, which is neither objective nor subjective, as it is rooted in socio-cultural expectations and cultural memory. Confronted with social expectations, a woman's expectations of herself become a trap that can become so overwhelming as to hijack her own desires. "L'image du corps n'est pas une donnée objective, ce n'est pas un fait, c'est une valeur qui résulte essentiellement de l'influence de l'environnement et de l'histoire personnelle du sujet. Il n'y a jamais d'appréciation brute des sensations issues du corps, mais déchiffrement sélection des stimuli et attribution d'un sens."[9] Body image is constituted not only by the way that a woman feels about her body, but also by her estimation of her personal value and the extent to which she dissociates her value from static influences, particularly from perceptions of the status quo, which often stipulate established behavioral guidelines for women.

[9] Le Breton, David. *Anthropologie du corps et modernité.* Paris: Presses Universitaires de France, 1990, p.153.

If there exists a public discourse on sexuality in our age, it is as a constant but indirect, sophmoric reference to sex. This permeating sexual reference creates an automaton-style excitation, a commercial-based provocation aimed primarily at inciting the individual to buy certain products. Goods are marketed as sexually alluring, a strategy intended to sollicit another person's desire and to foster a woman's sense of desirability. The process is circular : the individual is made to feel that she is on her way to delicious personal satisfaction, based in the knowledge that she stimulates the Other. The sale of sexuality works by nourrishing insecurity that is rooted in an indiscussable zone. This form of consumer exploitation incites a woman to define herself as a sexual object. Rather than cultivate a personal knowledge of her body and sexuality, the individual is encouraged, through a series of rather subtle and calculated commercial manipulations, to invest her energy in developing an attractive, seductive persona which corresponds to a socially circonscribed formula : clean, discrete, and non-confrontational.

In addition to the cultivation of the commercial image of the female body, there exists a 'legitimate' science of sexuality which is also socially acceptable. When the female body is treated mechanistically, whereby her sexuality serves to reproduce the species, sexuality becomes a rationally obligatory, and thus approachable, function. One object of the current study is to examine the situation of the body when it is controlled against its own fertility by medical means. Taken one step further, Pill use can be equated with the temporary negation of the reproductive body. Foucault also discusses the disciplinary techniques used to regulate the female body : "la régulation…qui a appelé une médicalisation minutieuse de leur corps et de leur sexe, s'est faite au nom de la responsabilité qu'elles auraient à l'égard … du salut de la société … D'une façon

générale, à la jonction du 'corps' et de la 'population', le sexe devient une cible centrale pour un pouvoir qui s'organise autour de la gestion de la vie plutôt que de la menace de la mort."[10]

Furthermore, the female body is a culturally contested and conflictual symbol. In terms of her sexuality, the modern woman must assume the responsibilities of not becoming pregnant and not contracting sexually transmissable diseases, including AIDS. From the age of 13 or 14, a girl must be 'safe' in all senses of the word. This implicit responsibility means that she must be sufficiently conscious of her sexuality to decide to use contraception and to take the steps to do so *before* becoming sexually active. However, the flagrant absence of sex education for young women, which manifests as limited access to information and resources, often results in young women making poor, unreflexive choices about contraception.

Another complicated cultural factor concerns the image of the sexual woman, which contains many loaded messages. In the media, the seductive woman is very high profile. Girls receive the cultural message that their sexuality will grant them power. Physical beauty aids a woman in playing the tease, which can facilitate a sense of power but which ultimately only emphasizes the superficial. Coquettery is a learned art which often serves as a power mechanism for women. Yet in this context, corporel beauty is precisely circumscribed : a woman must be thin but in shape, young but not lacking sexual experience. Common media images indicate that a woman must be sexually available, but not *too* available or 'easy', because then a woman falls quickly into the category of the whore. Thus feminine sexuality has its clearly-designated perimeters and

[10] Ibid, p. 193.

is constantly regulated by cultural images which validate and reinforce what a woman must look like.

Cultural images of the female body are conflictual and complicated. The beautiful woman of yesterday was voluptuous, with full hips and breasts. Contrary to this, today's female ideal is embodied as a boy-woman: no hips, very tall and thin, in a word, androgynous. Such an image propagates an unrealistic female beauty standard. However, other female body standards exist that are culturally valorized, if problematic for many women. For example, a woman who is a mother can still be physically round, and culturally we grant her high status. The role of mother remains a sacred yet somewhat static image. Ironically however, this woman is not construed as a sexual being (even though a past sex act was obviously involved in the process of her becoming a mother).

In polar opposition to the mother figure, the sexual woman hovers, rendered non-fertile (and thus 'free') by the Pill or other contraceptive means. Her body is negotiated and made 'safe' (although with the Pill, this safety is contestable, as we will see later). The image of the sexual woman is comprised of cultural visions of the desirable and available body, an image that a woman cultivates in part for herself but primarily for the Other. A woman's body image and purview do not originate merely from her but in large part are formed from the exterior. As David Le Breton says, "chaque société, à l'intérieur de sa vision du monde, dessine un savoir singulier sur le corps: ses constituants, ses performances, ses correspondances, etc. Elle lui donne sens et valeur. Les conceptions du corps sont tributaires des conceptions de la personne"(8).

One of Le Breton's principle themes is that of the body as a site of censure, an idea which interestingly engages the relationship between the female body and the use of

the birth control pill. In this case, censure may be understood in either the symbolic or literal sense of the term, the literal concerning physicality, in what concerns the rupture and temporary cessation of the natural bodily process of ovulation. Along symbolic lines, a model of bodies in conflict emerges, and what distinguishes these bodily performances is the issue of control.

Specifically, the ideal body reflects the model subject : rational and acting in accordance with social norms, hence not in conflict, a controlled body. Contrarily, another perception of the body posits an image of an out-of-control, self-determining body, which does what it wants and which a woman may see as different or separate from her sense of who she is. Some women speak of gaining weight in this way : as though the body is expanding on its own, through an independent mechanism or an involuntary act which a woman sees as not in correlation to her acts or will. In Western culture generally, the female body is often posited as an out of control body, as squarely opposed to the rational model of the body.

The 'rational' body is "un corps lisse, moral, sans aspérités, limité, réticent à toute transformation éventuelle"(Le Breton, 32). Such a body is controllable and well-regulated. Such a body opposes the grotesque body that Bakhtine describes, where all limits are transgressed to the point that the body overflows (il "déborde"). Bakhtine and Le Breton both refer to the abundant, grotesque body as 'carnavalesque'. These same forbidden zones of bodily excess and uncontrolled / uncontrollable bodily fluids and flesh parallel ideas about the female body in everyday life. A carnavalesque body is seen as overflowing, and a woman's body is often seen in these same terms: messy, 'natural', and excessive. As well, menstruation is culturally perceived as a sort of explosion of excess,

as the ultimate example of overflowing (débordement), a corporal exhibition and result of (Original?) sin, a dirty transgression which a woman cannot control.

The historical cultural belief that the female body is evil and out-of-control is often internalized and thus becomes an experiential problem for many women. Women's issues with their bodies are vast, often manifesting in an overwhelming concern with body weight. The result is a constant, personal struggle with roundness, whether real or perceived. Many women consequently obsess with their weight, feeling that their body doesn't adequately reflect who they are as people. This struggle against one's own body makes many women feel ugly, incapable, and once again, out-of-control.

Female body management is part of the larger cultural dynamic of 'surplus' bodies. Modern technology has allotted society the ability to control birthrates, in part due to the Pill. Certainly, the fact of being able to avoid having an unwanted baby is liberating for women; however, the Pill complicates the issue of population control. In this context, we must explore the political technology of the body to which Foucault refers when he talks about the Machine Man having two registers: 'anatomo-metaphysique' and 'technico-political'. He points to "procédés empiriques et réfléchis pour contrôler ou corriger les opérations du corps … qui [joignent] au corps analysable le corps manipulable."[11] The body becomes a manipulable factor in the technico-political realm of body management. From this perspective, an examination of the female body, hormonally manipulated by the Pill, becomes obligatory.

Since population control has become a globally important question, pregnancy affects both the individual and the culture-at-large. Preserving society's future welfare is

a significant motive which influences some women to decide not to have a baby. Many doctors are motivated by this as well, thus they opt for the easiest method of contraception and massively prescribe the birth control pill. But using the medicalization of the female body to remedy the population problem is a trap. "[M]edicalization can stigmatize as well as protect; it can institute a misguided search for magic bullets for complex social problems; it can obfuscate the political and economic problems that influence these behaviors."[12] The Pill can be understood as a magic bullet used by the medical community to muddy or even negate important social issues, such as women's reproductive health, the absence of an educational approach to sexuality, and the need for responsible sexual practice.

I appreciate the complexity that Arthur Kleinman constantly underlines in his critique of medicine. As a medical anthropologist, he is at the margin of the two fields of medicine and anthropology. This frontier may permit us to propose alternatives that are not accessible from the center of these two domains. "[P]erhaps it is at the margin, not the center, where we can find authorization to work out alternatives that can remake experience, ours and others. In that sense,...the margin may be near the center of a most important thing: transformation. Change is more likely to begin at the edge, in the borderlands between established orders"(5). This comment is important when examining the Pill, because the dynamic landscapes that the Pill produces are pluralistic. With the Pill, a woman experiences changes at multiple levels: at once physical, moral, emotional,

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11 Foucault, Michel. *Surveiller et punir, Naissance de la prison*, Paris: Gallimard, 1978, p. 138.
12 Kleinman, Arthur. *Writing at the Margins: Discourse between Anthropology and Medicine*. Berkeley: University of California Press, 1995, p. 38.

political, social, and psychically. These levels must be examined synergistically, not dissociated from each other.

The Narrative Context

Of the women that I interviewed in the course of my fieldwork, 8 were currently taking the Pill, two had never taken it, and 16 had quit taking it for various reasons. Among the latter sample of women who previously but not currently took the Pill, two general trends emerged: certain women had stopped taking the Pill because of side effects, such as nausea, headaches, and "mal au coeur". Others quit for more vague, ephemeral reasons, which are extremely nuanced and will be examined later at length. In the course of an interview, when I asked about the specific reason that she had stopped taking the Pill,there was sometimes a silence, accompanied by a perplexed look, as though the young woman was not sure why. Often the response to the question of why a woman quit was, "*I don't know. It wasn't for me*," or *"I don't like to put chemicals in my body*."

Frequently, a doctor will not explain the side effects associated with taking the Pill, in terms of the physical symptoms that may result. When this is the case and side effects occur, the relationship between a woman and her doctor can sometimes be complex and conflictual. Some doctors feel that inundating a woman with information about what *might* happen to her body in response to the Pill is superfluous and that if a woman is overloaded with too much information, the Pill becomes daunting, is perceived as dangerous, and might then be refused by the potential client. Doctors clearly do not want to instill fear or hesitation towards the Pill, so most just tell women to read the pamphlet in the Pill starter kit. Others feel that it is a woman's responsibility to ask

questions if she has concerns, but that it is best to attempt to simplify the process in a woman's mind rather than to complexify it with discussions of side effects. Such a position enfantalizes women, and the details necessary to make an informed decision about the Pill are often omitted during the medical encounter.

Taking the Pill often provokes drastic physical changes in the body, but it can also result in a deep, subtle and intangible feeling of upheaval. This feeling can occur simultaneously on psychic, emotional, relational, and physical levels, all of which enter into the complex dynamic of a woman's relationship with the Pill. Of these levels, the psychic and the emotional are often the most difficult to distinguish, to recognize, and mostly, to discuss. But I would suggest that it is precisely at these levels, where chimeric and diffuse ideas, memories and body thoughts meld, that conflict over the Pill occurs.

As revealed by my interviews, there are various kinds of Pill quitters : women who took the Pill for a certain period of time and then stopped for one reason or another. Yet a common thread runs through all of these scenarios in which the Pill is refused. The interesting enigma is that the reason for stopping the Pill is often blurry and vague. Discussions were sometimes accompanied by confusion around the question of why the woman stopped the Pill and were generally marked by an obscurity of ideas and language.

As a consequence of a repressive cultural tendency towards sexuality and the body, most positions on and beliefs about these subjects remain vague and relatively unformed. Foucault discusses the Western cultural attitude towards sexual discourse. He points out that since the 17th century, repression has become emblematic of the times. He asserts that "nommer le sexe serait, de ce moment, devenu plus difficile et plus coûteux.

Comme si, pour le maîtriser dans le réel, il avait fallu d'abord le réduire au niveau du langage, contrôler sa libre circulation dans le discours, le chasser des choses dites et éteindre les mots qui le rendent trop sensiblement présent."[13] As a society, we have adopted a cultural habit of reducing our occasions to talk about sex and our bodies, consequently limiting the language and ideas we have to talk about them. People can often explain their personal feelings, including embarrassment or discomfort, but attitudes towards the body and sex reside in a land marked by a lack of language.

One might wonder whether the exploration of sexuality issues and bodily experiences is most effectively captured through language, by engaging and collecting women's narratives on these subjects. I would argue that to engage women to translate corporal matters into a limited and culturally circumscribed linguistic framework, in which language used to express sensory and bodily truths are limited, limiting, and altogether insufficient, we can coax out intricate and sublime dynamics in a fresh way. Since the language of sexuality is blocked by cultural habit, women must describe their bodily and sensual experiences without the aid of a ready-made language in which to do so. This phenomenon pushes the individual into speaking with new metaphors, expounding in a new language about bodies and sex, previously long-standing domains of cultural silence.

The exploration of the complex dynamics of the female experience of the Pill has not been previously approached through an ethnographic study. That is what I propose in this work : to evoke the thoughts and words of individual women, in order to reveal what

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[13] Foucault, Michel. *La Volenté de Savoir. Histoire de la sexualité, Volume 1.* Paris: Éditions Gallimard, 1976, 25

occurs in the body, mind, and psyche of a woman when she faces the decision to control her fertility through the technologically advanced and medically-inscribed means of the birth control pill. As well, I intended to explore the relationship that a woman has with her own body in the presence of the Pill and to see which factors influence her decision to stop or to continue taking the Pill. These dynamics form a fascinating and rich web, made up of the fibers of personal stories of the unique and independent women who constitute my sample.

As to my analytical approach, I use a combination of direct narratives ('récits') of the women I interviewed, juxtaposed with philosophy and social scientific theory. In this way, theory does not enclose, bind, or encapsulate the words of these women: the interviews are the substance and the blood of this work, as well as its principle structure, its vertebrae. Social theory serves to formulate the history of the body in Western culture, and it delimits the socio-cultural terrain, by contextualizing discussions of the body and sexuality in the optic of the Pill. Thus, while theory serves to structure the discussion, the principle findings of this study live in the powerful narratives of the Montréal women that I interviewed.

Outline

The dissertation begins by culturally situating the body, first positing some key theoretical elements. Specifically, the first two chapters situate the female body in its sociocultural context, the first largely from a historical perspective and the second looking at the body in the context of contemporary medical anthropology. The first theoretical chapter presents the central premises of thinkers who strongly influenced a perception of the dynamic between men and women as running parallel to that of the

mind and the body. Descartes was an important influence on the schism between the rational mind and the passions, and this division profoundly affected the way that Western culture formulates its vision of the human body. Men and women's roles have been firmly anchored in this schema, and many writers have participated in the development of a cultural ideology attached to women's role in society, using Descartes' vision of a crucial difference between males and females.

The second theoretical chapter addresses the body from an anthropological perspective, specifically within the optic of contemporary medical anthropology. Certain factors of modernity are introduced, and the way in which these become forces that influence perceptions of the body becomes central. In order to understand how the female body is situated in modernity, somewhere between the individual consciousness and the public gaze, we look towards the existential phenomenology of Merleau-Ponty, as well as to the discourse of postmodernity.

Following the historical and theoretical background ensues a descriptive, methodological chapter, entitled « The Women », focusing on the women who make up my sample. Here I describe the methodological choices that were made in selecting participants, as well as how the methodological framework was formulated.

Seven chapters of analysis ensue. These discussions are intended to contextualize the narratives of the Montreal women in my sample, by analyzing them in terms of their reflexions on the female body, as negotiated by the Pill. The Pill is posited as a powerful symbol of the Western tendency towards the medicalization of the human body as a means of resolving social, cultural, and economic dilemmas. Body management through medicalization is an important factor of my analysis of the Pill.

The first analytical chapter, intitled *The Body and The Pill : Agency and Choices*, launches a discussion of the role of the Pill in North American culture since its invention in 1960. This chapter explains how the Pill functions on a physical level to supress ovulation, which clearly reduces the risk that women will get pregnant involuntarily. We see the way that women evaulate the level of risk posed by the Pill, as well as their preoccupations and fears associated with it, which are driving themes in women's discussions about the Pill.

My Montreal sample contains a certain number of interviews with doctors and nurses. The chapter intitled *Medical Discourse* explores the attitudes and perspectives of medical practioners towards the Pill. I also examine the way in which the subject of the Pill is broached in medical encounters about contraception. This chapter mostly looks at medical practitioner's perspective on women's fears about the Pill, as opposed to the medical concerns about the Pill. Doctors describe how they understand Pill attrition rates and discuss what information they expound on during the medical encounter in a clinical setting.

The following chapter, *Practitioner and Patient Communication,* looks at interaction about the Pill within the medical context. The Montreal women with whom I spoke often discussed their experiences with their doctor, explaining how they felt about the exchange. Such experiences are often loaded. Communication is delicate in this interaction, since the woman must face the expert about her own body.

Beauty Standards and Body Images examines ways that media images shape and sometimes control the way that a woman feels about her own body. This chapter deals with the mediatic gaze and ways that this influences cultural norms about women. Such a

dynamic poses a problem for many women, since beauty standards are endemic to our North American value system. Many women resist the power that such standards hold over their self-image, but this is often a difficult struggle. For many women, the mediatic image of the female body is a trap because it obligates a self-evaluation and encourages self-modification based on normalized, rigid body standards which do not necessarily correspond to the real bodies of women. *Beauty Standards and Body Images* examines the dynamic between the public regard and the mediatic image of a woman, which serves as a beauty norm in the culture at large.

The final analytical chapter, *Forgetting the Body*, explores the issue of the negation of the body, as facilitated by the Pill. Ethnographic narratives constitute the bulk of this chapter, and woman talk about the dynamics of control and loss of body awareness associated with taking the Pill. Medical discourse has long asserted that the birth control pill allows women freedom to make choices and to have a sexual identity that is not linked to childbearing. Nevertheless, many unexplored and unaddressed issues arise for women when they take the Pill or decide to quit taking it. The Pill clearly serves as a loaded symbol, and this chapter investigates some of these nuanced reactions.

Various Discourses Court the Pill examines a variety of perspectives on the birth control pill, from women's ideas, to culturalist notions, to historical and contemporary theories on body alteration. Medical discourse on the Pill asserts that it grants a woman the freedom to make her own decisions and to maintain a sexuality not necessarily linked with her fertility. This chapter explors a number of important issues regarding a woman's sense of self and body control, and looks at ways that such issues are treated by cultural discourses about the consumption of the Pill.

Finally, I take into account the interpersonal dynamic created by the Pill in *Couple Dancing*. Even if the Pill removes certain pressures or concerns from the sexual act, there are other dynamics within the couple that are affected by the presence of the Pill. In terms of who takes responsibility for contraception within the couple, the Pill renders the responsibility unidirectional. Furthermore, in the age of AIDS, responsibilities about condom use are crucial, so the contraception dynamic expands to encorporate more than pregnancy, but includes serious health risk posed by sexually transmitted disease, including HIV/AIDS. From such a perspective, the Pill becomes highly problematic for many women.

Throughout this study, I attempt to engage the complex dynamics evoked by the use of the Pill, which assume a variety of forms for different women. The current state of modernity also influences the way that women interact with their own bodies. This work explores the cultural context that women face around their contraceptive choices, as well as how this translates to the body and a woman's sense of agency, power, and well-being.

The Theoretical Framework

To contextualize my study of women's attitudes towards the birth control pill, it is important to situate women's place in modernity and to examine the way that philosophy has treated a woman's social, cultural, and symbolic roles. In tracing the lines of historical thought, certain authors cannot be overlooked, because they launched large cultural movements affecting reflection on women. Certain thinkers also influenced general belief systems with their writing, and their ideas structure contemporary beliefs about women.

2.1 Descartes

The writer who created a schism in the thinking of his era is Descartes. His construction of a dualism of mind and body introduced a new way of perceiving the world, which greatly influenced ways of understanding the relationship between men and women. It was only much later that the German philosopher, Georg Simmel, pursued the dichotomy of masculine and feminine attributes. Simmel's worldview evokes the Cartesian dichotomy as a point of departure but as applied specifically to the sexes, in creating a binary but complementary opposition. Even though Simmel is not widely read today, he represents a link between Cartesian thought and a new line of reflection according to which the body cannot be separated from the totality of the person. For Simmel, the separation and the place of the sexes are always well delineated. In his schema, women exude a certain spirituality that is both incarnate and symptomatic. It is not until the development of feminist thinking, with the writings of Simone de Beauvoir that this position is genuinely questioned. Simone de Beauvoir examines and basically

rejects this categorical division between men and women, after a thorough examination of cultural and historical dynamics of power, which make male/female relations what they are today. Finally, we must situate thinkers like de Beauvoir and Merleau-Ponty, who adopt a phenomenological approach towards the body, experience, the social framework of the person, and finally, the precarious equilibrium of power between a man and a woman.

All of these works serve as a backdrop for contemporary medical anthropology. An overview of writers who have shaped pertinent cultural thought relevant to this study bring us to examine the way in which the body is installed as a symbol in Western culture. It also helps us review our attitudes towards the roles of men and women, the body, and modern technology, all of which reflect our cultural preoccupations and thus become charged with meaning. In the light of these works, which are thematically complementary but whose positions are often conflictual, I propose to disengage various positionings of women and the body. It is important to dismantle these schemas in order to understand the dynamic mechanisms of cultural control and personal choice involved in women's contraceptive decisions, specifically regarding the birth control pill.

In order to seize the foundational philosophy that precedes the acceptance of the Pill, we must understand the mechanistic philosophy that dominates medical science. But in order to seize the nuances of medical treatment of the body as a process, we must first step back to examine the dualistic thinking that preceded medicine's tendency in this direction. To do so, we shall focus on Cartesian dualism according to which abides a clear division between the body and mind. Descartes' dualistic reflections contain a

profound contradiction between “"le fait d'être et d'avoir un corps"[1] (the fact of being and having a body). When Descartes sorted intellectual thinking from emotions and bodily instincts, he significantly devalorized the body, provoking a societal movement that divorced the person from his body.

In the 17th century, the body was perceived as an obstacle to both refined thinking and the soul. This belief that the body is superfluous proceeded directly from Descartes' writing. As he was a physiologist, geometrist and metaphysician, Descartes' tendency was towards classifying and developing a hierarchy of relationships between what controls affective reactions and the consequent behaviors of the affected part of the body. Descartes attempted to precisely locate the soul and the mind in circumscribed bodily organs. Even if many of his efforts were theoretical, even rudimentary, he was dedicated to retracing affective reactions and invisible, metaphysical elements of the person and linking these with a physiological source, localized in the body.

In his book, *Traité des passions de l'âme*, written in 1649, Descartes makes reference to three distinct but interactive phenomenon that constitute the person: the mind, body, and soul. However, his discourse on the distinctions between the three realms is fluid, which complicates the distinct dichotomy between mind and body with which Descartes is so often associated. He indicates that there are two kinds of thought in the soul: actions (will-based) and passions (perceptions, among other things). Descartes believed that actions "sont absolument en son pouvoir et ne peuvent qu'indirectement être changées par le corps; comme au contraire [les passions] dépendent absolument des actions qui les produisent, et elles ne peuvent qu'indirectement être changées par l'âme,

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[1] Le Breton, David. *Anthropologie du corps et modernité*. Paris: Presses Universitaires de France, 1990, p. 24.

excepté lorsqu'elle est elle-même leur cause"[2]. For Descartes, the soul contains a specific bifurcation where conflictual tendencies are situated, specifically "sensitive" as opposed to "reasonable" ones and where the conflict is played out between "les appétits naturels et la volonté"[3]. It is thus at the soul level that the battle between the mind and physical desire takes place. Descartes describes them as clearly hierarchized, with the mind's reason at the summit. He sees the soul as in a constant state of conflict, which pushes it simultaneously "à désirer et ne désirer pas une même chose" (to desire and not desire the same thing) (136). This statement obviously complicates the dichotomy between the body and mind, because, according to Descartes, the soul is in conflict, as opposed to a body pulled towards an action born out of desire. Effectively, the soul is the conflictual zone, yet it is also the element that attaches the person to the spiritual realm, to "the divine", in Descartes' terms. Descartes' discussion of this spiritual struggle with desire gives the philosopher's discourse a somewhat moralistic air.

Descartes postulates his basic principle in the following way: "à savoir qu'il y a telle liason entre notre âme et notre corps, que lorsque nous avons une fois joint quelque action corporelle avec quelque pensée, l'une des deux ne se présente point à nous par après que l'autre ne s'y présente aussi; et que ce ne sont pas toujours les mêmes actions qu'on joint aux mêmes pensées"[4]. This statement elucidates the constant tension that exists for Descartes between bodily impulses and the mind and what he considers as the necessity of controlling the soul's surge (l'élan) when it is linked with bodily inclinations.

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[2] Descartes, René. *Les Passions de l'âme.* Paris: Bookking International, 1995, pp. 129-130.
[3] Ibid, p.134.
[4] Ibid, pp. 193-194.

Descartes identifies the nature of passion as "un effet de la machinerie du corps : une conséquence du déplacement des esprits animaux"[5]. In a letter written to his wife Elisabeth, dated 1645, he says the following: "Je ne suis point d'opinion (...) qu'on doive s'exempter d'avoir des passions, il suffit de les rendre sujettes à la raison". From a more personal perspective, Descartes wrote about the relation between his body and self: "il est certain que moi, c'est-à-dire mon âme, par laquelle je suis ce que je suis, est entièrement et véritablement distincte de mon corps, et qu'elle peut être ou exister sans lui"[6]. Descartes proclaimed that the body is our lesser part, like a base tool, whose impulses must be regulated by morals. He talks about a body as something that we are unfortunately stuck with, which is morally loaded and relatively superfluous.

This idea of the superfluity of the body opened the door for medical anatomists who introduced dissection of cadavers for scientific purposes during the 18th century. When the intellect and rationality are valorized, the body becomes an excess object with which we can experiment. I appreciate the confession of an American surgeon who says: "Even now, after so many voyages within, so much exploration, I feel the same sense that one must not gaze into the body, the same irrational fear that it is an evil deed for which punishment awaits. Consider. The sight of our internal organs is denied to us. To how many men is it given to look upon their own spleens, their hearts, and live? The hidden geography of the body is a Medusa's head one glimpse of which would render blind the presumptuous eye"[7].

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[5] Le Breton, David. *Anthropologie du corps et modernité.* Paris: Presses Universitaires de France, 1990, p. 67.
[6] Descartes, René. *Méditations métaphysiques*, Paris: Presse Universitaire de France, 1970, pp.118-119.
[7] Selzer, Richard. *Mortal Lessons: Notes on the Art of Surgery*, New York: Simon and Schuster, 1974, p. 24.

The natural result of Cartesian thinking, as it translated to the medical domain, was to consider the body as a machine. (One of Descartes' favorite metaphors is "the machine of our body", a very popular image in *Les Passions de l'âme*.) The mechanistic philosophy of medicine perceives the body as an ensemble of cogs that can be tinkered with to re-establish proper equilibrium. If we accept the hypothesis that the body works like a machine, a naturalized objectivity results, a perspective far removed from the person. In this optic, with a body that adopts symbolic, negotiable status, we must examine the multiple images projected upon the human body, as well as the roles that are assigned and consecrated to men and women.

2.2 Georg Simmel

Georg Simmel, a philosopher writing from the end of the 19th to the early 20th century, demarcates fundamental differences between the characters of women and men. However, his analysis is not limited to a simple study of gender: Simmel assumes that there is a schism between objective culture, which he classifies as masculine, and "le mode de vie de la femme"[8]. Thus, his delineation of sexual roles broadens to structuring of the world. Simmel's primary dichotomy between women and men is based on the principle that man is constantly in the process of 'becoming', which is to say that he externalizes and signifies. At the other extreme, Simmel situates woman in a state of 'being' in which she is harmonious and self-contained. He believes that women have a more integral nature, in which the part is not differentiated from the whole, and that women do not have an autonomous life.[9] Simmel refers to the metaphysical nature of the

[8] Oakes, Guy. Introduction *Georg Simmel: On Women, Sexuality, and Love*. New Haven: Yale University Press, 1984, pp. 3-64.
[9] Simmel, Georg. "Female Culture" in *Georg Simmel: On Women, Sexuality, and Love*. New Haven: Yale University Press, 1984, pp. 65-101.

feminine character, where "la périphérie de l'existence féminine est mieux connectée à son centre"[10]. According to his thinking, a woman exists outside of the subjective/objective dichotomy essential to the process of culture. A woman's life, remaining outside of culture, is closer to Truth. Her state of 'being' (as opposed to masculine agency) allots her a primordial spirituality. For Simmel, this feminine spirituality is linked to a "finalité organique toujours reliée au centre"[11].

When we examine Simmelian discourse on the feminine domain (which he considers exclusively distinct from the masculine), we must consider several phenomenological levels, on which conceptual constructions are negotiated. Herein, Simmel relies on certain transcendent structures of consciousness. His transcendental idealism situates the woman as a motor moving towards a metaphysical opening, a state that he calls the Absolute, which he considers intrinsically female. In his schema, woman represents the core of humanistic spirituality. However, this prestigious position that women ostensibly hold is deceptive because it is static and passive, if esthetically irresistible. If the woman is situated as the seed, the spiritual center, oppositely, man is process: he who is 'becoming'. Man is cited as active, earthly, experimental, and thus, we must assume, fallible as well, which places moral responsibility on the woman.

Simmel creates a constant dichotomy between men and women, which traps the woman in an idealized bind. According to Simmel, it is not within woman's nature to react or think; she is supposed to be a vision from another world, without voice, without vice. Simmel says that a woman should be beautiful "dans le sens que ça représente la

[10] Ibid, p. 73.
[11] Ibid, p. 88.

béatitude en soi"[12]. In this way, woman can be understood as 'representative' of her sex and the Absolute. In fact, Simmel often pronounces dictums about what a woman should do and should be in order to measure up to the stereotype expected of her. According to the biases presented through his sociological and philosophical views, Simmel attempts a formula of female behaviors, as well as the values and social standards that her role implies. For Simmel, woman is symbolic, a representative thing, a vision upon which a meaning system is projected, while man is "that which signifies." In this organization of the world, woman is an object, created and modeled upon an idealized basis but situated outside of all power.

Simmel bipolarly opposes man and woman. He understands masculine social domination as 'objective', which makes it normative. Contrarily, Simmel situates women in a superior but naturalized framework, whereby "l'être de la femme" is, in her essence, spiritually, psychically, and naturally linked to the Absolute. Fundamentally, Simmel adopts a Hegelian approach and thus accepts as a premise the philosophy of "l'esprit subjectif" et "la cime de l'Esprit absolu,"[13] but he formulates a sociology of women in which he situates woman as "l'être unitaire." By this term, he indicates a 'natural' and transcendental state of consciousness, which he considers elemental and innate in women.

Simmel believes that "la sexualité générique est pour l'homme pour ainsi dire un Faire, pour la femme un Etre"[14], a statement which clearly orients his thinking. The integral sexuality that Simmel sees as so fundamental in women is key to understanding

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[12] Ibid, p. 89.
[13] Vieillard-Baron, Jean-Louis. "Introduction" à *Philosophie de la modernité*. Paris: Éditions Payot, pour l'édition en langue française, 1989, pp.10-11.
[14] Ibid, p. 75.

the way that he links sexuality and the female soul. Simmel identifies a coherent, innate femininity in women, which he explains in the following way: "l'être de la femme, moins marqué par le besoin au sens plus profond (malgré toute l' 'indigence' du niveau superficiel de son être) contient la sexualité en elle-même pour ainsi dire sans distance; *son essence métaphysique est immédiatement mêlée à son être vécu*, et doit, selon son sens intérieur, être totalement séparée de toutes ses relations et de son caractère d'intermédiaire du point de vue physiologique, psychologique et social"[15] (*my italics*). Thus woman, intrinsically sexual and metaphysical, cannot separate these internal factors from her lived experience, and following this logic, the woman is controlled by these factors. Simmel's notion is completely sociobiological and condemns women to prescribed roles.

According to pre-Socratic philosophers, the natural world is that which we know through our senses, thus the body becomes a diving rod of the real. Simmel suggests that women have access to spirituality through their physical bodies. In this vision of spiritual existence, Simmel includes "les domaines frontaliers avec le physique"[16]. Although Simmel does not deeply explore the relationship between the metaphysical and the human body, he sees a central connection between the two, specifically incorporated in the woman's body.

2.3 Margaret Mead

Moving towards more contemporary thinkers on the subjects of women and the body, Margaret Mead targeted a large cultural subject when she wrote *Male and Female*. In this work, she proposes a socio-cultural analysis based on a comparison between

[15] Ibid, p. 83.
[16] Ibid, p. 91.

American culture and seven Oceanic tribes, with whom she worked for twenty years. Her discourse is based on the psychosocial idea that social behaviors of individuals are formed by the way in which children were raised, especially regarding attitudes of the mother and ideas about touch. As well, Mead presents a woman's primary social role as being a mother, an attitude that she does not challenge, and in this way, the role of the mother is naturalized.

According to Mead, the ability to have a child is an essential point in the determination of the status and positioning of the woman in culture. She underlines that "most societies persistently emphasize the childbearing aspect of femininity as the significant one (...) A society that has not defined women as primarily designated to bear children has far less difficulty in letting down taboos or social barriers"(229). Despite this, Mead does not consider North America as the kind of society to devalorize maternity. She insists that: "in the U.S. where a large part of a woman's education is identical with a man's (...) the married state is still expected to carry with it a specialized childbearing, home making role"(230). While the author espouses certain feminist ideas in her analysis of cultural forces, which impose limits on women, she still normalizes the idea of the mother.

At the time that Mead wrote *Male and Female* in 1949, contraception was neither legal nor widely available. The idea of fertility control was ambiguous, and discussions on the subject were largely silenced. To exert control over fertility was perceived as an act against Nature, and the fact that it implied sexual liberation confirmed its 'dangerous' character. In such conditions, Mead makes reference to the contradictory nature of a woman's relationship with the Pill. Her social position and relationship with her body

both change, since by gaining control of her fertility, she renders herself simultaneously infertile and more sexually 'free'.

Margaret Mead was the first to discuss body symbolism when she says that the American body is a visual image, including for the individual who inspects her own body. With her book *Male and Female*, written in 1949, Mead embarks upon the project of juxtaposing 'primitive' and 'developed' cultures. This double focus sheds light on certain cultural preoccupations and bodily oppressions. Despite certain limitations, notably a tendency to exoticize the Other and romanticize and simplify the lives of 'the primitives' (a tendency that was after all very common in the anthropology of the era), Mead effectively analyzes Western belief about sexuality, the body, and the way that such ideas are socially and culturally generated.

Mead emphasizes that it is through the body that body habits are learned[17]. She sites socio-cultural influences that model attitudes and feelings about the body when she writes: "the pin-up girl, however long her legs, does not make the man who pins her up to his wall feel any more at home with his body, or with hers. We are trained by our society to keep our bodies out of our minds. We have to make considerably more of an effort to do so if we are confronted everywhere with pictures of partially dressed seductive women."[18] The questions that she raises about the denigration of the body, the social menace that a seductive body represents, and possible meanings of an uncontrollable body are all important. Mead attempts to situate the female body within the socio-cultural context of modernity. We see a minimizing of the place of the body in modernity, as mechanization and medical control encumber it.

[17] Mead, Margaret. *Male and Female*. New York: William Morrow and Company, 1949.
[18] Ibid, p. 79.

2.4 Maurice Merleau-Ponty

A writer who centrally treats the role of the body in his discussion of phenomenology is Maurice Merleau-Ponty. The 20th century environment in which existential phenomenology took shape was of the post-war era, in an industrial world. Merleau-Ponty was part of a movement to renew philosophy, initiated by Husserl with phenomenology, which proposes "d'examiner les choses et la conscience de ces choses". Merleau-Ponty was the first to undertake a phenomenological treatment of man, involving the relationship between body and mind[19], a subject that had gone unchallenged since Descartes. Merleau-Ponty initiated a discussion of corporeality as it pertains to the problematic modern body, which he anchors using a relative, experiential perspective that forms the basis of the phenomenological project.

Earlier it was stated that Simmel reduces woman to a symbol. Revenging this, Merleau-Ponty underlines: "It is only within the perceived world that we can understand that all corporeality is already symbolic"[20]. This statement is interesting in light of the modern woman who constantly interacts with media versions of women, always viewed externally, while continually fusing these images with her internal self-image. Here a perpetual game exists between the real and the artificial, the self vs. images of the ideal woman, the shaping of the exterior and the interior, and moreover, the arena where these differences become confused. Merleau-Ponty approaches these issues when he talks about: "the idea of the human body as a natural symbolism; an idea, rather than being final, announced, on the contrary, a sequel. We may ask what could be the relation

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[19] Bannan, John F. *The Philosophy of Merleau-Ponty*. New York: Harcourt, Brace & World, Inc. 1967, p. 2.
[20] Merleau-Ponty, Maurice. "The Concept of Nature, II: Animality, the Human Body, Transition to Culture" in *Themes from the lectures at the Collège de France, 1952-1960*. Translated by John O'Neill, Evanston: Northwest University Press, 1970, pp. 88-98.

between this tacit symbolism, or undividedness, and the artificial or conventional symbolism, which seems to be privileged, to open us toward ideal being and to truth."[21] Here, Merleau-Ponty addresses the variances of viewpoints on the body: inside, outside, lived, subject of projection, but always meaning-laden.

When he deconstructs the nature of the individual and the relationship with the body, Merleau-Ponty does not envision the situation as a duality, nor as a dichotomy (the Cartesian way of seeing), but rather as a double nature. He says: "We are not dealing here with two natures, one subordinate to the other, but with a double nature. The themes of the *Umwelt*, of the body schema, of perception as true mobility (...) all express the idea of corporeality as an entity with two faces or two 'sides'. Thus the body proper is a sensible and it is the 'sensing'; it can be seen and it can see itself; it can be touched and it can touch itself, and, in this latter respect, it comprises an aspect inaccessible to others, open in principle only to itself. The body proper embraces a philosophy of the flesh as the visibility of the invisible." He continues: "The body schema is a lexicon of corporeality in general, a system of equivalencies between the inside and the outside which prescribes from one to the other its fulfillment in the other. The body which possesses senses is also a body which has desires and thus esthesiology expands into a theory of the libidinal body"[22]. The way that Merleau-Ponty treats the body at once as subject and object renders the invisible palpable and thus in some ways visible. By doing so, he introduces a new way of conceptualizing the lived body, always in the process of experimenting with and testing a multitude of variable, often contradictory meanings.

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[21] Merleau-Ponty, Maurice. "Nature and Logos: the Human Body" in *Themes from the lectures at the Collège de France, 1952-1960.* Translated by John O'Neill, Evanston: Northwest University Press, 1970, pp. 124-131.
[22] Ibid, p.129.

Merleau-Ponty brings the problem of corporeality and its variety of meanings for the individual in the world into the contemporary domain, and consequently, he furnishes a model for anthropological enquiry. He situates the person in an incorporated state, where the individual is forced to sort out the morsels of meaning and personal priority. Among other things, Merleau-Ponty's orientation serves as a methodological point of departure for my study of the complex and multidimensional attitudes that young women have about their bodies and their decisions to take or not take the Pill.

2.5 What to Conclude?

The condition of the body in modernity creates a problematic scenario for many philosophers. Examining the following proposition: "le corps moderne implique la coupure du sujet avec les autres (une structure sociale de type individualiste), avec le cosmos (les matières premières qui composent le corps n'ont aucune correspondance ailleurs), avec lui-même (avoir un corps plus qu'être son corps). Le corps occidental est le lieu de la césure (...)"[23]. Within this schema, the body becomes a means of individuation that creates a rupture between the person and his environment. Here, we are confronted with a completely different conceptualization of the bodily mechanism, vastly more complex than Descartes or Simmel's schemes, which do not deal with the body as an entity, abounding with meaning. The representation of the modern body as it has been described here raises certain implications about the fecund body.

Effectively, fecundity is complexified on multiple levels. The fecund body is loaded with meaning in terms of control: a woman's personal control of her fertility and of social reproduction on another level, with its political and socio-cultural attributes.

[23] *Le Breton, David. Anthropologie* du corps et modernité. Paris: Presses Universitaires de France, 1990, p. 8.

However, in our age, fertility is negotiable on medical terms. Medical power makes fertility a calculable choice and the body a potential but non-constraining tool. In the process of distancing the body and treating it as separate from the self, a meaning transfer occurs according to which the body becomes a malleable, plastic thing, obedient to our desires, which is particularly pertinent in terms of the Pill.

With the contraceptive pill, the feminine body undergoes an extraordinary transfiguration, from a fecund body to which is attached the fear of becoming pregnant, to a controllable body, which is no longer constrained by nature's cycles, which has resolved problems of disruptive femininity and nonnegotiable fertility. However, the absolute control of the body (in cases where the Pill is used correctly) does not assure an absence of complications in relationships, nor does it promise a lack of ambiguity in the relationship that a person maintains with her own body and sexuality. As we shall see, these elements reside primarily on unconscious and emotional levels, which make up the transcendent structure of thought, and which often constitute unexplored, sometimes obscure and disconcerting, territories.

We live in an era that is fundamentally different from that of our philosophical predecessors, and this must be taken into consideration when discussing their positions on the sexual woman. Today we accord a primordial value to a certain level of reflection on the body and sexuality, and consequently, bodily parameters and conditions surrounding sexuality have attained an important signification in Western, and more specifically North American, culture. For Descartes, sexuality was part of those uncontrollable passions which exist at an inferior level of the person and which must be controlled by the mind. In our age, the female body can be a vessel of all sorts of

meaning, and these meanings function at once culturally and for each woman individually. For Simmel, the only sexual woman was the coquette, who was almost a sexual siren, an enchantress, dangerous in her power of seduction. In that context, sexuality becomes a power game that relies on the arbitrary chance that a woman creates between the yes and the no (218). According to Simmel's perspective, "Don et refus sont ce que les femmes ont complètement en leur pouvoir, et ce qu'elles sont seules à avoir complètement en leur pouvoir" (213). For Simmel, one of the only zones where a woman has power is sexually, implying that she has the choice of refusing or accepting a man. This scope of the field of sexuality is extremely limited, and I would say that such a schema does not apply to our current age. For Simmel, the mechanism of coquetry lies on a level where a woman plays with reality. Here, a woman is like an artist who transforms reality, who breaks down the barriers between what one can do and what goes too far. Yet what if we were to translate this prototype of the coquette into a real, modern woman, a woman who has her own motivations for her sexuality, with all the implied levels of complexity, meaning and reasons for her decision? If we transfer this coquette to our era, how would this woman negotiate reality and social mores, desire and consciousness about sexuality?

We are still missing women's perspective on the discussions of meaning concerning the body and the socio-cultural placement of women. During the same time that Merleau-Ponty was writing about existential phenomenology, Simone de Beauvoir wrote a significant exposé on feminine reality, addressing the way that biology, psychology, religion, and masculine Western history have formulated a circumscribed image of women. De Beauvoir explores the myths promulgated about women, and she

deconstructs these myths to locate their roots in our society. She sees woman as historically situated as the Other: either as grotesque with an out-of-control body, as a sexual libertine, as a troublemaker, or else as intellectually inept and childlike. Her exhaustive deconstruction of historical and literary texts about women allows a perspective on the experience of women, the way that women situate themselves, and how men do. In her interpretation, a woman's body is symbolized and becomes an abstraction, separate from the person. Simone de Beauvoir traces the construction of the modern female body at certain precise moments in history. Doing this, she forces a major re-examination of history.

In the course of this work, I propose to expose several divergent formulas about the way different women perceive sexuality and socially prescribed roles for women, which they may or may not have accepted. The contemporary system of morals around sexuality dominates, or at least strongly influences, the way that a woman situates and defines herself as a sexually active being. A reflection will follow on the way in which a woman proceeds when she is choosing a responsible and convenient means of birth control, as well as her opinions and reactions towards the Pill and finally, how her decisions affect the perception of her own sexuality and body.

Contemporary Medical Anthropology

The dialogue that Simone de Beauvoir and Merleau-Ponty maintained over the diacritic place of the body in situating oneself in the world is centrally important to modern discussions of embodiment and social action. Such a discussion is crucial to medical anthropology, whose roots are embedded in historical movements like existential phenomenology, but which now cohabitates with postmodern sensibilities. These allow for the cross-disciplinary dance of discourse theory, deconstructionism, interpretative notions of self and representation, and medical semiology. Postmodernity involves "a deprivileging shift from knowledge to experience, from theory to practice, from mind to body,"[1] and this movement has affected the social sciences significantly within the past ten years.

Both Merleau-Ponty and Simone de Beauvoir were invested in an existential phenomenology and attempted to understand the importance of how body relates to selfhood, how it differentiates and stratifies sexual roles and incorporates these as identities. Merleau-Ponty wrote: "Je suis donc mon corps, du moins dans toute la mesure où j'ai un acquis et réciproquement mon corps est comme un sujet nature, comme une esquisse provisoire de mon être total."[2] Yet Simone de Beauvoir specifically distinguishes a sense of bodily akwardness and inadequacy for women, where the female body is historically constructed as problematic. She responds directly to Merleau-Ponty's

[1] Boyne, Roy. "The Art of the Body in the Discourse of Postmodernity" in *The Body: Social Process and Cultural Theory.* Ed. Mike Featherstone, Mike Hepworth and Brian Turner. London: Sage Publications, 1991.

statement by saying, "la femme, comme l'homme *est* son corps: mais son corps est autre chose qu'elle."[3] The complex imagery of the female body involves not a duality but a multiplicity of gazes, where the woman swims among signs and meanings projected onto her own body. Merleau-Ponty underlines the complexity of embodiedness when he talks about the body as "both an object among objects and that which sees and touches them"[4] where the body is "neither an object known from without nor a pure subject completely transparent to itself."[5]

While Simone de Beauvoir was revolutionary for her time in pointing to the ways in which women are objectified within the patriarchial social structure, her efforts were in some ways self-limiting. In positing an objectified human subject enslaved by her female body, whose social roles and political power are demarcated by her bodily form, de Beauvoir replicates the mind/body dichotomy by referring to a transcendental capacity to rise above the bodily entrapment of the female body. "The human subject that existential phenomenologists assert as free and capable of transcending objectification retains a Cartesian mode, however, which appears in Sartre and Beauvoir's frequent separation of consciousness, transcendent being-for-itself, and the body, immanent and inert being-in-itself. Maurice Merleau-Ponty attempts to overcome the obstacles such a dichotomy presents by locating consciousness in the body."[6]

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[2] Merleau-Ponty, Maurice. *Phénoménologie de la Perception.* Trans. Colin Smith. New York: Humanities Press, 1962.
[3] Beauvoir, Simone de. *Le deuxième sexe.* Paris: Gallimard. 1949, p. 67.
[4] Merleau-Ponty, Maurice. *Le visible et l'invisible.* Paris, 1964.
[5] Dreyfus, Hubert and Patricia. Translators and Preface to *Sense and Non-Sense* by Merleau-Ponty. Evanston: Northwestern University Press, 1964.
[6] Allen, Jeffner and Young, Iris Marion, Eds. Introduction to *The Thinking Muse: Feminism and Modern French Philosophy.* Bloomington: Indiana University Press, 1989, p. 4-5.

Since Merleau-Ponty favors the experiential as a way of knowing, the body serves as a filter through which the world must move. In this optic, the body is a receptor, through which understanding and meaning are gleaned. On this level, however, the body is taken at its symbolic and utilitarian levels, but Merleau-Ponty does not discuss the body in terms of its contested zones, the power that it contains or doesn't, nor the gendered nature of bodies. Finally, while de Beauvoir underlines the ways in which women have been transformed into the Other, she refrains from positing another vision of how the situation might be turned on its head, which effectively leaves women in the victim position. Despite such limitations, many contemporary writers, including feminists, have looked towards existential phenomenology "as a philosophy of liberation that recognizes the potential for change exercised by individual and collective action and the need for a philosophy of the body and lived experience."[7] The relation of self and Other and the issue of the lived body are themes that are crucial to French existential phenomenology, and they concurrently touch the core of what I address in my investigation of women's bodily experiences as negotiated by the birth control pill.

3.1 Cultural Representation

Another movement within recent medical anthropology involves the issue of cultural representation, an experiential approach to understanding the relation of self and Other within the context of culture. Within this realm, medical anthropology and cross-cultural psychiatry interact, in investigations of intersubjectivity and the relationship between the specialist and the Other, whether that be the anthropologist/ "native" or the

[7] Ibid, p.1-2.

doctor/patient interaction. Within this subdiscipline, many have approached the notion of symbolic transformation and the way cultural meanings get played out on a corporeal level. Such transformations of socio-cultural phenomenon translate onto the body, resulting in various states of illness, health, and bodily perceptions.

This movement confronts the notion of certain universal states, such as depression, arguing instead for a more complex cultural specificity, and necessitating a broadening of the principals of Western biomedicine, which has traditionally worked from a one-truth medical model. Cross-cultural studies of emotions and illness have resulted in a multidisciplinary perspective, combining medical anthropological, epidemiological, cognitive behavioral, sociolinguistic, and ethnopsychiatric perspectives. To treat a social illness like depression as a culturally variable catagory, with different meanings systems in different cultures, is to priviledge the state of culture, which is "an intersection of meaning and experience."[8] This culturalist approach investigates the relationship between illness and varying, sometimes opposing, systems of social organization and cultural meanings.[9]

This vested interest in the process of culture was sparked in the 1980's, when many anthropologists were examining various critical means of approaching cultural specificity and interpretation and attempting to understand their effect on knowledge, meaning, and experience. Obeyesekere believes that to define certain emotions as universal destroys that emotion's "embeddedness in local forms of knowledge and [it

[8] Kleinman, Arthur and Good, Byron, Eds. Introduction to *Culture and Depression*. Berkeley: University of California Press, 1985, pp. 1-33.
[9] Ibid, p. 4.

obscures] what is integral to the rhetoric of emotion: its ambiguity, pluralism of meanings, and symbolic significance..."[10] Obeyesekere is concerned with symbolic forms existing on the cultural level and with how such forms are created and recreated.[11] He is adamant about the anchored place of the subject in the transformational process; however, he concentrates overmuch on Freudian interpretation, especially that which concerns deep motivation. Much of Freudian analysis exempts subjecthood by overpriviledging the subconscious.

Obeyesekere discusses two kinds of symbolic formations: personal symbols and collective representations, both of which he situates as cultural products, embodied in language and myth. Such a discussion is highly pertinent in terms of the birth control pill, which is a symbolically charged tool and has various meanings, occuring on various personal and cultural levels, meanings which are transmitted and constantly reworked in multiple cultural venues.

3.2 Interpretive Models

Many anthropologists concerned with interpretive models, where culture is seen as a system of meaning, have also been influenced by contemporary semiology and hermeneutic approaches. Ellen Corin and Gilles Bibeau develop such a model, where narratives serve as semantic networks from which systems of meaning and action can be

[10] Ibid, p. 17-18.
[11] Obeyesekere, Gananath. *The Work of Culture: Symbolic Transformation in Psychoanalysis and Anthropology*. Chicago: University of Chicago Press, 1990, p. xix.

identified.[12] In their work with mental health issues in rural Québec, they use a system of contextual semantic interpretation, whereby they elicit systems of signs, meaning and action through three complementary and interactive activities: 1) They compile a large collection of narratives from people known to suffer from mental health problems. In the process, informants were offered fourteen behavioral descriptions of mental disturbances, to be used as referants when they described the signs of their own mental health problems. These behavioral descriptions serve as explanatory meanings which other people apply to mental problems, and finally, actions were taken to alleviate the problem. 2) An analytical process identified the dominant signs, explanations and practices that characterized each cultural milieu: mining, lumbering and agricultural. These were expressed in the form of a semantic fabric, tracing patterns in each subculture, and 3) A parallel ethnographic study was conducted to investigate forms of social organization, degrees of openness and closedness to outsiders, and the sense of autonomy found in various villages predominantly governed by the socioeconomic forces of mining, lumbering and agriculture.

Based on these processes, Bibeau and Corin developed the notions of "structuring conditions," which refer to the influence of external objective realities on the culture, and "organizing experiences," referring to enduring communal experiences which provide distinctive traits to each culture.[13] Finally, they define culture as "an interactive series of configurational patterns of representation, conceptions and behaviors which form what

[12] Bibeau, Gilles and Corin, Ellen, Eds. "From submission to the text to interpretive violence" Introduction to *Beyond Textuality: Asceticism and Violence in Anthropological Interpretation.* Berlin: Mouton de Gruyter, 1995, pp. 1-54.
[13] Ibid, p. 42.

we have called systems of signs, meaning and actions; but we also see these semantic and pragmatic systems as deeply grounded within a sociocultural context and have, for that reason, stressed the importance of combining the analysis of the 'logico-meaningful patterning' with that of 'causal-functional linkages'. Semantics is contextualized through the analysis of the social and cultural genesis of representations and practices."[14] When attempting to ascertain meaning systems from ethnographic research, Bibeau and Corin emphasize the important point that meaning is not a static, preestablished product, but that it is "unceasingly cooperatively created by cultural actors, negotiated among themselves on different stages, and publicly revealed."[15] This important work reiterates the complex, multileveled, and constantly shifting process of meaning formation (and reformation) within a culture, and even more significantly for ethnographers precariously posed as interpreters of cultural meaning, underlines the cloudy distance that the ethnographer must assume s/he is at, necessitating multivarious approaches to integration and understanding.

Ellen Corin has enriched and complexified the cultural interpretive movement in medical anthropology by pointing to inadequacies of the interpretive approach, which she indicates does not represent cultural meaning from within the cultural frame itself, but rather "locates the roots of [cultural] diversity 'outside' of or at the periphery of the system of meanings."[16] By examining the margins of societies, Corin suggests that

[14] Ibid, p. 43.
[15] Ibid, p. 50.
[16] Corin, Ellen. "Meaning games at the margins: The cultural centrality of subordinated structures" in *Beyond Textuality: Asceticism and Violence in Anthropological Interpretation*. Berlin: Mouton de Gruyter, 1995, pp. 173-192.

important dynamics are revealed about both central and peripheral cultural spaces.[17] Specifically, she investigates the socio-cultural factors involved in marginality and deviance and how these work within cultural frameworks of identity and the therapeutic process. Corin's theory of "structural heterogeneity" emphasizes that heterogeneity can be built into culture itself, which affects both cultures and individuals. "This structural diversity is hierarchically organized, and hierarchical inversions which occur during certain rituals or in certain areas of life offer ways to understand the implications of this structural diversity…"[18]

More specifically, Corin analyses cultural signifiers within spirit possession groups in Zaire, looking at ways that inversions and oppositions are developed, simultaneously 'inside' and 'outside' of religious belief systems.[19] She contrasts the flexible and shifting meaning games of the Zairian context with the North American context which is marked by "the radically marginal status of the margins in our society." Consequently, this means that in North American culture, "Margins lose their power of relativizing central ideology."[20] Corin's cross-cultural research raises pertinent issues of representation and systems of meaning that are crucial to the cultural interpretive movement.

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[17] Corin, Ellen, Ed. "Centralité des marges et dynamique des centres" in *Anthropologie et Sociétés*, 10, 2: 1-21.
[18] Corin, Ellen. "Meaning games at the margins: The cultural centrality of subordinated structures" in *Beyond Textuality: Asceticism and Violence in Anthropological Interpretation*. Berlin: Mouton de Gruyter, 1995, p. 176.
[19] Ibid, p. 183.
[20] Ibid, p. 189.

The examination of cultural constructions of experience that currently manifests itself in medical anthropology and ethnopsychiatry is often corporally anchored. Corin points to this bodily focus in investigations of complex cognitive processes, as well as to contemporary interest in the cultural dimension of emotions and the reciprical influences of personal experience and social and cultural processes that currently preoccupy anthropological and psychiatric inquiry.[21] In this vein, Mariella Pandolfi explores the relationship between body and selfhood and how physical manifestations of illness or, in her particular fieldwork experience, possession fits can be understood as unspoken signs which allow for the attainment of a semi-conscious state of agency.[22] She analyzes the way in which the body thus becomes a phenomenological body, a mechanism of social and political contestation, when verbalized language is not a culturally acceptable means of expression, in this case for women in rural Italy.

In such a context, the body becomes a mode of resistance, and bodily 'narratives' of illness or emotional outbreaks must be read in terms of what they are saying about the individual's subjective state in relation to her sociocultural environment, rather than simply in medical or pathological frameworks. Pandolfi discusses the "crise de la présence," a state which she parallels with Hegel's "sentiment du moi," as expressing the notion of subjectivity in crisis. She explains this individualized crisis as intercepting the North American notion of self, yet going beyond this: "the 'crise de la présence' is also

[21] Corin, Ellen. "Présentation. Les détours de la raison. Repères sémiologiques pour une anthropologie de la folie" in *Anthropologie et Sociétés*, 17:1-2, 1993, p. 5-20.
[22] Pandolfi, Mariella. "Le Self, le corps, la 'crise de la présence'" in *Anthropologie et Sociétés*, 17:1-2, 1993, p. 57-76.

linked to a bodily crisis, a malaise told through the body"[23] [*my translation*]. Such a concept connects directly with the notion of embodiment, which Pandolfi talks about in terms of a phenomenological sliding from an object body to a subject body, and which implicitly includes the idea of resistance. The body is thus an instrument in the strategy of power, particularly in the context of the Italian women to whom Pandolfi and her mentor De Martino refer, where the body is understood as the locus of power, a means through which the subaltern classes corporally protest their precarious and difficult life situations, as determined by the hegemonic culture.

Consistent with the Italian tradition, from Gramsci to the present, Pandolfi is concerned with class divisions and hierarchies of power. Her investigations of the voicings and manifestations of such power dilemmas, specifically through the female body in 'hysterical' possession rituals, link networks of meanings, at once bodily, socioculturally, historically, and phenomenologically. She says that in the case of possession, "The risk of losing oneself is thus not pathological: rather, it has to do with an existential category which introduces fluidity and dialectic into the subject dimension of the world"[24] [*my translation*]. Pandolfi adds to the corpus of important reflection about how the body means (creates meaning, **is** meaning), what it says for people when they cannot speak, and how the body factors into cultural constructions of experience.

3.3 Body Regulation

[23] Ibid, p. 62.
[24] Ibid.

In the early 60's, the dominant proclamation in the marketing of the Pill was that it liberates a woman from her own body, allowing her to explore her sexual freedom. However, this concept must be examined for its underlying implications. In Foucault's theory of the disciplined body, he was interested in "the interface between the technologies of domination of others and those of the self,"[25] whereby he concluded that domination must begin with the body dominating itself. "From an extensional societal perspective we may see domination as imposed, but to understand its effectiveness, we must also understand this domination as chosen. Bodily domination is never imposed by some abstract societal Other…"[26] Such a process of the domination of self was what Foucault called truth games. Truth games are discourses "related to specific techniques that human beings use to understand themselves."[27] Just as dieting is a truth game where the belief ideology is that inside every fat person there is a thin one struggling to get out, we can read the liberation discourse regarding the Pill and women's sexuality as a truth game, as well. The discourse claiming that one necessarily leads to the other begs the question and categorically avoids many of the complications that arise for women about taking the birth control pill.

In the dyadic way that Foucault talks about the micro-politics of regulation of the body and the macro-politics of surveillance of populations, the medical institution functions in accomplishing these seemingly disparate but obviously related objectives. Arthur Kleinman discusses the role that medicine plays for the individual in social

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[25] Martin, Luther H. et al, eds. *Technologies of the Self: A Seminar with Michel Foucault*. Amherst: University of Massachusetts Press, 1988, p.19.

[26] Frank, Arthur. "For a sociology of the body: an analytical review" in *The Body: Social Process and Cultural Theory*. London: Sage Publications, 1991, p. 56.

context. He situates biomedicine as “a leading institution of industrialized society’s management of social reality,”[28] but he elaborates by discussing the important connection between the political, the moral, and the bodily as essentials in defining the human process. While Kleinman talks extensively about an individual’s situational engagement with the medical industry, he also posits biomedicine as the embodiment of the idea of progress for Western culture. This combination of individual investment and reliance on the medical system, in conjunction with the cultural idealization of biomedicine, permits the medical establishment a two-way pattern of hegemonic importance in Western culture.

Continuing the discussion of biomedicine’s unchallenged position of systemic dominance, Ivan Illich underlines the Western system’s hierarchy of authority which priviledges the biomedical system, when he discusses his notion of the “iatrogenic.” The iatrogenic dynamic works when an individual’s medical need establishes and reinforces the unquestionable authority of the medical domain. Especially in the United States, where medical care is not a universal right but a priviledge for those who can afford it, such medical authority is easily retained. In Western culture, medicine “incarne dans nos sociétés un savoir en quelque sorte officiel sur le corps”[29] [incarnates a sort of official knowledge about the body]. Undeniably, bio-medical knowledge holds the highest position in the hierarchy of knowledge about the body. The authority that biomedicine

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[27] Martin, Luther H. et al, eds. *Technologies of the Self: A Seminar with Michel Foucault.* Amherst: University of Massachusetts Press, 1988, p.18.
[28] Kleinman, Arthur. *Writing at the Margins: Discourse between Anthropology and Medicine.* Berkeley: University of California Press, 1995, p. 38..
[29] Le Breton, David. *Anthropologie du corps et modernité.* Paris: Presses universitaries de France, 1990, p. 8.

has in our culture is a powerful social and historically-entrenched phenomenon which reflects the priorities and value system of the North American population.

In establishing a link between biomedical authority and North American value systems, I would emphasize the important role that ideology, ethics, and the idea of progress play in the Western mindset. "In Foucauldian terminology, medicine occupies the social space left by the erosion of religion."[30] Turner talks about the historical link that exists between medicine and ethics, and he refers to the moral function of medicine, which has shifted its "appeal to scientific rather than religious authority"(22). If we draw links between biomedicine and ethics, in the sense that this system may be seen as having usurped the cultural authority that religion once held, we can understand biomedicine as a socially-cohesive structure that delineates and stablizes our world view by providing a modicum of 'right-minded', that is to say, scientifically-based, authority in an otherwise ethically-ambiguous society.

To some extent however, medical authority and individual dependency on such an authority fluctuate with the state of health of the individual. The birth control pill is prescribed "to prevent a normal ocurrence in healthy persons,"[31] which is to say, to medically treat a non-illness in a healthy person. In this sense, the Pill can be conceived as a social asprin,[32] a prescriptive drug which regulates the body in order to control a socio-cultural dynamic.

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[30] Turner, Bryan. *Regulating Bodies: Essays in Medical Sociology*. London: Routledge, 1992, p. 22.
[31] Mintz, Morton. *The Pill—An Alarming Report*. Boston: Beacon Press, 1970.
[32] Merkin, Donald. *Pregnancy as a Disease: the Pill in Society*. Port Washington, NY: Kennikat Press, 1976, p 73.

A statement that Héritier-Augé made about women's bodies basks in an interesting light with regards to the birth control pill. She said: "the woman 'sees' her blood flowing from her body...and she produces life without necessarily wanting to do so or being able to prevent it. In her body she periodically experiences, for a time that has a beginning and an end, changes of which she is not the mistress, and which she cannot prevent..." In the past four decades, this has all changed. A woman does not have to produce life without wanting to, and she can certainly prevent doing so. As far as her menstrual cycle is concerned, she may not be able to prevent it, although many women do by bi-cycling or tri-cycling with birth control pills. This involves taking the Pill continuously so that a woman never has a period, but even if she does not go to such extremes as this, the Pill lessens many women's bodily pain or discomfort so that her periods, like her fertility, are manageable. The invisible interior negotiations of women's bodies, as they shift meanings and bodily states, both physiologically and symbolically, are ephemereal yet heavily significant for women. This shape shifting can be political, constraining or liberating; it can produce bizarre body changes or go completely unnoticed. The mystery of the Pill is in its various Janus-like faces and its multidimensional meanings.

During the course of this century, visions of the human body and its meanings have fluxuated wildly. The body has been seen as both constraint and potential,[33] and consequently a love/hate relationship with the body has emerged in modern culture. Christian doctrine has presented the flesh as evil, and while many people have banished

some of the more repressive precepts of Christianity from their personal belief system, in a larger cultural context, many of the values and attitudes about the body persevere.

Within this repressive cultural climate, where the body is effectively invisible, shameful and ignored, there simultaneously exist incongruent and contradictory images of the body and of sexuality. Women must contend with these images and either integrate or negotiate parts of them into their personal sense of who they are. Within the modern context, sexuality is a given; fertility is managable; and the body is something to shape and mold, to be seen and desired by others.

3.4 The Contested Female Body

Women within my sample range in age from 23 to 38 years old. They are women for whom the birth control pill has always been a reality and a concrete dimension of heterosexual sexuality. The Pill allows a woman to escape some of the fears of the body, of her own reproductive bodily mechanism, which hovers primarily as a fear rather than a reality in most girls' lives. The alleged fertile body that women are told about (or **not** told about as the case may be), remains an invisible threat, a lurking possibility of the female body spinning out of control into a dangerous zone of pregnancy. Yet with the Pill, this menacing bodily temerity can be tamed, controlled, and forgotten about. For women in the older age range of my sample, pregnancy was their main fear when they first became sexually active, since sexually transmitted diseases were not frequently discussed nor an issue for most people. However, for the younger members of my sample, while the Pill

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[33] Turner, Bryan. "Recent Developments in the Theory of the Body" in *The Body: Social Process and Cultural Theory*. London: Sage Publications, 1991, pp. 1-35.

has been omnipresent since they became sexually active, so has AIDS, and this presents another dimension, including issues about personal safety, bodily interdiction, and the viability of the Pill in this altered context.

The birth control pill regulates the body. It removes the female body from the arena of threat of a woman's volatile fertility and makes the body manageable. On a symbolic level, the Pill transforms the body into a volubile, maleable form, where an invisible and little-understood process can be shifted, reformatted, and mysteriously made to run differently than ostensibly planned. On a practical level, fertility can be shut on and off, like a faucet, corresponding to the machine imagery which is so often sited as endemic to the medical model. The body on the Pill is a disciplined body; and "the disciplined body makes itself *predictable* through its regimentation."[34] The daily routine involved in Pill usage assures bodily predictability. Yet as Arthur Frank points out, "the disciplined body is dissociated from itself...Dissociation fashions the body to be [something] 'instrumental,' ...the body's consciousness dissociated from that body's surface." When the body is seen as a tool or separated from the individual's perception of herself, the body is limited to its surface. Maintaining such a relationship with the body can be very alienating. The issue of body consciousness relates to Merleau-Ponty's subtle distinction between a 'lived body' or an 'I-body,' as different from an objective body. These nuances of how one lives one's body provide demarcations of bodily oppositions of surface/interior, the visible and the invisible.

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[34] Frank, Arthur. "For a sociology of the body: an analytical review" in *The Body: Social Process and Cultural Theory*. London: Sage Publications, 1991, pp. 36-102.

This leads us to an obvious contemporary corrolate: that of the mirroring body. The mirroring body is also predictable, as it copies and reflects what surrounds it. The medium of the mirroring body is consumption; it is predictable in the way that fast food is. As Arthur Frank says, "The mirroring body finds its paradigmatic medium of activity in consuming, but consumption is less about actual material acquisition than it is about producing desires…." Today's state-of-the-art technology provides us with the means of satisfying what the media's gaze demands; this possibility is one of the principle mechanisms of consumer culture, and it reinforces, exemplifies, and adornes the concept of the mirroring body.

Within this schema, creating desire becomes the primary objective, but this desire is cultivated through dissatisfaction with the self, which is often directed inward. Indeed, "Consumer culture makes the problem of desire acute."[35] Furthermore, desire to fit the projected ideal is formulated in such a way as to produce a critique of the self, with its subtext of a character flaw, if the self is represented by a presumably faulty body. The barrage of visual images that constantly create and recreate desire priviledges the visible body, that which is consumed by the gaze. This focus in turn becomes consumptive, because "images invite comparisons: they are constant reminders of what we are and might with effort yet become."[36]

Featherstone talks about the way that "advertising promotes the 'floating signifier' effect: by transvaluing the notion of use so that any particular quality or

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[35] Frank, Arthur. "For a sociology of the body: an analytical review" in *The Body: Social Process and Cultural Theory*. London: Sage Publications, 1991, p. 51.

meaning can become attached to any culture product"(174). Hence, through the cultural and media cultivation of a mirroring body, the body is disciplined to abide by cultural norms, values, and expectations. The individual invests in culture's standards, conforming and adhering to the body standards that culture projects.

As well as being culturally disciplined, the body on the Pill is a physiologically disciplined body. It will not surge out of control and pop out babies, that is, if the Pill is taken consistently and dutifully. Yet neither is the body rendered terminally infertile, which in North American culture would be disasterous. Our cultural attachment to fertility is reflected in the millions of dollars invested in reproductive technologies, in going the other way: turning infertile women fertile.

In many cultures, there is a fear and repulsion towards infertile women. Yet such a feeling often coexists with a longing for or a desire to be exactly 'that sort of woman' who can be sexual without becoming pregnant. Pregnancy represents a great weight in North American culture, and it connotes a hefty responsibility. In this arena of mixed messages, fertility is highly problematic. At the same time that the role of motherhood is adored and idealized, women are terrified of accidentally becoming pregnant. Fertility is thus a mysterious and contested arena, at once repellant and enchanting. As a fertility freezer, the Pill reaches in and symbolically suspends this grey zone above the heads of the population, suspending but not diminishing or rectifying the fears and doubts that we have about fertility. Mead aptly identified the loaded ambiguity with which we as a

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[36] Featherstone, Mike. "The Body in Consumer Culture" in *The Body: Social Process and Cultural Theory.* London: Sage Publications, 1991, p. 170-196.

culture approach fertility issues and feel about women's place within that framework when she said, "The beauty of infertile women may become so meaningful to a whole people that the witch is defined as the woman whose daughter is rejected in marriage, as in Bali, and who then in revenge trains beautiful, sexless little girls to spread death over the land."[37]

[37] Mead, Margaret. *Male and Female*. New York: William Morrow and Company, 1949, p. 231.

The Women

During most of 1996, I conducted interviews in Montréal with 26 women regarding issues surrounding the birth control pill and how it physically affects women. Discussions centered around how the Pill factors into women's impressions of and attitudes about their bodies, their sexuality, and their relationships. We also talked about their interactions with their doctors when they discuss the birth control pill or other contraceptive means.

Additionally, I interviewed 11 practitioners, including doctors, nurses, and pharmacists, to understand various dimensions of the Pill from the perspective of medical practitioners. My goal was to investigate prescription trends of the birth control pill, as well as to find out what information doctors usually give women about the Pill's risks and benefits. I also hoped to investigate doctors' impressions of women's reasons for ceasing to take the birth control pill when this is the case. Some fascinating results emerged from these discussions about how North American women between the ages of 23 and 32 feel about taking the birth control pill and how contraceptive questions enter into their reflections about their health and general well-being.

First, it is necessary to describe the methodological approach applied to this qualitative study. My methodological objectives incorporate a wide spectrum of demographic perimeters and motives, which all tie into how I chose and obtained my sample.

Montréal is a bilingual and multicultural city, with the predominant linguistic and cultural breakdown being English (anglophone) and French (francophone). In this context, I felt it necessary to devise a sample that would reflect the ethnic and cultural

diversity of the city. This is not to say that the sample is representative of women in Montréal; being ethnographic in nature, the sample is far too small to allow representativeness. My sample could be referred to as a convenience sample, since I posted ads around Montréal, selecting respondents who expressed interest in the project from a variety of locales.

The ad that I posted appeared in both French and English and read: "I am currently working on a research project with women from Québec regarding attitudes towards the birth control pill. I intend to conduct individual interviews with women roughly between the ages of 25 and 32, about how women make contraceptive choices, the effects the Pill has on the body, women's interactions with the medical profession, as well as broader issues. If you are interested in participating in this project, please contact Karen Saylors at 343-7518. The interview takes only an hour or so, and all discussion will be entirely confidential."

Some of the specific places where I posted the ad included various CLSCs, specifically CLSC de Faubourg and CLSC de Marigot. I posted the ad at the Hôpital Sacre-Coeur, as well as the Clinique des Jeunes de St. Denis. My intention in doing so was to attract a broad-based sample, involving a variety of economic, cultural, and social groups, since health care is free in Canada and people often go to their local CLSC for medical care. I also posted signs at the office of l'Assistance Maternelle, as well as the office of Orange, Lait, et Oeuf (OLO), which is run by the Dispenseur Dietitique de Montréal. By including locations where women go for social assistance, I hoped to include a variety of women's perspectives on birth control and body issues. If I were to do this study again, I might offer a monetary incentive for participation, since ostensibly

this would encourage women in the lower economic ranges to participate, but this might also bias the sample in other ways.

I also posted at a university health center, Concordia Health Center, as well as at several private, non-profit health centers like Head and Hands and le Centre de Santé de Femmes de Montréal. I also posted at the Concordia Women's Center and the Simone de Beauvoir Center. I posted the ad broadly in the hallways of l'Université de Montréal, l'Université de Québec à Montréal, McGill University, and Concordia, which are the four universities in Montréal. Clearly, in posting in university settings, I was also aiming to involve women from an educated, and thus somewhat privileged, middle class milieu. Effectively, most respondents were from such a milieu, since the majority of my sample has a university level education.

One of the realities of conducting social research, especially an interview on delicate and personal matters, where participation is voluntary, is that participants do so because they choose to. While I attempted to illicit interest and participation in a variety of diverse locales around Montréal, as it happened, the women who spoke to me about the Pill did so out of interest and conviction in their ideas about the subjects that we broached, regardless of where they came from. Of the women who responded to my ads and inquiries at various locales around Montréal, I attempted to compile a sample that would reflect the broad cultural scope of the city's unique population.

Montréal is one of the few cities in the world that is truly bilingual. Along with Brussels, few cities exhibit such a highly bilingual population. Yet while this linguistic and cultural diversity is stimulating and impressive, serious ideological divides and a fair amount of animosity exist between francophone and anglophone Montrealers. Due to

historical and largely political rifts, two distinct cultures have grown up, which display distinct belief systems and conflictual ethos that are deeply entrenched. From the onset, I established a protocol whereby I determined that my sample would consist of a half anglophone/ half francophone population, in order to reflect some of the important dynamics of Montréal and the potential differences in positions and beliefs about the Pill within the two closely juxtaposed cultures.

Another prerequisite for qualification in my sample was that one had to be from Québec or at least had to have lived there since young adulthood. This remained consistent for almost all the sample, with the exception of two women, both of whom had moved to Montréal to attend school. I hypothesized that this slight variation of perspectives might enrich the discussion and provide interesting contrasts with what emerged in the Montréal context. These two exceptions were both from anglophone Canada, from Ontario and Nova Scotia respectively.

One of the major research questions that I posed revolved around the issue of quitting the Pill. Granted, many women take the Pill for years and are happy doing so. I certainly wanted to talk to this category of women, but this realm is not the most dynamically rich. I was more interested in the women who had taken the Pill and then quit. I hoped to investigate the motivations for their choice, to explore the life situations they found themselves in when they took the Pill and afterwards, when they stopped. I hoped to explore ways that women feel about their bodies, both on the Pill and off.

As revealed by the interviews, there are various kinds of Pill quitters, some of which can be sorted into different categories. Sometimes a woman had a problem with the Pill from the time she started taking it, either due to fear or a basic opposition to the

idea of the Pill. In such cases, when the doctor first prescribed the Pill, the woman often did not voice her feelings of hesitation or fear about taking the Pill. Many women feel daunted by doctors' medical authority, which prevents them from speaking up to ask questions or to voice their reservations or fears. When explanations emerge from this category of Pill quitters, the response may be that she does not like to put chemicals in her body or that she just didn't like the way it made her feel. When such feelings are strong, a woman will often cease taking the Pill after several months, but usually within a year of starting it.

Another common reason that women stop taking the Pill soon after they started it is because of the side effects. Often secondary effects are so strong that it becomes not worth it to take the Pill. While some women feel immediately nauseated after taking the Pill, other women get accustomed to the 'mal au coeur' after awhile and decide to stick with it. For other women, symptoms go away with time. I spoke with one woman, Isadora, who had taken nearly every brand of the Pill. She explained, *« I always had problems with side effects. My body doesn't get used to it. It starts reacting. The first few months I am really nauseous, no matter which pill I take. And then it usually subsides and then maybe a year after, the effects start coming back and I switch.* » The Pill is obviously Isadora's preferred means of contraception, because most women would not have the tolerance for feeling continuously ill like she does. Usually, once a woman experiences significantly unpleasant side effects that she can link directly to the Pill, she will stop taking it. The only side effect that doesn't usually provoke an immediate decision to quit is weight gain, notably this side effect takes time to manifest.

Finally, there is a third category of women who decided to quit taking the Pill after having done so for four to ten years. This category of Pill quitters is interesting to explore, because the woman has had a long-term relationship with the Pill which she is then breaks off. The motivations for such a change are not always clear. I identify two subdivisions within this category. Some women, whom I am calling 'circumstantial non-users', stop taking the Pill for a specific logistical reason, namely that a) she wants to get pregnant, b) she is not in a sexual relationship where she needs contraception, because her partner is a woman, or c) she is not in a sexual relationship at all and thus does not need birth control. These reasons are all logical, circumstantial, and self-explanatory. However, within this category of women who took the Pill for four or more years and then stopped, there are many women who stopped for complex and multivariate reasons. The dynamics engaged by the reasons women gave me will be explored in the following chapters in depth.

Before analyzing my findings, I would like to introduce and orient the women in my sample. For clarity's sake for the reader, I am dividing the women into the categories that I have just set forth, into nonusers, circumstantial nonusers, users, and women who have never used the Pill.

Nonusers:

1. Francine—an energetic, very funny and spontaneous professional Québecoise. She is athletic, charming and forthright. Francine is a 27 years old master's level scientist in a predominantly male industry. She married her high school sweetheart and has been with him for a number of years. Francine stopped taking the Pill a few years back,

deciding that using condoms was an easier, less aggressive contraceptive solution. She is from Québec City, but has lived in Montréal since she finished high school.

2. Georgette is a 28 year old Québecoise. She took the Pill in her early adolescence, then stopped taking the Pill and had no period for a year afterwards. Georgette is a dancer, and very thin and athletic. Dancers sometimes go through periods of time during which they have no menstruation, but Georgette had never experienced amenorrea before she took the Pill. Such long-term amenorrea as Georgette experienced is unusual, and most doctors will tell their patients that having no menstruation for 2-3 months after cessation of the Pill is to be expected. Georgette has a child who is mentally retarded and lives in a home, so she currently lives by herself in a Montréal loft.
3. Bertrande is a 30 year old Québecoise, born in Montréal. She is a graduate student and a scientist in a predominantly male field. She is a serious, quiet woman. Bertrande is also extremely stubborn and knows her own mind. She is a flagrant separatist and argues vehemently about the position of Québec in relation to the rest of Canada. Bertrande took the Pill for one month, at which time she returned to her doctor to discuss the unpleasant side effects she was experiencing. She never took the Pill again after that month.
4. Guadalupe is a twenty-seven year old who took the Pill for only four months when she was twenty before deciding that 'it wasn't for her' ("*ce n'est pas pour moi*"). Guadalupe is a vibrant and motivated career woman. She was born in Montreal to a Québecoise mother and South American immigrant father. Guadalupe is very

headstrong and intelligent. Taking the Pill was a negative experience for Guadalupe, and consequently, she has never considered taking it again.

5. Carla is an Italian Montrealer, born and raised in the city. She is perfectly trilingual, as her parents emigrated from Italy when they were in their early 20's and saw the advantage of teaching their children French, English, and Italian. Carla owns and runs her own beauty service salon. Carla is 31 years old and is married to a Québecois. She is assertive, direct and generally very good at communicating with people. Carla stopped taking the Pill after she gained 30 pounds and began to have migraines daily. She is a smoker, and once she turned 30 years old, she noticed her symptoms worsening, such as her arms going numb during the night, so she stopped taking the Pill.
6. Janice is a 27-year old anglophone graduate student in Montréal, who has just had a baby. She currently lives and is raising her child by herself. The baby's father lives and works in another province. Since she is in school full-time, Janice has hired a young woman in her early twenties as a nanny while she is in class. The nanny also participated in our discussion towards the end of the interview. Janice took the Pill at two different times in her adolescent life (the first time for 8 months, the second for 6), but stopped after gaining 15 pounds.
7. Cynthia is a natural health consultant in her mid thirties. She has lived in Montréal for 14 years and identifies herself as a Montrealer. She lives in Miles End and works out of her house, doing massage and creative stress management. Cynthia took the Pill from the time she was 17-20 years old. She talked extensively about how the Pill affects the dynamics in a couple.

8. Esperanza is a local Montréal actor and runs her own theatre production company. She was born in rural Québec and then moved to Montréal when she was 17. Esperanza has a very wry wit and looks likeVirginia Woolf. She lives with her dog, Belle Guelle, affectionately named after a local microbrew beer. Esperanza is 31 years old and took the Pill from the time she was 18 until she was 25. She stopped taking the Pill six years ago, partly because she is a smoker and was concerned about potential health risks of the Pill.
9. Virginie is 26 year old, and was born in France. Her father lived in Montréal, and Virginie was ready to leave France, so she moved to Montréal 8 years ago. She took the Pill when she was 17, for 6-7 months, mostly because her girlfriends took it, but also to regularize her periods. Virginie experienced major disagreeable side effects from the Pill, and she forgot to take it quite often. She has not taken the Pill since and has no desire to.
10. Shauna—a 27 year old professional who works for Radio Canada. Shauna is a tall, lanky woman with long black hair. She took the Pill for six months when she was 18, to regulate her period. The doctor had wanted her to take the Pill for a year, but Shauna gained 15 pounds in 6 months and then stopped taking it. Shauna is completely bilingual and grew up with both English and French at home. Her father is from East Asia and speaks English with Shauna, and her mother is from Québec and speaks French with her.
11. Yolanda, a silk-screen designer and computer consultant who previously worked as a pharmacist for the U.S. army. Originally, I intended to talk to Yolanda about her experience as a pharmacist prescribing the Pill, but so much of her personal

experience with the Pill, as a woman, entered into our discussions that I consider this an interview on that level, as well. Yolanda is an American, but she has lived in Montréal for many years now. Her husband teaches at a local university and they are trying to have a baby. Yolanda is around 38 years old and is African American.

12. Marion took the Pill for three months several years ago, when she was 26 years old, and once or twice sporadically as an adolescent. However, she experienced bodily changes that made her uncomfortable, such as feeling dependent on the Pill very quickly, thus she always stopped taking the Pill soon after she started it.

Circumstantial non-users:

As mentioned above, this category of women pertains to those who have stopped taking the Pill, but only due a change of life circumstance, not because they are against taking the Pill.

1. Rebecca Mitchell is a 32 year old who works in an administrative office at a local university. She is currently pregnant. Rebecca quit taking the Pill at age 30, after taking it for 10 years, so that she could get pregnant. She likes the Pill as birth control method and had no side effects when she was on it. Rebecca comes from an exclusively anglophone Montreal culture, and she has an almost British air about her.
2. Abigale no longer takes the Pill because her partner is a woman and thus she does not need birth control, but she has taken the Pill on three different occasions in the past.
3. Gloria is a 29-year-old professional Jewish anglophone from Montreal, working as an editor for a local Jewish newspaper. Gloria is not currently taking the Pill because she is not in a relationship, but the Pill is her method of choice when she needs

contraception. Gloria is very frank and talked openly to me about how being on the Pill when she is not in a relationship makes her feel lonely, so that she stops taking it even though otherwise she might remain on the Pill, for the regularity it provides.

4. Patricia is a very unassuming, friendly, open woman. She works as a community/social work professional. Patricia is quite bubbly and positive as a person. She is 26 years old. Patricia currently lives with her boyfriend and has recently stopped taking the Pill, after taking it for 10 years, because they want to have a baby. Patricia began taking the Pill at age 15 and continued to do so happily until the age of 25, at which time she stopped because she wants to have a baby with her boyfriend. The Pill has very positive connotations for Patricia and has provided her with a reliable and positive form of birth control.
5. Lilette—a 29 year old francophone Québecoise, born in Valley Field, southwest of Montréal. She is currently in the final months of her second pregnancy, so she is working part-time as an engineer, specifically doing project management for a large company, while also raising her two-year old little girl. Lilette took the Pill for 3-4 years about four years ago. She started taking the Pill when she was 21, when she first started dating the father of her children. She stopped once they decided to try to get pregnant. Both Lilette and her partner (conjoint) are very enthusiastic about being parents and want a big family. They have both talked about wanting to have six children.

Users:

1. Gilliane has taken the Pill for almost twelve years, with the exception for six months during which she stopped because she wanted to have a baby. She spoke about the period

of being off the Pill as a very emotional time for her. Gilliane is a quiet and somewhat shy woman with a reserved demeanor. She is funny, very physically striking, and understated. She does projection work in the visual arts. Gilliane is single and has been on the Pill consistently for most of her sexual life.

2. Caroline is a 24-year-old university student. She has traveled extensively and has had very interesting and rich life experiences. Caroline lived abroad with her family when she was younger, but despite this, she feels very much at home in the francophone Québec culture. Caroline currently lives with her boyfriend and takes the Pill. She has taken it for four years.

3. Clarisse is the youngest member of my sample, at 23 years old. She is a graduate student in Montréal. She has taken the Pill for several years and is very comfortable doing so. Clarisse is fairly ill at ease with her body, which we talked about extensively. She has taken the Pill for six years, since she was 17 years old. She has no side effects from the Pill and finds taking the Pill to be a very natural part of her life.

4. Maureen is a 27-year-old anglophone Quebecker from the Ottawa Valley, who moved to Montréal when she was 17 years old. Maureen is a graduate student at a local Montréal university. She has taken the Pill for 7 years, notwithstanding a pause of a few years when she explains that she was going through a natural, 'granola' phase. Maureen has a dry wit and comes from a very nontraditional background. She lives with her boyfriend, and they are engaged to be married.

5. Isadora is an upper middle-class Jewish anglophone woman. Born in Montreal, she is currently doing graduate studies. She is 26 years old and has taken the Pill since she was 15, except for a couple of intervals when she had broken up with her boyfriend. Isadora is

pretty, and she talked extensively about how oppressive she finds the female beauty myth to be.

6. Bella is 24 years old. She has taken the Pill for the past two years. She began taking the Pill later than most of her girlfriends, because she didn't have a steady boyfriend before and thus did not see a reason to take the Pill. Now she takes it without side effects, though in the beginning, the Pill made her nauseous. Bella is currently a psychology student and lives with her boyfriend and their dog.

7. Dominique is a 27 years old human relations counselor. She currently takes the Pill and lives with her boyfriend on the Plateau. Dominique was born in rural Québec, but has lived in Montreal since adulthood. She is a solemn woman who seems very methodical and motivated.

Never taken:

Of all the women interviewed, only two had never taken the Pill. Of these two, one woman is a lesbian who has never had a sexual encounter with a man, thus birth control has not been necessary. The second woman grew up in an extremely cloistered, culturally and religiously coherent family, specifically Korean Protestant, where she was not allowed to date or even associate with males until after she graduated from college. She adhered to her family's cultural rules so that sex, and consequently birth control, were never issues for her. Apart from these cases, all of the women in my interview sample have taken the Pill at one time or another. With the Pill being such a cultural constant reality in North America, women who have never taken the Pill are quite unusual.

1. Hu Long --- an anglophone Montrealer of Korean descent, was one of the two women in my sample of thirty women who have never taken the birth control pill. She had no need for a means of contraception until college, because she wasn't sexually active, and after she became so, the AIDS threat excluded the Pill for Hu Long as a viable contraceptive option. She grew up in a fairly traditional Korean Protestant household, where she was one of three daughters.
2. Jessica—a 28-year old anglophone Montrealer. She told me up front that she is a lesbian and has thus never needed to take birth control. Jessica studied biology in school and comes from a very interesting and informed position on hormonal changes that the Pill provokes in the female body. She asked to talk to me because she has thought extensively about hormonal control of the body, from a biological and a feminist perspective.

Practitioners:

I attempted to develop a corpus of opinions of different practitioners' on the prescription of the Pill. In doing so, I first went to the directors of the Departments de Medicine, Pharmacy, and Gynecology at the Université de Montréal to ask for suggestions of medical practitioners or people in the pharmacy industry who might be interested in talking to me about my research topic. I obtained a list of suggestions of various practitioners, researchers, and pharmacy industry people around Montréal. At this time, I also spoke with the university faculty about what is taught in general medicine and ob/gyn courses about contraception generally and the Pill specifically, including side

effects and other kinds of reactions to the Pill. From these informal discussions, I gathered that not much is included on these subjects during coursework, but rather this information is accrued mostly during one's internship. Such a position would indicate that informal knowledge, and moreover the 'truth as passed down by the elders', is what mostly informs decisions about which kind of contraception is prescribed. All of the department directors with whom I spoke were quite helpful and supportive of my project and steered me towards practitioners who might be willing to discuss these issues with me.

In the course of my fieldwork, I interviewed a number of different kinds of medical practitioners, in order to capture diverse opinions regarding the Pill, as they exist within the health care/contraceptive field. Many of those I interviewed were generalists, GPs, or family practice doctors. I interviewed one gynecologist. I talked with several nurses, some in practice in clinical medical settings, as well as one nurse who works for a pharmaceutical company. I also spoke to one pharmacist who had worked in the past for the military.

1. Marion DuBrun is a nurse practitioner in a local, mostly francophone women's health center. Marion does contraceptive counseling and program planning for the women's clinic. She also teaches intensive workshops on various issues in women's health. Marion is from France originally but has lived in Montréal for many years and considers it home. I talked to her both as a professional and as a woman who has experience using the Pill.
2. Dr. Four is a francophone doctor, who has practiced medicine for 20 years, 18 of which have been working in an urban CLSC clinic. She was one of the

original founders of an important local women's health coalition and clinic. Dr. Four speaks emphatically about her opinions about the birth control pill, for which she is a strong advocate.

3. Dr. Corbeau works in an adolescent clinic and is very concerned about young women's health issues. She is a very curious and engaging person. Dr. Corbeau's practice deals mainly with a francophone clientele. We talked at length about control issues raised by the Pill. As well, Dr. Corbeau discussed what she understands to motivate Pill attrition for women in this age range, that being 23-32 years old. While Dr. Corbeau is a firm believer that the Pill is by far the best contraceptive method, especially for adolescent girls, she raised some thoughtful and interesting points about the gray zones that exist for women around taking the Pill.
4. Felicie Chapeau is a young female gynecologist, working in Montreal. Felicie has just recently finished her medical internship, which completes her medical training. She went to school in Montréal and plans to practice here.
5. Pamela Miller is a nurse and the clinical coordinator of health services for a local university health center. Ms. Miller is anglophone and has been in the health care profession for many years. She talked to me extensively about the services that their institution provides college-aged women, as well as some of the particular needs and health concerns of this population.
6. Gerald Orlup is a family practice doctor who works at a large local hospital. He has been in practice for over ten years. Dr. Orlup is francophone and is

from Québec. He is very robust and direct and seems like he would have a good contact with patients.

7. Michelle Franz is a nurse for a local pharmaceutical company. Ms. Franz has been working for this company for less than five years. Previous to this job, she worked in a clinical environment. She is very quiet and seems like an extremely private person.
8. Christine Dubois is a general practitioner who works in a CLSC in one of the poorest areas of Montréal. She has 13 years of practical medical experience and has always practiced in Montréal. Previous, Dr. Dubois ran a teenage health clinic, and recently, she has been conducting research through the CLSC where she works, on the predictive value of the Pill's dropout rate among teens. Dr. Dubois is collaborating with three other local CLSCs on gauging adolescent girls' attitudes and fears about the Pill.
9. Yolanda is a 37-38 year old ex-US military pharmacist. She ran an army base pharmacy in Germany for three years and did pharmacy specialist training for this work. She worked in an outpatient emergency hospital on a NATO base. She talked about how military buyers would purchase drugs from the large pharmaceutical companies directly. They often got brands that were being phased out, and the stronger dosage Pills were dumped on the market abroad. We talked about both her professional experiences with the Pill, as a pharmacist, as well as about her personal experience with the Pill, as a user.
10. Dr. Frederique Lamotte is a family medicine doctor who currently practices in the outskirts of Montréal. She works in an urban travel clinic a few days a

week, and she also has a private practice in a suburb of the city. Dr. Lamotte has been practicing medicine for just less than five years and is presently pregnant with her second child. She is fresh and dynamic and seems to like what she does.

11. Dr. Justine Flambeau is a francophone generalist who has been practicing medicine in the suburbs of Montréal for approximately 11 years. She runs her own private clinic and has a fairly sheltered impression that adolescents are not at risk of HIV/AIDS in her suburban community.

This brief introduction to the individual members of my sample should serve to situate the reader. Knowing a little about each person lends insight to the variety of orientations and belief structures that will be explored later. I see this descriptive format as similar to the character list in a theatre play, though more fleshed out. Continuing with this same metaphor, some of the women and practitioners in my sample are highlighted, cited, or referred to more than others, much as a principal character has more presence in a play than the secondary characters. This structure does not diminish the importance of the ideas or positions of any members of the sample. Rather, the enigmatic, provocative, and revealing statements emerging from some of the women naturally render them central characters. Drawing on important lines of thought that they bring out leads and focuses my analysis of the primordial issues surrounding Pill use and nonuse, in the context of contemporary North American culture.

The Body and the Pill: Agency and Choices

The medical gaze falls upon the female body and consequently shapes a woman's sense of her body and her self as a woman. The global phenomenon of the consumption of the birth control pill has inarguably shifted many modern notions of heterosexual sex and the malleability of the female body. Hormonal steroids and medical technology have provided an occasionally painless means of freeing the female body from her own reproductive tendencies. However, the complications of this medication, a drug prescribed to women who are not physically ill, sometimes for up to 35 years of their lives, poses a myriad of personal dilemmas for many women.

When synthesized steroid hormones were first developed and prescribed to treat women's menstrual disorders around 1927[1] and later approved by the FDA and sold as a contraceptive device in 1960, the Pill was culturally understood as women's great liberator. Logistically, the birth control pill serves as a means of subtly tricking the body into skipping ovulation, so that the body perceives itself to be in a semi-permanent state of pregnancy, and thus the woman runs only very slight chances of actually getting pregnant. While this undeniably frees many women from the constant worries and fears of an undesired pregnancy, the Pill compromises many women's well being on another level. Even today when the dosage levels of estrogen and progesterone are up to ten times lower than they were in the early days of the Pill, the Pill makes many women sick.

The dilemma is a complex one. While oral anovulants are extremely chemically potent and thus quite reliable in shifting the basic mechanism of the female reproductive

cycle, "they represent a shotgun approach to `therapeutics'—rather than having a clean, direct effect on a target organ, they manipulate haphazardly a gland controlling several other major bodily functions."[2] While the Pill may serve to alleviate some of women's anxieties about their sexual encounters, specifically regarding the possibility of pregnancy, the birth control pill, in altering the chemical messages to the master pituitary gland, disrupts the natural functioning of the entire system. This may produce a variety of unpleasant side effects that differ for individual women: headaches, nausea, weigh gain, depression, leg cramps, and the killing of the libido, an ironic and unfortunate side effect for a sexual contraceptive.

While mention of these specific side effects came up repeatedly in my interviews, a glance at the enclosed pamphlet in any birth control starter packet points to more potentially harmful accompaniments of the Pill, such as "1.Circulatory disorders (including blood clots in legs, lungs, heart, eyes or brain), 2. Breast cancer, 3. Dangers to developing child if birth control pills are used during pregnancy, 4. Gallbladder disease and liver tumours."[3] While this is a daunting lineup, these documented hazards emphasize the significant possible dangers of this prescription drug and serve to underline the importance of women making informed decisions about their contraceptive choices.

In accounts of medical exchanges between patient and doctor, many women emphasized the limited amount of information provided by the medical practitioner about possible side effects of the Pill and/or about other possible contraceptive methods which

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[1] Oudshoorn, Nelly. *Beyond the Natural Body: an archeology of sex hormones.* London: Routledge, 1994, p. 92.
[2] Merkin, Donald H. *Pregnancy as a Disease: The Pill in Society.* Port Washington, NY: Kennikat Press, 1976, p. 18.

might pose less threat to the body. Of the ten GPs and nurse practitioners that I interviewed, only one worked for an institution which thoroughly investigated the personal and family medical history of the client, and which also detailed other various available contraceptive options to the client before prescribing the Pill.

This specific institution is a community-based women's health clinic, not affiliated with a hospital or medical conglomeration, which specializes in contraception, STDs and AIDS prevention and awareness. In this setting, a nurse practitioner talks with the client about her previous history with contraceptives, the dangers and benefits of various methods, her specific medical background, and her preferences in and comfort level with her choice of contraception. This exchange can take up to an hour, a luxury that medical doctors rarely have or take the time for.

One nurse practitioner at this women's health clinic, Marion, talked to me about their orientation and the approach they take towards patients. "*On vient d'une optique féministe. Si une femme téléphone, on va voir ce qu'elle a pris avant. La contraception prend en compte la vie de la femme aussi: son rhythme, le rapport qu'elle a avec son corps, les relations sexuelles, si elle est en couple, si elle a des partenaires occasionels. Donc on tient en compte le vécu de la vie de la femme, et on essaie de lui donner ce dont elle a besoin... Donc, il faut les faire croire en confiance de l'information, en relation de leur corps, sur les méthodes contraceptives. Il y a des facteurs qu'elles peuvent prendre en compte pour choisir une méthode contraceptive. Ici, il n'y a pas de jugement si elle décide d'arrêter de prendre la pilule parce qu'elle a des effets secondaires. Au centre,*

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[3] "What You Should Know About Syntex Oral Contraceptives", pamphlet in Synphasic three month starter pack, Montreal, Quebec: Syntex, 1993.

elles essaient de valoriser les femmes dans la connaissance qu'elles ont, soit de leur corps, soit de la contraception. Ça, c'est le premier point. Deux, de la faire croire en confiance qu'elle a du pouvoir dans son choix. Ce qui n'est pas évident quand elle va consulter ailleurs."

This women's health clinic presents a unique occasion for women to investigate their contraceptive choices, and as Marion points out, this is not standard practice in the medical encounter. In the typical doctor's office discussion over contraception, the Pill is highlighted as the most effective means of birth control (ranking generally in the 98-99 percentile range for efficacy) after sterilization or abstinence.

Doctors also recommend it as a convenient and clean method; specifically, medical practitioners often indicate that the Pill is both "coitus-independent"[4] and that one does not have to touch herself to insert the birth control device, as with the diaphragm, cervical cap, sponge, spermicidal foam or gel. Marion says, "*Il y a des femmes qui viennent ici pour l'atelier sur le cap cervical qui n'ont jamais mis leur doigt dans le vagin, qui n'ont jamais touché leur col. Je trouve ça un mauvais effet de la pilule.*"

Beyond talking about the easy logistics of the Pill, the doctor often emphasizes the extent to which the Pill removes the pressure from the sexual act, since there is no awkward moment of fumbling around and embarrassment, implying that sex can now be spontaneous and free. This attitude is problematic because to sell the Pill as a liberator from sexual forethought is irresponsible in this age, when the AIDS menace should put

[4] Gorna, Robin. *Vamps, Virgins and Victims: How Can Women Fight AIDS?* London: Cassell, 1996, p. 288.

pressure on everyone, men and women, to take responsibility in their sexual encounters by using a condom. One would hope that today most doctors mention that a condom is a necessary element in the sex act, even when a woman is using the Pill. However, in our society, there exists a tremendous fear of pregnancy, especially where young adolescent women are concerned, so that often a hierarchy of concerns is established within the medical profession, ranking contraception first and STDs, including HIV/AIDS, second. Getting women on the Pill solves the first problem of pregnancy and hence often overshadows the now extremely pertinent issue of HIV/AIDS. Essentially, a doctor's continued adamant prescription of the birth control pill might be seen as superfluous for a woman who is not in a monogamous relationship. Often when a woman is on the Pill, she is understood to be out of danger of getting pregnant, and thus a condom is not consistently used, so she runs a higher risk of catching STDs, including AIDS. In this way, the birth control pill puts all the responsibility for contraception on the woman, in terms of pregnancy risk, yet politely ignores the issue of sexually transmitted disease.

A few women whom I interviewed told me of women they knew taking the Pill but not mentioning it to their male lovers so that the possibility of not using a condom would not be considered as an option. Caroline talked about friends who choose to remain silent about taking the Pill in the following way: *"Il y a des gens qui ne disent pas. Elle va la prendre mais ils ne vont pas partager* [ni le coût, ni l'information]*…J'ai des amies qui prennent la pilule mais qui n'ont pas de copains. Ou elles en ont, mais elles ne le disent pas. Elle ne va pas dire qu'elle prend la pilule. Ils vont prendre quand même des préservatifs. Elles ne vont pas leur dire. C'est vraiment leur responsabilité…C'est quand même la responsabilité juste de la fille."*

Through this self-protective measure, a woman silently protects herself against both pregnancy and STDs, including AIDS. While such an approach may be proactive and wise for some women, this informational omission makes the dynamics of the couple loaded. It also indicates quite a bit about women's fear and sense of responsibility regarding sex.

Another woman, Maureen, talked about using both the Pill and the condom and about how she told her boyfriend about it. She says: "*I remember when I first talked to Fred about 'gee, we've been going out for a few months and we've been using condoms and actually I've been on the Pill all along.' Because I was. I decided that I'd rather. The Pill was a backup in case the condom broke.*" A fine line exists between feeling safe about sex on a personal level and with another person. As well, the implications of a woman saying that she uses the Pill may convey more than she chooses to convey, dissuading condom use, thus she may privilege silence. Finally, communication difficulties around sex only exacerbate the complicated and challenging choices women make around Pill and condom use.

In this optic, we see how far more complex the relationship between the Pill and women's sexuality is. As Carole Vance emphasizes: "The tension between sexual danger and sexual pleasure is a powerful one in women's lives. Sexuality is simultaneously a domain of restriction, repression, and danger as well as a domain of exploration, pleasure, and agency. To focus only on pleasure and gratification ignores the patriarchal structure

in which women act, yet to speak only of sexual violence and oppression ignores women's experience with sexual agency and choice..."[5]

While the Pill has often been congratulated for liberating women's sexuality, female sexuality is an extremely complicated and contested ground. In the early sixties, many first generation Pill users equated the Pill with a promising sexual liberation that could lead directly to a general equality with men. Yet the Pill "swept away women's traditional justification for their own chastity. In the 60s, women briefly lost the power to say no [to sex]..."[6] Furthermore, while the Pill largely alleviated the threat of pregnancy, it did not demystify sex, nor did it lift the moral stigma associated with a sexually-active woman. In a sense, the Pill precipitated some of the fundamental issues of the sexual revolution of the 1960's, essentially by posing a false dilemma: by easing the threat of pregnancy and thus making sex much more feasible, many important issues about sexual equality and gender dynamics were circumvented and often left out of the dialogue. Grant accurately notes that "If anything is the symbol of the failure, but also of the sense of possibility that the sexual revolution gave us, it is the Pill"(16). It is important to avoid hailing the Pill as the liberator of women too vehemently and to investigate the complications and mixed nuances of the Pill, since it engages the subtle and sticky issues of female sexuality and desire.

For centuries, morality has come into the equation of female desire and the expression of this desire: woman is either depicted as ultimately moral, the pedestal lady, passionless, upholding social mores and responsible for squelching male licentiousness

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[5] Vance, Carole. (ed.) *Pleasure and Danger: Exploring Female Sexuality.* London: Pandora, 1992, p. 1.
[6] Grant, Linda. *Sexing the Millennium: Women and the Sexual Revolution.* NY: Grove Press, 1994, p.15.

through her goodness, a sort of Protestant, later-day Madonna; or 180 degrees away, there lies a sensual, dangerously out-of-control woman. "[S]he becomes a rampant, sexual, Ciccione-style Madonna [the other kind], a guilty whore, or a dangerous vampire,"[7] as Gorna puts it, "Woman's sexuality is so polarized that she is either without sexual desire or over-brimming with lust."

To this dichotomous, split-personality woman, we must also add the historical portrayal of women's sexuality as a sickness, an hysterical need, and women's bodies as both dirty and out-of-control. For example, in medical texts menstruation is commonly referred to as a failed cycle, a shucking off of potential, that is, a potential pregnancy. Menstruation is still a mildly tabooed subject, interpreted as a monthly bodily freak-out and a grotesque loss of control, often both physically and emotionally. Marion points out, "*L'attitude envers la menstruation reflette beaucoup l'estime qu'on a en tant que femme, parce que c'est proprement féminin. Si l'on n'accepte pas ça, ça peut nous marquer pas mal au niveau de notre estime dominante. Il y a vraiment une correlation.*"

An important ambivalence surrounds the female body, with its fascinating capacity to give birth to another being, and yet its unnerving propensity to get pregnant and do just that. Delumeau sites evidence that a fear of women has grown from the 16th century forward, since which time the female body has taken on an increasingly threatening form in the imagination. The medicalization of the female body inherently reflects notions of female morality and female bodily pathology that are a product of power dynamics which situate women both as sexual figures and in terms of their reproductive organs.

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[7] Gorna, Robin. *Vamps, Virgins and Victims: How Can Women Fight AIDS?* London: Cassell, 1996, p. 58.

Macrocosmically, "Medical systems and their sectors can be described as interconnected systems of meanings, norms, and power."[8] Medical systems are also cultural systems, and hence medical systems, which proscribe a pharmaceutical, techno-therapeutic solution to what may be seen as socio-cultural contraceptive issues, graft certain presuppositions onto the female body and infer specific, mandatory regulation with which a woman is strongly pressured to comply.

The technological regulation of life, which includes "the subjugation of bodies and the control of populations,"[9] clearly impacts the domain of sexuality. According to Foucault, the centralization of power around sexuality makes sex a political issue. Tracing the evolution of the mechanism of control over life from the 17th century, he points to two contributing factors, both of which I see as relating directly to women's identity issues imposed by biomedical conceptions of the female body. Foucault conceptualizes two poles of development in a relational huddle: the first is the portrayal of the body as a machine, and the second is focused on the group notion of the social body, which in terms of women relates to reproductive issues and to the control of birthrates. Foucault indelibly emphasizes that the supervision of this process "is effected through an entire series of interventions *and regulatory controls: a bio-politics of the population*"(139). I would assert that a combination of these two processes, functioning at once on biological/anatomical and medical/administrative levels, produces a highly specific, dual interest in and attention to the regulation of both social norms and the body. By the merging of social issues and standards with medical treatment of the body, a

[8] Kleinman, Arthur. "Medicalization and the Clinical Praxis of Medical Systems" in *The Use and Abuse of Medicine*. Eds. Martin de Vries et al. NY: Praeger Publishers, 1982, pp. 42-49.

convoluted but effective social control is attained. A biomedical orientation predominates in our culture, privileging a scientific, medical model, thus binding individuals to its authority, and proposing to resolve social and economic dilemmas through medical regulation of the human body, specifically through the prolonged use of hormonal contraceptives for women. Fabrega points out that "a medicalization of human concerns" leads to a "medical technology of care."[10] Moreover, the female individual is bound to the medical system by her necessary constant contact with it, as exemplified by the yearly visit to renew her prescription. This contact simultaneously allows for the adoption of the medical model of the female body in need of hormonal regulation and creates a dependence upon the medical system.

Christopher Lasch deflowers the mechanism of medically-created authority and dependence even further when he states: "Since modern professionals (unlike those who wield civil or religious authority) have no sanction...except the client's need of their services, a major part of medical practice has consisted of attempts to create and sustain a demand for medical services. The medical education of the public presupposes a population already disposed to accept scientific explanation of phenomena---causal thinking as opposed to magical thinking. In a culture still dominated by magical thinking, modern medicine is absorbed into the existing structure of magic, instead of presenting itself as a rival order of explanation that challenges and undermines older systems of thought."[11] One might wonder whether we are indeed still dominated by magical

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[9] Foucault, Michel. *The History of Sexuality.* Vol. 1. Paris: Gallimard, 1976, p. 140.
[10] Fabrega, Horacio. "The Idea of Medicalization: An Anthropological Perspective" in *The Use and Abuse of Medicine.* Eds. Martin de Vries et al. NY: Praeger Publishers, 1982, pp. 19-35.
[11] Lasch, Christopher. "On Medicalization and the Triumph of the Therapeutic" in *The Use and Abuse of Medicine.* Eds. Martin de Vries et al. NY: Praeger Publishers, 1982, pp. 36-41.

thinking, but the current popularity of New Age philosophies would certainly support such a statement. Furthermore, in the course of my interviews, when I asked women how the Pill works, many women did not know the mechanisms involved. The Pill solves the threat of pregnancy as if by magic and for many people this is enough. Yet while the medical solution of hormonal contraceptives resolves the immediate need for birth control, many women become dissatisfied with the ways that the Pill imposes itself on the body.

Marion and I talked about the Pill being prescribed for pre-menstrual pain and she replied, "*Ce n'est pas les menstruations qui sont le problème. La menstruation, c'est comme une hormone de vérité, dans le sens que tu es liée avec ton intuition; tu es en connection directe avec tes émotions. C'est une amplification de ce que tu vis durant ton cycle. La menstruation ne cause pas des émotions; elles sont là tout au cours, c'est ce qui est dans les vies des femmes…On n'est pas habitué à chercher des causes. Parce que la médecine traite le symptôme. On est habitué à prendre un cachet comme ça et ça va disparaître*." To a large extent, taking the Pill reduces some of the pain associated with menstruation, but more importantly, it alleviates the need for thinking about some of the issues that Marion raises about the female bodily process. The removal or negating of body issues, such as the physical pain or discomfort associated with one's period, is a complex and meaningful process. In North American society, we are not accustomed to thinking about what an emotionally difficult premenstrual state might mean or be saying, in the nuanced language of the body, about a woman's life state, for example. Going further, the feeling of dissociation and fear of one's body becoming pregnant when one does not want to be takes hold at multiple levels, as well. These levels necessarily interact

with the way a woman lives her sexuality and affect the contraceptive choices that she makes.

The Pill allows the presence of a woman's sexuality to develop outside of and beyond the fear of pregnancy, but it also induces a sort of bodily absence. This absence may be an absence of a self-regulating hormonal cycle, of a connection with the body's natural changes and dynamics, or even an absence of doubt or chance in getting pregnant (even if the possibility of pregnancy is restricted only to fantasy or the imaginary). Maureen told me, "*I know one woman who is scared of getting pregnant because she doesn't want to be out of control of her body. She doesn't want to lose control of her body.*" Control is clearly an important body issue, which will be discussed at length later, but there are so many others.

The body is a place of imprecise meanings, tied up with self knowledge and vacillating constantly between that which is lucid and unclouded and that which is obscure, ambiguous and highly enigmatic. David Le Breton describes the potential knowledge of the body as "zones of shadow, imprecisions, [and] confusions."[12] This emphasizes the constant bodily state of varying degrees and contortions of absence and presence. The body is at once the locus of the subjective self and of outward social projection, where the body is constantly re-examined, represented, and re-positioned in terms of varying, switching, symbolic and cultural meanings.

On the Pill, the body gets mechanized: a daily ingestion of hormones detaches the woman from what is already an abstract bodily process, but many women whom I

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[12] Le Breton, David. *Anthropologie du corps et modernité*. Paris: Presses Universitaires de France, 1990, p. 88.

interviewed felt a sense of isolation, of detachment from their own bodies while they were on the Pill, even if they were not affected by unpleasant side-effects. Several women expressed a feeling of bodily dissociation or disconnection which bothered them to such a large extent that they eventually stopped taking the Pill.

Francine talked about taking the Pill as "*quelque chose d'extérieur à moi.*" Seemingly, taking it conflicts with her sense of her subjective self and makes her feel alienated. She often forgot to take her Pill when she was on it, and not taking it would make her feel badly. "*Ça m'est arrivé d'oublier. Donc en oubliant, quand j'ai oublié une journée ou deux, le matin je me réveillais et vraiment j'étais pas bien, tu sais? Je me suis rendu compte que, je savais que j'avais oublié de prendre la pilule à cause de ça: parce que je ne me sentais pas bien.*" When she stopped taking the Pill, Francine was worried about the long-term health risks, but she also wondered: "*J'ai voulu voir aussi, quand j'ai arrêté, c'était pour voir: qu'est-ce que ça me donnerait de ne pas la prendre?* "

Many women talk about the Pill as a drug that abstracts them from themselves or to which they feel dependent. Francine's pondering what she would be like without the Pill, or even how it would benefit her to not take it, demonstrates the complexity of the relationship that a woman can develop with this prescription medicine. Marion also mentioned a similar feeling when she said, "*C'est comme une drogue finalement, quand tu es en manque…Je me sentais comme dépendante. À telle heure, je dois prendre cette pilule et ça va me calmer.*"

Reasons for stopping the Pill varied from extremely vague responses, like Guadalupe who said, "*Je l'ai prise pour un moment, mais ce n'est pas pour moi. Je n'aime pas ça,*" to specific side effects that made the woman physically sick. While the

Pill allows for a certain control of the reproductive cycle, many women whom I interviewed spoke of having the impression of being controlled **BY** the Pill, that it changed their bodies and made them feel cut off from themselves.

"Eroticism is a realm stalked by ghosts. It is the place beyond the pale, both cursed and enchanted."[13] Sexuality is a tricky business. As Carole Vance points out: "Sexuality activates a host of intra-psychic anxieties: fear of merging with another, the blurring of body boundaries and the sense of self that occurs in the tangle of parts and sensations, with attendant fears of dissolution and self-annihilation. In sex, people experience earlier substrates, irrational connections, infantile memories, and a range of rich sensations. We fear dependency and possible loss of control, as well as our own greedy aggression, our wishes to incorporate body parts, even entire persons." Complications abound with sex, partly because sexuality is so attached to one's identity, and identities are necessarily multiple, enveloped in layers of social, familial, and personal histories. Thus in discussing identity, we are confronted not only with personal identities, but with the medical identity that we are assigned within the contemporary scientific discourse. This inherent plurality of influences can be conflictual and confusing for the individual, but it can also be liberating. As Stuart Hall states: "identities are the names we give to the different ways we are positioned, and position ourselves, in the narratives of the past" (quoted in Gates 1993, 231), and I would add, in the narratives of the present, as well.

[13] Paglia, Camile. *Sexual Personae: Art and Decadence from Nefertiti to Emily Dickinson.* New York: Vintage, 1991, p. 3.

Jeffrey Weeks poses sexual identities as fictions, but significantly, as necessary fictions. Furthermore, seeing sexual identity as fictions makes human agency an essential factor, the principle being that if identities can be made, then they can be remade. In this way, "Identities then can be seen as sites of contestation. They multiply points of resistance and challenge, and expand the potentialities for change"(99). Issues of agency and choice are central in a woman's decision of whether to take the birth control pill. Sometimes her choice regarding the Pill is calculated and rational and yet at times, women make decisions about stopping the Pill for reasons that are linked to deeper identity issues, motivated by a need to unfurl and re-evaluate medically-aligned fictions about the body.

Regarding the issue of agency, in demography, fertility issues are often approached in terms of active versus passive choices. This conception of agency is addressed by Anthony Carter as he attempts to sort out some of the issues surrounding such fertility choices.[14] Carter suggests that the active concept of agency involves deliberate choice regarding negotiating one's level of fertility, based on "some form of abstract rationality"(55), but this is far too simplistic. In this schema, the passive form of agency points toward behavior involving "non-decision decisions,"[15] but I resist such categorical passive agency for two reasons: first, the general premise that a woman often makes individualistic, self-serving, and non-rational decisions about whether to get pregnant reaffirms all sorts of dangerous socio-cultural stereotypes about women: it

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[14] Carter, Anthony. "Agency and Fertility" in *Situating Fertility: Anthropology and Demographic Inquiry*. Ed. Susan Greenhalgh. Cambridge: Cambridge University Press, 1995, pp. 55-85.
[15] Leibenstein, Harvey. "Economic decision theory and human fertility behavior: A speculative essay" *Population and Development Review* 7: 3, 1981: pp. 381-401.

nourishes conceptions of women as relationship vampires, manipulating and using men, as scheming and needy, and as tottering nervously on the boundaries of their own rampant fertility, which is a dangerous position. As Robin Gorna points out, "Women are seen as constantly on the verge of conception. This permanent fecundity ...and the [projected] maternal imperative of women is not only visible in the overt presentation of women as earth mothers and ever-fertile, but also in the trivialization of women as immature, sexless creatures."[16] To portray women as systematically resorting to irresponsible pregnancy in order to 'catch' a husband is hopelessly out of date and reinforces images of women as heedlessly irresponsible, childish but self-serving creatures whose fertility whims must be controlled.

My second point of contention with the notion of passive choice-making is that a woman who displays passive agency regarding fertility questions makes decisions about pregnancy without consulting the man in question and thus exhibits distinctly manipulative, passive-aggressive behavior. In such a situation, "tacit coordination"[17] is activated, whereby a form of unspoken negotiation takes place: seemingly inadvertent change is brought about indirectly, yet the dynamics of the couple are undeniably shifted and renegotiated. Schelling uses his term 'tacit' to refer to unspoken negotiation, bargaining or coordination among two or more persons, but as Kristen Luker points out,[18] tacit coordination can function on an individual level as well. She signals the conflicting dynamics between feelings and reasoning regarding fertility issues and contraceptive

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[16] Gorna, Robin. *Vamps, Virgins and Victims: How Can Women Fight AIDS?* London: Cassell, 1996, pp. 56-58.
[17] Schelling, Thomas. *The Strategy of Conflict.* New York: Oxford University Press, 1963.
[18] Luker, Kristen. *Taking Chances: Abortion and the Decision Not to Contracept.* Berkeley: University of California Press, 1975.

choices. Yet other of her statements regarding a woman's decision-making process around contraception reaffirm images of fuzzily-motivated, manipulative women. She talks about risk-taking behavior as "the line of least resistance"(56), which sounds as though a woman's primary goal is to get pregnant and thus trap a man into marriage. Luker clearly fails to include the essential and complicated issues of sexual dynamics and bilateral responsibility between partners, as well as body and health issues associated with certain contraceptive methods which raise concerns for many women.

While it is important to fit Luker's work into its historical context, seeing as it was written in 1975, some of her statements introduce interesting perspectives regarding myths about the Pill and women's sexuality. To Luker, for a woman to be on the birth control pill indicates that she is already sexually active and hence that she is " 'looking to have sex' with the implication that one is a 'woman who's been around', perhaps even a 'rabbit' or a 'sexual service station'" (46-49). Again, Luker insists: "In the open market of contemporary courtship [of the 70's], women as a class are bargaining with a deflated currency"(121). These statements are quite revealing of the moral prejudices and beliefs which were current in the mid-seventies regarding a woman who was sexually-active and took responsibility for contraception.

Luker raises one point which is significant in terms of contemporary women's choices regarding taking the birth control pill: she discusses such decision-making processes regarding contraception as "often inarticulate and less-than-fully conscious"(79). While this statement might be read as indicating that women's contraceptive choices take place on a non-rational, passive level, I prefer to interpret it as

revealing the complications of the process of contraceptive choice, to which many women refer, whereby myriad conflicting factors and desires come into contact.

Marion talks about how the Pill has raised more complicated and unexpected issues while simplifying contraception choices, that although a woman can choose whether or not she wants to get pregnant, "*il y a d'autres problèmes qui sont venus…Les médecins pensent qu'ils ont beaucoup de pouvoir par rapport à la fertilité des femmes. Je pense qu'ils se sentent très responsables pour l'efficacité des moyens contraceptifs, pour empêcher des grossesses…La pilule, on la présente comme une méthode miracle.*" While miracles and easy answers can be wonderful, they sometimes suppress problems, questions, and issues that spring up elsewhere in a woman's life. Desires for children are often masked and fertility choices not discussed because the Pill, in its concrete efficacy, overrides such ambivalent, difficult issues. The Pill becomes the deciding agent for what the body will do, and many women reach a point where there needs to be more natural magic and possibility in their bodies and their lives.

Anthony Giddens talks about human agency not as a series of separate, well-planned acts of choice, but rather as a process of "the reflexive monitoring and rationalization of a continuous flow of conduct." Secondly, he suggests that cultural principles and social institutions have a "virtual rather than a substantial existence, taking shape as they enter into activity."[19] This orientation of human agency paints a constantly shifting patchwork of personal choice, persistently informed by cultural and socially formed personal realities, what might be referred to as Bourdieu's 'habitus'. This notion

[19]Carter, Anthony. "Agency and Fertility" in *Situating Fertility: Anthropology and Demographic Inquiry*. Ed. Susan Greenhalgh. Cambridge: Cambridge University Press, 1995, p. 61.

of agency allows much more dynamic possibility for the individual, in understanding what goes into forming her personal choices.

Within Bourdieu's configuration, the individual is defined by events, mentalities and dispositions planted in childhood, and these semi-solid states manufacture his or her reality and shape the meaning-formation for the individual. Personally, I prefer Emily Martin's view of agency: she focuses on change rather than habit, "on processes from which people learn that may *not* have been in place since childhood and processes that may contain a degree of intention on the part of those wishing to perpetuate them." Martin calls these processes "practicums" which refers to learning that is "embedded in some sort of complex physical-mental experience."[20] This movement from static to active socio-cultural influences upon the individual is much more conceptually useful and appealing in reworking modern conceptions of sexuality, the body, and what occurs when the birth control pill is factored into this complex configuration.

[20] Martin, Emily. *Flexible Bodies: Tracking Immunity in American Culture—From the Days of Polio to the Age of AIDS.* Boston: Beacon Press, 1994, p.15.

Medical Discourse

6.1 Theoretical Framework

Formulating a critical-interpretative discussion of the medical treatment of women by means of the birth control pill entails situating the social scientific gaze of the medical establishment that has been such a central contributor to the Western conceptualization of the body. As Lock and Scheper-Hughes point out, "there is a striking lack of awareness in…'objectivist' studies of the ways in which the culture of science structures the kinds of questions asked."[1] Because Western science, medicine and technology represent such powerful forces in North American culture, epistemological issues about the origin, nature and limits of scientific knowledge, as well as about the production of a registry of scientific truth which orders Western society, have remained relatively intact and have gone unquestioned, left as modern cornerstones of truth. Consequently, "Critical research on the body, illness, and healing was stymied for many generations by a prohibition against examining, and therefore 'bracketing', some of the most essentializing and universalizing Western epistemological assumptions underlying the theory and practice of biomedicine."[2]

Science and medicine have become sacred constructs for our culture. Partly in response to this development, medical anthropology attempts a constructive examination of some of the fundamental principles of biomedicine. "[B]iomedicine presses the practitioner to construct *disease*, disordered biological processes, as the object of study

[1] Lock, Margaret and Nancy Scheper-Hughes. "A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent" in *Handbook of Medical Anthropology: Contemporary Theory and Method.* Eds. Carolyn Sargent and Thomas Johnson. Westport, Conn.: Greenwood Press, 1996, pp. 41-70.

and treatment. There is hardly any place in this narrowly focused therapeutic vision for the patient's experience of suffering."[3] I would subtract these last two words in the case of women on the birth control pill. Such a biomedical, disease-oriented meaning system allows little room for the patient's bodily experience, especially considering that in the case of contraceptive medicine, the body is not an ill body but a well one. From the start, medicalized reproductive medicine (such as the birth control pill, the IUD, the Norplant contraceptive implant, or Depo-Provera, all of which must be prescribed and/or administered by a doctor) forces a false illness assumption on the female body. This occurs when the female body is relegated to the medical care category and rendered a regulated, chemically controlled body. This version of the female body is not sick but not well, not free but in need of strict observation and control.

Such methods recatagorize the 'natural' female body, claiming it as an unruly system in need of iatrogenic intervention. As Kleinman points out, "Where Asian medical systems invoke weak treatments as virtuous because they are held to be 'natural' and noniatrogenic, biomedicine's therapeutic mandate, for which all pathology is natural, emphasizes decidedly 'unnatural' interventions"(35). Upon closer examination of Western biomedical thinking, while all pathology is natural, the 'natural' is in fact pathologized in the context of contraceptive control of the female body. The elusive, dangerous fertility of the female body is not approached as a social issue, whereby information and education might allow women to safely regulate their own fertility by an awareness of their individual body's functioning and then chose the method that best accommodates them. Rather, reproductive control has been medicalized, inserting the

[2] Ibid, pp 42-43.

female body into the category of the dysfunctional body in need of medical regulation and control. Kleinman notes that "while giving the sufferer the sick role, medicalization can stigmatize as well as protect; it can institute a misguided search for magic bullets for complex social problems; and it can obfuscate the political and economic problems that influence these behaviors"(38). The idea that medicalization can influence individual's orientations about the self or the state of the body is important to understanding the process of how taking the Pill affects body perceptions and masks many implicated dynamics. Many influential factors constitute the social context of medicine.

In the exploration of biomedicine as a cultural system, the assertion that "medicine cannot be described apart from the relations of power that constitute its social context"[4] remains central. As Howard Waitzkin puts it: "Major problems in medicine are also problems of society; the health system is so intimately tied to the broader society that attempts to study one without the other are misleading. Difficulties in health and medical care emerge from social contradictions and rarely can be separated from those contradictions."[5] A dialectical relationship exists between the formation of a concrete modern truth model of medical science and our reliance upon such a system. In these terms, we can understand biomedicine as a social and cultural system, as well as a powerful system of belief. Rhodes explains this dynamic well when she states:

> "Cultural systems can best be understood in terms of their capacity to express the nature of the world and to shape that world to their dimensions...This simultaneous shaping and expression produces a congruence between culture and experience that provides an 'aura of factuality' within which cultural systems

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[3] Kleinman, Arthur. "What is Specific to Biomedicine?" in *Writing at the Margin: Discourse between Anthropology and Medicine.* Berkeley: University of California Press, 1995, pp. 21-40.
[4] Rhodes, Lorna Amarasingham. "Studying Biomedicine as a Cultural System" in *Handbook of Medical Anthropology: Contemporary Theory and Method.* Eds. Carolyn Sargent and Thomas Johnson. Westport, Conn.: Greenwood Press, 1996, pp. 165-180.
[5] Waitzkin, Howard. *The Second Sickness: Contradictions of Capitalist Health Care.* New York: Free Press, 1983, p. 41.

> 'make sense' and seem 'uniquely real' to their participants...cultural systems achieve a feeling of factuality, of realness, that is, in part or whole, a by-product of their symbolic forms.
>
> In Western society biomedicine is generally believed to operate in a realm of 'facts'; many people experience their most intimate contact with science through the biomedical description of the facts of bodily function and disease"(166).

Here Rhodes points out the strong position of signification that medicine holds in our culture. The factual nature of medical science lends in a certain unquestionability, in the sense that what is a 'fact' or the 'truth' about our bodies is believed to be best perceived and understood by a medical professional who can, in a sense, see the invisible, the interior of the human body. The medical gaze of the expert renders him a magician: medical investigation of the inside of the patient's body grants the doctor the ultimate knowledge about, and by extension control over, that body. Along the lines of Foucault, Rhodes remarks, "medicine is one of a number of related disciplines that have shaped the body as a vulnerable site for the articulation of social relationships"(168).

Foucault treats the act of confession as a principle attribute of the medical encounter and even as an integral part of Western culture, and he examines the way in which the rituals of religious confession have transitioned to and come to function within the realm of scientific examination. At the root of the confessor/priest or patient/doctor relationship is an unequal power relationship. Within this construct, the confessor/patient exposes private and often compromising details, while the listener not only sets the agenda of what will be discussed and what results from the confession, but he also holds the power to determine and pronounce the state of the person, to judge, whether on moral or physical grounds. As Foucault says, "the agency of domination does not reside in the one who speaks (for it is he who is constrained), but in the one who listens and says

nothing, not in the one who knows and answers, but in the one who questions and is not supposed to know."[6] Foucault examines the way in which the rituals of confession came to be an incorporated part of the scientific process. The patient must first be induced to speak, then the transfer of power occurs. The transference is accomplished by the doctor's power to decipher the meaning of the confession, now in medical terms. The doctor hereby assumes an authority as "the master of truth"(67). By virtue of this confessional mechanism, the medical profession has gained a position of socially accepted and endorsed authority with a non-negotiable, truth-telling power of scientific knowledge over the human body.

According to Foucault, during the period around 1800 when medicine became clinically based, a bipartite interest sprang up: a concern "with both the inside of the body and the control of the health of populations."[7] Medical expertise thus functions at once at the micro and macro levels, allowing for both social and individual surveillance. With increasing technological capabilities, as the ability to oversee bodies enlarges, the expansion of medical capacity for control over the terminology and expertise about the body is achieved and the medical system is subsequently more firmly anchored in place. Lock and Scheper-Hughes assert that: "The proliferation of disease categories and labels in medicine and psychiatry, resulting in ever more restricted definitions of the normal, has created a sick and deviant majority, a problem that medical and psychiatric anthropologists have been slow to explore."[8] When the medicalized body becomes the

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[6] Foucault, Michel.*The History of Sexuality, vol. 1.* New York: Vintage Books, reprint/translation orig. 1978, p.62.
[7] Rhodes, Lorna Amarasingham. "Studying Biomedicine as a Cultural System" in *Handbook of Medical Anthropology: Contemporary Theory and Method.* Eds. Carolyn Sargent and Thomas Johnson. Westport, Conn.: Greenwood Press, 1996, p. 168.
[8] Lock, Margaret and Nancy Scheper-Hughes. "A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent" in *Handbook of Medical Anthropology: Contemporary*

norm, when the 'healthy' body is redefined to adhere to the medically-regimented doctrine of control over the body, when the state of medical intervention becomes so normalized as to produce a new type of 'proto-natural' body, which is monitored and regularized, we may recognize the contemporary state of reproductive control of the female body through the mechanism of the birth control pill.

6.2 Real-life Encounters

Whether decided upon in advance or as the subsequent routine of years of advising different women on the same subject, doctors give certain advice to their patients about the birth control pill and leave out other information. A doctor's choices about what she tells her patient are partially based on personal priorities, time constraints, or the perceived interest of the patient.

Dr. Four is a CLSC clinic doctor who has been practicing medicine for 20 years, 18 of those in a CLSC context. When I asked Dr. Four what she told her patients about how the Pill works, she responded,

"*Je n'explique pas.* [Elle rit.] *Je réponds aux questions de la patiente. Au début, j'expliquais beaucoup les effets secondaires, comment ça fonctionne...mais plus maintenant. Je ne fais pas de la formation. C'est trop long, je trouve. Ça ne correspond pas nécessairement à ce que la patiente veut savoir. Je veux que la relation soit simple, ouverte. Je demande, 'est-ce que tu as des questions, des craintes?' Parce que les inquiétudes des patientes ne sont pas les inquiétudes des docteurs. Elles ont peur de s'engraisser, de devenir infertiles, d'avoir des cancers. Nous, on a peur de*

Theory and Method. Eds. Carolyn Sargent and Thomas Johnson. Westport, Conn.: Greenwood Press, 1996, p. 63

trombophlébite, des migraines accompagnées…Je dis que ce n'est pas plus dangereux que de tomber enceinte."

Several important issues emerge here. First, Dr. Four's assertion that a patient's concerns differ enormously from those of a doctor seems accurate and is substantiated in my interviews. However, in light of the fact that Dr. Four realizes and pinpoints her patient's fears, it seems odd that she chooses not to quell their fears about the risks of the Pill, which she probably could do fairly easily, recognizing the authority vested in the doctor's knowledge on this subject.

Another factor is that Dr. Four clearly indicates that she has changed her position over her twenty years of practicing medicine in what she conveys to her patients about the Pill. She is now at a point that she does not feel a need to engage the woman about her choices or to educate her about the Pill's effect on her body. She asks if the woman has any fears or questions, which is positive, but this is different from being motivated or compelled to educate her patient about a prescription drug that she is about to give her.

Other doctors take an opposite, proactive approach, engaging their female patients to analyze the choices that they are making about their contraceptive choices and their sexuality in general, as exemplified by this doctor's office experience which one woman, Shauna. She was 16 years old when she went to the doctor to get on the Pill. Shauna recounts:

Je suis allée voir mon gynécologue et j'ai demandé une prescription de la pilule et elle a dit, 'Pourquoi?' J'ai expliqué que j'avais un copain et j'ai pensé coucher avec … Elle a dit, 'Tu ne peux pas prendre ça pour rien. Et pourquoi tu veux coucher avec, d'abord? Tu n'es pas obligée de le faire. Est-ce que tu veux coucher avec juste pour le

garder comme ton chum?' Et puis elle a dit, 'Tu ne prends pas juste la pilule, eh? Il y a aussi la responsabilité qu'il a de prendre le condom. La pilule est juste pour ne pas tomber enceinte, mais tu peux aussi attraper des maladies, et tu dois te protéger contre ça. Je vais te donner une prescription si tu y tiens vraiment, mais à ta place, je penserais.' Je n'y avais pas pensé. J'ai beaucoup réfléchi. Je n'ai pas pris la pilule. [Et elle n'a pas couché avec son chum non plus.] *Maintenant je suis tellement contente de ne pas l'avoir fait. Elle a pris le temps de m'expliquer, de me faire réfléchir, et puis de me poser des questions et de me faire réaliser que ce n'est pas automatique. Tu as un chum et puis le coucher. Tu as un chum et puis tu as une relation sexuelle. [Comme ça, c'etait ton choix?] Oui. J'avais déjà des doûtes et j'avais peur parce que la première fois tu as toujours peur. J'avais déjà peur que ça fasse mal. Et ça a confirmé le fait que tu peux attendre."*

The doctor's concern and insight about Shauna's comfort level with becoming sexually active and about her level of maturity are indicated by her involvement in what many might feel was none of the doctor's business. Some might judge such engagement as interfering, or as ideologically-rooted, but Shauna herself was later grateful that the doctor intervened and made her reconsider what she now realizes would have been a premature sexual experience. In contemporary culture, there is enormous pressure for girls to be sexual. Doctors who work with adolescents know this, are concerned, and want to get them on the Pill to avoid teenage pregnancy. In this situation, such intimate, coaching discussions, such as what Shauna's doctor offered her, rarely take place. Many doctors hope to preempt teenage pregnancy by getting as many girls on the Pill as possible, a position which is understandable, but which does not lead adolescent girls

towards reflection about their real desires and needs, nor towards the relevance of their acts.

Another woman, Patricia, talked to me about her doctor's attitude about the Pill, as well. Patricia took the Pill happily for ten years, and she only stopped because she wants to have a child. She never experienced side effects from the Pill, and she says, "*Pour moi, la pilule était naturelle. C'était là.*" Her doctor did not tell her about any potential side effects and was very favorable towards the Pill. "*Peut-être trop favorable, tu sais. Avec beaucoup de recul, je me dis que tu ne peux pas induire tes propre croyances [* sur les autres*]... Elle a parlé beaucoup du condom aussi, le fait que le gars doit partager le coût, le fait qu'une fille doit prendre la pilule avant de commencer à avoir des relations sexuelles.*" These bits of information, transmitted to her years ago, have stuck with Patricia as very clear memories over the years. The medical discourse about the Pill is urgently important in the clinical context precisely because most young women are paying so much attention, listening so carefully to the truths being told them about this medication which is about to become a daily part of their lives.

A doctor with whom I spoke at length, Dr. Corbeau, said that the biggest part of the work that she does with adolescent women is to dedramatize the Pill, to render it much more simple and non-threatening. She says, "*On a rendu la prise de la pilule tellement un geste important: 'il faut la prendre tout les jours à la même heure. Il faut surtout ne pas en oublier une seule. Si vous avez oublié, il faut que vous appeliez votre clinique, il faut jamais l'arrêter. Si tu prends la pilule, il faut attendre trois mois avant d'être protégée.' Tout ça est faux. Et à ce moment-là, ça ne permet pas que ça soit un geste ordinaire. Ça devient extrèmement important et ça rend ce geste-là trop au niveau*

de la conscience et de la raison de tous les jours. Alors que ça peut être comme 'j'ai faim, je mange; c'est le moment de prendre ma pilule, et puis c'est tout."

Here Dr. Corbeau exposes some of the myths that recur within the medical profession about information given to women about the Pill. Such rules insist that a woman be meticulous in the routine of taking the Pill, focusing on that above any other concerns. Yet Dr. Corbeau's interest in translating the taking of the Pill into an 'ordinary gesture' seems odd and slightly noxious, since this neither addresses women's concerns and fears, nor stimulates their questioning of their acts, responsibilities, and potential meanings involved in such as gesture. To discharge the symbolic significance of the Pill in such a way normalizes it and renders it an unquestionable good, which it may not be for all women.

6.3 Female Fertility

Every doctor with whom I spoke indicated that taking the Pill has no effect on fertility in the long term. Some stated that they suggest to women to wait six months before attempting to get pregnant because there is a higher risk of miscarriage during the several months following stopping the Pill. This is because the lining of the uterus wall is not thick enough to sustain the implantation of the fertilized egg.

Dr. Four said to me on the subject of the Pill and fertility, "*L'effet de la pilule n'accumule pas. La fécondité féminine n'est pas du tout affectée par la pilule. Il y a un peu moins de chances que tu tombes enceinte les premiers mois parce que ton système n'est pas encore reparti. Mais au bout d'un an, tu as le même taux de grossesse.*" The use of the word 'reparti', 'restarted' suggests that the body has been put in suspension for a period of time, evoking the machine imagery so commonly used to refer to the body.

Dr. Frederique Lamote also mentioned that the Pill does not affect fertility. She says, "*l'amenorea pendant 3-6 mois (après avoir arrêté la pilule) est normale, parce que le système est rouillé.*" Dr. Lamote uses machine imagery to describe the suspended state of female fertility when a woman is on the Pill, when she says that the system is rusty. Machines get rusty. In common parlance, when one refers to a person getting rusty, it implies that she is getting out of practice at doing something that she is supposed to do smoothly. When this language is applied to the female body on the Pill, one can infer the message that a woman's body is supposed to have children, and that when it is not doing so, it gets rusty.

Another doctor, Dr. Christine Dubois, tells women who come to her for contraception that "*ce qui est naturel, c'est de devenir enceinte quand on a des relations [sexuelles]. Donc, si vous ne voulez pas suivre la nature, il faut accepter un peu d'inconvenience d'un côté ou d'autre.*" Such statements about the 'natural' female body are effectively true on a certain level: if a woman has sexual intercourse without contraceptive protection, there is a strong possibility that she will get pregnant. Yet on another level, the term 'natural' evokes multi-layered nuances of meaning, and when such discourse emerges from the medical profession, which is supposedly strictly scientifically-based, we must examine the metaphors and linguistic constructions to unearth the ulterior senses of what is being conveyed to women coming in for contraceptive expertise.

Dr. Corbeau echoes this imagery when she says specifically that such a system suspension is the best thing that a woman can do for her body. She says, "*ça sert à quoi, un cycle menstruel? Ça sert à avoir des bébés ...Pendant tout ce temps, tout les organes*

reproductifs sont très stimulés d'hormones, le taux d'hormones chute à chaque mois, l'utérus se vide et ça recommence. Mais à la longue, 'it takes its toll.' En particulier pour des maladies du sein, le genre de maladies du sein qui n'existaient presque pas avant, les maladies cystiques, tout ça... La vrai nature, ce n'est pas d'avoir des menstruations, c'est de faire des bébés. On a oublié ça, et on laisse les femmes avoir 40 ans de menstruation et pas de bébés. Elles-mêmes se rendent compte que quand on leur donne la pilule, les doses qu'on donne maintenant sont tellement faibles qu'on élimine ce facteur de stimulation intense des hormones, c'est comme si on mettait le corps au repos parce qu'on donne la même dose tout les jours et en ce moment, les seins sont au repos, les seins ne sont pas stimulés par des doses importantes d'hormones. Les seins sont au repos, les ovaires sont au repos."

Dr Corbeau talks about the Pill allowing the female body to be '*au repos*', at rest, whereby a woman is giving her body a break from its own exhausting menstrual cycles. She interprets menstruation as an unnatural state, saying that the natural state of the female body is to be pregnant. This clearly raises the issue of what a 'natural body' really is. Dr. Corbeau highly valorizes this state of rest that the body is supposedly allowed by being on the Pill, freeing it from it's own overstimulated system. In her belief system, a woman does not need to take a break from consuming the Pill in order to give her body a rest, as some women believe. Rather, the reverse is true in Dr. Corbeau's estimation: the Pill is safe to take indefinitely and it is wise to do so, for it preserves the body from its usury menstrual cycle.

The belief that a woman needs to take a break from taking the Pill is declared false by every doctor with whom I spoke. This myth is a holdover from the early days of

the Pill when doctors did suggest that women stop the Pill for 3 months to a year, according to Dr. Four. She says this was recommended with the belief that, "*c'était la crainte que quand le système était arrêté avec la pilule, ils disaient [que] si le système ne fonctionne pas pendant 3 mois, un an, deux ans, peut-être il ne fonctionnerait plus jamais après. Quand on a commencé a prescrire la pilule, on disait aux femmes d'arrêter pour rééablir l'axe, faire fonctionner l'axe. Ça a changé au cours des années, je ne sais pas quand. Moi, quand je suis arrivée en 1975 pour prescrire la pilule, ça ne se disait plus.*" Yet while this idea has been discounted by research and clinical practice, several women included in their reasons for stopping the Pill that they had taken the Pill for long enough, often a period of 8 to 12 years, and that they wanted to give their body a break. Such a desire to give the body a break closely resembles the aforementioned belief in the importance of taking a break to reestablish or jump-start the reproductive system's mechanical functioning.

Dr. Corbeau had interesting things to say about the Pill and a woman's feelings about her own fertility. She works in an adolescent clinic, thus with girls under 18 years of age, and she feels adamantly about prescribing the Pill to this population. However, she finds that the orientation of a woman in the age group that I am working with is dramatically different and implicates complicated issues concerning the hidden desire to have a child, despite any cultural, economic, and logistic difficulties that such a choice might pose. She contrasts the need for control over the body, which she points out is something that this generation has never lived without, and the conflictual and sometimes subliminal dynamics of a desire for a pregnancy. She says,

"Le contrôle du corps est le contrôle qu'on veut exercer ou qu'on aimerait ne pas exercer aussi. Ça parle beaucoup du désir caché de grossesse, ça parle de plein de choses ...Alors des fois dans un couple, c'est la seule façon que la femme va trouver comme moyen pour imposer une grossesse. Ce n'est pas pleinement conscient, mais c'est là. La pilule est trop efficace. Elle ne laisse pas de surprise et elle oblige les femmes à prendre des décisions à beaucoup de niveaux dans leur vie pour plannifier une grossesse. Et ça ne fait pas l'affaire de toutes les femmes. Le désir de grossesse se situe complètement en dehors du rationnel, et c'est peut-être heureux parce que justement maintenant c'est devenu trop plannifié, trop rationnel, et on ne fait plus d'enfants."

Dr. Corbeau's discourse is insightful, because while she readily and consistently prescribes the Pill to young women and relies on it as the most efficacious contraceptive method, she also perceives the complicated nature of the Pill, which I have been teasing out. Her mentioning that the desire to get pregnant situates itself outside of the rational is important, since this generation of women has the power to maintain tight control over their fertility, yet simultaneously, pregnancy is rendered a veritable abstraction. The majority of the women that I interviewed said that they wanted to have children one day, with only 2 out of 30 saying that they never wanted to have children. Two of the women in my survey were pregnant and two others were actively attempting to get pregnant. However, the attitudes and expressions of the rest of the women regarding pregnancy and feelings about fertility swam within a complex gamut: from slightly anguished and frustrated, to terrified of pregnancy yet drawn to the idea nonetheless, to dreamy, romantic and traditional. Some women expressed frustration with the refusal of their

partner to have children or with their lack of a partner, and some women said that they would have a child alone if it came to that.

Bertrande talked about feeling that having and raising a child was not an instinctual at all and she did not know how she would learn to do it. "*Je ne vois pas comment avoir un enfant. Je ne sais pas comment ne pas être complètement apeurée par ça. Je pense que j'ai la trouille. J'ai la trouille de la grossesse. J'ai peur. J'ai peur des bouleversements physiques dans mon corps. J'ai peur de la naissance du bébé. J'ai peur d'être complètement débordée. De ne pas savoir. Comme si j'ai perdu une certaine compréhension, un automatisme de la reproduction. Je pense que le système anatomique, c'est comme un mythe de la science. Je pense qu'il n'existe pas."* Interestingly, Bertrande is a scientist herself, so it is revealing to hear her talk about how she does not believe in the science-based idea of an anatomical female body, whose preconceived purpose is to have a child. She goes on to say: *"Je pense qu'il y a rien de naturel pour moi. Si j'étais enceinte, si j'avais un bébé, je n'aurais pas de réflèxe génétique qui s'exprimerait soudainement à la maternité. Je ne saurais pas exactement quoi faire*." At the same time, Bertrande says that she feels she would be robbing herself of an important experience if she didn't have a baby. She talked about needing to be in a solid psychological state for doing it, but it is clearly something that she hopes to do some day.

Many women talked about the frustration and uncertainty of living an economically precarious life, such that supporting themselves was a challenge, and they could not imagine bringing a child into such an unstable situation. And some women talked about not wanting to wait until it was too late to have a baby, or of fears of getting too old to enjoy and play with a child. Dr. Corbeau's insistence on the complicated,

multidimensional nature of women's feelings about childbearing is certainly exemplified through the voices of the women whom I interviewed.

Dr. Corbeau discusses a woman's desire to get pregnant and the complications that the Pill poses by working so well. The desire for a child may fluctuate or change depending on life situations, but the efficacy of the Pill often impedes such desires from surfacing. Dr. Corbeau says:

"*C'est un geste* [de prendre la pilule] *qui fait complètement abstraction des émotions, et de ce qui est malgré tout la nature profonde d'une femme. Alors une femme qui guide sa vie sur un modèle si on veut plus masculin, c'est à dire avec de l'option, 'je veux avoir une carrière, je vais faire ceci, je vais faire cela, il n'y a pas de place en ce moment dans ma vie pour des enfants; ces femmes-là ont plus de chances de bien accepter la pilule*."

Dr. Corbeau's statement is thick with implications about female and male 'natures'. She consecrates a male/female role order, designating women as fundamentally emotionally-motivated and naturally inclined towards childbearing, as opposed to the male model, which valorizes having a career and allows less room for children. She clearly delineates gender roles that she describes as models for behavior. Interestingly, she talks about women who adopt the male model for themselves as being better able to accept the Pill, ostensibly because it serves their needs and allows them to adhere to the career track, avoiding altogether the question of having children. Here Dr. Corbeau is establishing a nature/culture, female/male dichotomy to explain women's desire to have children, while adapting women's ability to conform and fit into the male model as an explanation for some women accepting the Pill more easily than others.

On a theoretical level, we must examine the relationship between 'natural' (whether biological or physical) and social factors of fertility. The factor of a woman's desire to have a child may be read in two ways. It can be seen as 'natural', in that it corresponds with some female body's inherent capacities of reproduction. Alternately, it can be understood as "a cultural construction mapped onto the facts of female biology,"[9] whereby a woman learns the socio-cultural expectations for women and adapts to these roles, both in her own psyche and mental image of what she is and wants in her life. Sarah Franklin talks about the feminist deconstruction of 'biological facts' (à la Sherry Ortner and others) as "challenging theories of biological determinism by turning to symbolic and structuralist accounts of culture." However, Franklin points out that the inherent problem with structuralist theories themselves "relied upon *a priori* constructions of sex and gender difference based upon the 'biological facts' of reproduction."[10] For me, the problem with 'biological facts of reproduction' is that in our postmodern/high tech context, we have exonerated ourselves of the 'fact' of this process by creating a mechanized control of the reproductive potential which renders it entirely suppressible. Biological reproduction is no longer a 'fact' but an option, and now only an option for some, with our contemporary problems with infertility. Yet now infertility is even reparable with invitro fertilization. Biological reproduction has been transformed into an entirely negotiable field in women's lives, and this provokes mixed emotions for women.

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[9] Rosaldo, M. and Lamphere, L., eds. "Introduction" in *Woman, Culture and Society*. Stanford: Stanford University Press, 1974, p. 8.
[10] Franklin, Sarah. "Conception among the anthropologists" in her book *Embodied Progress: A cultural account of assisted conception*. London: Routledge Press, 1997, pp. 18-19.

Franklin looks at "the point of encounter between nature, technology and choice." She examines "the power and the ambiguity of symbols and values...[whereby] the 'biological facts' of reproduction themselves become complex signifiers of both change and continuity in the context of their technological instrumentalisation...[in a context where a woman can] embody scientific progress as an expression of reproductive desire and consumer choice"(100). Franklin is investigating invitro fertilization (IVF), which is the flip side of the Pill, in terms of hormonal control of fertility. IVF serves as a technological jump-start to a sleeping or incapacitated reproductive system, or to use Yolanda's apt metaphor, *"it is like this genie in a bottle that you are trying to coax back out."*

In light of the discourse of desire for sexual reproduction, such as laid out by Dr. Corbeau above, Yanagisako situates gender and kinship as mere folk conceptions of the old schema of "biological facts of reproduction." She says, "Our model of the natural differences in the roles of men and women in sexual reproduction lies at the core of our studies of the cultural organization of gender."[11] Attitudes and feelings about reproduction are often tied to learned gender roles and expectations of what it means to be, as well as what should accompany being, male or female.

6.4 Cancer Risk

Fertility issues are of enormous concern for most women taking the birth control pill. Yet almost categorically, medical practitioners do not believe that fertility is at risk with the Pill. However, the real gray zone regarding the birth control pill concerns the Pill's unclear relationship with breast cancer. The fear of cancer is closely associated with

[11] Yanagisako, S.J. "The elementary structure of reproduction in kinship and gender studies", paper presented at the 1985 meeting of the American Anthropological Association, Washington, DC, 1985, p. 1.

the Pill for many women. Furthermore, I asked doctors about this risk and many agreed that indeed the relationship between cancer risk and the Pill is not completely understood.

Despite, or also perhaps because of the lack of clear, definitive evidence about the causal relationship between the Pill and cancer, most doctors believe that, for the most part, the benefits of taking the Pill outweigh the risk of breast cancer. One of the main dilemmas that doctors mentioned to me regarding breast cancer risk has to do with whether prescribing the Pill to a very young girl who has never experienced a pregnancy might provoke an episode of breast cancer at a younger age. Medically, this remains an unanswered question. Furthermore, current medical research continues to produce conflictual results, which obviously complicates the matter. But instead of merely focusing on what doctors recount, it is important to look at some of the current reports from research being done on breast cancer risk and the birth control pill.

As early as 1977, many of the contemporary hypotheses and concerns about the Pill and breast cancer risk were already being proposed. In 1977, Paffenbarger and Fasal published some results that indicated that oral contraceptive seemed to increase the risk of breast cancer for a woman with existing benign breast disease.[12] By 1981, most researchers believed that "the age at which a woman went through her first full-term pregnancy was a critical risk factor for breast cancer."[13] In this study, Pike worked with 163 breast cancer patients under thirty-five years of age when first diagnosed through the USC Cancer Surveillance Program, the cancer registry for Los Angeles County. "In their interviews and medical records he found a strong suggestion that any use of oral

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[12] Paffenbarger, Ralph S. Elfriede Fasal, et al. "Cancer risk as related to use of oral contraceptives during the fertile years." *Cancer*, April supplement, 1977.
[13] Pike, Malcolm C. "Oral contraceptive use and early abortion as risk factors for breast cancer in young women." *British Journal of Cancer*, vol. 43, 1981.

contraceptives by very young women before a first full-term pregnancy could double the risk of early-onset breast cancer."[14]

In March 1988, CASH [Cancer and Steroid Hormone study, in which the CDC joined forces with NICHD's Center for Population Research] investigators Stadel and Schlesselman published an analysis of CASH data. In this data, they showed an increased risk of breast cancer among childless women who had their first menstrual period before age thirteen, started taking birth control pills before age 20, and stayed on The Pill for more than eight years. For these women, the risk of early-onset breast cancer was a stunning 5.6 times higher than the norm.[15] Many of the women in my sample population fall into this category. Furthermore, numerous studies report similar if not identical statistics. For instance, Rinzler reports that a British study found "a 43 percent increase in the risk of breast cancer among those who had used birth control pills for at least four years. After eight years, the risk was 74 percent higher than normal ... [they estimated that] 1 out of every 5 breast cancers recorded in the British National Study could be attributed to the use of oral contraceptives."[16] Then a 1989 Swedish study showed "using The Pill for three to five years before age 25 doubled the risk of early-onset breast cancer. Among women who took The Pill for more than 5 years before age 25, the risk was 5.3 times the expected rate."[17]

To continue this verification, in June 1991 a WHO case/control study, the Collaborative Study of Steroid Contraceptives, highlighted "the higher incidence of

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[14] Rinzler, Carol Ann. *Estrogen and Breast Cancer: A Warning to Women.* New York: Macmillan Publishing Company, 1993, pp. 109-110.
[15] Schlesselman, James J., Bruce V. Stadel, Pamela Murray, and Sheng-han Lai. "Breast cancer in relation to early use of oral contraceptives." *Journal of American Medical Association*, March 1988.
[16] Chilvers, Clair, et al. "Oral contraceptives and breast cancer risk in young women." *Lancet*, May 6, 1989.
[17] Olsson, Hakan, et al. "Early oc use and breast cancer among pre-menopausal women: Final report from a study in southern Sweden." *Journal of the National Cancer Institute*, July 5, 1989.

breast cancer among women currently using The Pill." Furthermore, "Among women currently using birth control pills, the incidence of breast cancer was on average, 60 percent higher than it was for nonusers. The increase in risk was slightly lower (40 percent) for women who had been using The Pill only for a year or two, but for women whose current use exceeded nine years, the risk was 100 percent higher than it would have been without The Pill."[18]

More recently, a study whose findings were released in the *Lancet* show that women who use oral contraceptives "have a slightly higher risk of being diagnosed with breast cancer. Once women stop taking the Pill this higher risk begins to decline. Ten years later, women who took the Pill are no more likely to be diagnosed with breast cancer than women who never did."[19] A doctor's response was published in connection with this article, and her remarks are typical of what I heard from doctors in the course of my interviews. The doctor in case, Holly Atkinson, insists that it is necessary to weigh the risks and benefits of the Pill. In this light, she says, "The Pill decreases the risk of other female cancers, namely ovarian (deadlier than breast) and uterine cancer. And, of course, the Pill prevents pregnancy, which is far riskier to a woman's health than the Pill."

The issue here, of course, is what constitutes and defines risk. If risk is considered a disease category, into which cancer falls, Atkinson's assertion that pregnancy is more risky to a woman's health than taking the Pill is logically questionable. Atkinson's assertion leaves several factors unresolved. First, if a possibility of causality exists

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[18] Thomas, D.B. "The WHO collaborative study of neoplasia and steroid contraceptives: The influence of combined oral contraceptives on risk of neoplasms in developing and developed countries." *Contraception*, June 1991.
[19] "The Pill and Breast Cancer" *HealthNews*, July 16, 1996, p. 4.

between the Pill and cancer, taking the Pill must be understood to contain a significant element of risk. If taking the Pill is a risk-taking behavior because it introduces the an elevated risk of disease, a simple risk comparison cannot be made between the Pill and pregnancy because cancer risks are being underrepresented. Secondly, pregnancy and the Pill are not the only two options available to a woman, and discussing the two in opposition excludes other contraceptive methods as viable options. Yet Atkinson's discourse of Pill versus pregnancy risk recurs consistently among medical practitioners who are trying to persuade women to take the Pill. Clearly, evaluating and comparing various levels of 'risk' can become a rhetorical game.

Another 1996 publication of a study of 3,540 women performed between 1977 and 1992 indicates that "White women younger than 35 who have used oral contraceptives appear to be at a somewhat increased risk of breast cancer, with the risk being greatest for women who have used the Pill the longest."[20] Rosenberg's study was a case/control study which used "unconditional logistic regression analyses to determine the relative risk of breast cancer"[21] [Relative risk measures the risk of members of a specific group against a 'norm' established by a control group.] Results of this study indicate that "among women aged 25-34, those who had ever used the pill for one year or longer were 1.7 times as likely to be diagnosed with breast cancer as were women with no or limited use of oral contraceptives. Women aged 25-34 who had used the Pill for 10 or more years also had a significantly greater risk of breast cancer than nonusers (a relative risk of 2.5). Increased duration of Pill use as a trend was not significantly

[20] Rosenberg, L. et al. "Case-Control Study of Oral Contraceptive Use and Risk of Breast Cancer" *American Journal of Epidemiology*, 143: 25-37, 1996.
[21] "Long Duration of Pill Use Among Young Women Shows Possible Link to Elevated Breast Cancer Risk" *Family Planning Perspectives*, Vol.28, Number 5, September/October 1996, p. 238.

associated with an increasing trend in breast cancer risk in this age-group, though."[22] As far as increased risk of breast cancer if the Pill was used at an earlier age, the researchers found no significant risk increase for use before the age of 25. However, the time interval since last pill use was significantly associated with risk among women in this 25-34 year old age group. "Women who had last used the pill fewer than three years prior to the study had a risk of breast cancer nearly twice that of nonusers, while those who had last used the pill 10 or more years ago were not at an elevated risk relative to the comparison group…Women in this age-group who had used the pill within the past four years and for five or more years had a risk of breast cancer 1.7-2.9 times that of nonusers."[23]

The complicated and conflictual data that has been produced over the years regarding women's risks of breast cancer when they take the birth control pill has resulted in a medical stand-still. Doctors continue to prescribe the Pill at record rates and justify doing so because the contradictory reports in some way negate the dangers of breast cancer. If we don't have solid, conclusive evidence, then there is no reason for changing prescription patterns, many feel. In 1991 in the U.S., based on Ortho Pharmaceuticals 23rd edition of their annual study on the use of the Pill in the U.S., "15 percent of all American women age 15 to 17 used birth control pills in 1990. Among women age 18 to 24, the number is 49 percent; at age 25 to 29, 38 percent; at age 30 to 34, 23 percent; at age 35 to 39, 10 percent; at age 40 to 44, 4 percent."[24] This is an extraordinary number of women to be using a prescription drug for which breast cancer risks are still undetermined.

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[22] Ibid.
[23] Ibid.
[24] Rinzler, Carol Ann. *Estrogen and Breast Cancer: A Warning to Women.* New York: Macmillan Publishing Company, 1993, p. 131. Ortho Report from August 1991.

One possible and often untapped means of investigating the level of personal danger involved in taking the Pill could come in the form of a simple medical verification of family history of breast cancer or personal history of breast tumors. This would be a simple preventative measure, considering that there is fairly uniform evidence to indicate that consuming steroid hormones stimulates the growth of existing cancers in the body. Such a safeguard would not take much of a clinician's time, since it could be incorporated into the general information sheet, and this step could weed out the high-risk patients from taking the Pill and thus further augmenting their risks. Most doctors with whom I spoke do not ask these types of questions, nor do many see a history of breast cancer in the family as a counterindication. One community clinic, Head & Hands, obtains a thorough personal and family medical history and suggests alternative means of birth control for women at high risk for cancer. The nurse discusses all of the available contraceptive methods with each patient, including the various barrier methods as well as the IUD, with women for whom this method is appropriate. This approach obviously takes more time, but the level of care and efforts towards disease prevention are both noteworthy. Disease prevention should be a significant consideration in health care, especially when a woman's lifetime risk of breast cancer is currently 1-in-8.[25]

6.5 Pill Attrition

Of the women whom I interviewed, among those around the age of 25, I found a markedly high attrition rate of the Pill. While I discussed women's motives for stopping with them, I also asked doctors why they believe women stop taking the Pill at this period of their lives. In the case of women who stop using the Pill after having done so for

[25] National Cancer Institute's 1992 estimation.

anywhere from 5-10 years, side effects are rarely the central motive for cessation. Practitioner responses varied, but such variety reflects the complexity of the issue for women, as well as for doctors who often do not approve of their patients stopping the Pill.

Dr. Four's response to the question of why women stop taking the Pill was honest and seems representative of many women's vague, multivarious reasons. She says,

"*Pour les filles jeunes, quand elles n'ont plus de partenaire, elles arrêtent. Chez les autres femmes, il y en a qui n'aiment pas ça. Mais pas après la première année. J'ai plusieurs patientes qui ont pris la pilule pendant longtemps et elles sont tannées. Elles n'ont pas d'effets secondaires. Elles sont écoeurées. Elles sont tannées. Elles ne veulent pas de grossesse non plus. Ça arrive souvent*." [Quelles sont les motivations pour ce genre de réaction? N'est-ce pas le même groupe de femmes qui ne veut pas prendre un produit chimique?] "*Ça c'est les filles qui vont la prendre pendant deux ou trois mois parce qu'elles ont peur d'être enceintes. Elles ont peur dans le fond des effets plutôt. Mais il y a une catégorie de femmes qui ont pris la pilule depuis [l'âge de]18 ans, ça fait 10 ou 12 ans qu'elle l'ont prise: elles sont tannées*." [Mais pourquoi?] "*Je ne sais pas. C'est comme tous les jours, tout le temps. Il y a comme quelque chose à un moment donné qui se dit, c'est fatigant*."

Dr. Four's responses reflect the levels of complexity of motives for stopping the Pill, for different age groups and based on various ideologies. Dr. Dubois echoes some of the same reasons that Dr. Four sites for women quitting the Pill. She says, "*Pour devenir enceinte. Ou parce qu'elles sont tannées. Une impression que c'est la chimie, que c'est toxique. Je comprend. C'est ce que je me dis quand une femme me dit 'je suis écoeurée*

de la pilule, je n'essaie pas de la convaincre, parce que je sais qu'elle est écoeurée, elle n'en veut plus." The phrases about women being 'tannées' or 'écoeurée' are telling cultural markers, since these sayings are typically Québecois and convey a very familiar, specific meaning. To be 'tannées' or 'écoeurée' is to be seriously sick of something, worn out, like tanned hide, or emotionally exhausted from something, like your heart is beaten. The fact that two doctors used the same language to talk about the state that a woman arrives at when she quits the Pill is highly significant.

Another doctor, Dr. Lamote, said that the reason women that she sees quit the Pill is when their relationship ends. She also vaguely referred to the myth of needing to take a break from the Pill, and to this she said, "*C'est ben plus problématique si une femme arrête et recommence.*"

From another perspective, Dr. Corbeau sees much more of an ideological influence involved in women's reasoning, specifically adverse publicity. She says, "*La publicité. 'Adverse publicity': c'est ça qui fait le plus pour empêcher les femmes de prendre la pilule. Evidemment on va dire, 'c'est un lobby terrible. C'est la faute des compagnies pharmaceutiques, dirigées par des hommes, qui gagnent des milliards sur votre dos, qui manipulent votre corps'. Et quand vous entendez ça, qu'est-ce que vous pensez? On se sent très, très petite, et puis on se sent très manipulée. En même temps, on va souvent dire, comment est-ce que c'est qu'on est rendu sur la lune, dans l'espace, et on ne peut pas trouver les moyens de contrôler facilement la fertilité? En voila, on en a un, mais on ne veut pas l'accepter. On ne veux pas accepter ce qui vient avec ce moyen-là puis parfois avoir des effets secondaires, parce que tout geste qu'on porte, il y a un*

effet pervert. Tout geste qu'on porte a son contraire. Et l'important c'est de faire un équilibre. Quel choix est-ce que je fais à ce stade de ma vie?"

Here Dr. Corbeau refers to much of the feminist discourse of the 1970's which vocally and vehemently opposed the use of the birth control pill. Seventies feminist discourse saw the Pill as a means of socially controlling women, subjecting them to male technology and promoting the general oppression of women through control of their bodies. The limitations of this shrill discourse are blatant, yet Dr. Corbeau makes it sound mildly paranoid and conspiratorially minded. Actually 1970's anti-Pill activists played an important role in forcing the regulation of safety and educational measures of the birth control pill, and it made many women reconsider the prior liberation discourse about the Pill, which are two positive effects of feminist activist contestation of the Pill.

Finally, Marion from the women's health center said the reason that most women stop taking the Pill is due to negative physical side effects. Marion recounted that a significant number of women who call the clinic for information do so because they do not or no longer want to take the birth control pill. She also says: "*Il y a des femmes qui cherchent une méthode et qui disent de la pilule, 'on ne veut pas qu'elle vienne jouer dans mon corps.' Il y a pas mal de femmes qui sont contre la pilule en tant que méthode, parce qu'elles trouvent ça pas naturel finalement.*"

It would seem that many women are dissatisfied with the side effects of the Pill and express dissatisfaction with the Pill's invasiveness. One of Marion's complaints about the Pill is that since it has been presented to women as the only contraceptive method, it tends to disempower women. She says: "*C'est le choix de la femme si elle veut la prendre [la pilule], si on lui donne l'information qu'il faut. Ce qui n'est même pas*

évident parce que la pilule est souvent prescrite par les médecins comme La Seule méthode. C'est une manière aussi d'infantaliser les femmes, souvent des jeunes femmes, comme si elles n'ont rien à penser."

Many women see doctors as making their decision for them when doctors present the Pill as the only contraceptive option. Hence, although many women have taken the Pill at one time or anther, a large number of women fall into discontent about taking the Pill, for various personal reasons, whether these reasons be ideological, physical, emotional, economic, or linked to body image issues. Unfortunately, there does not seem to be an adequate place within the medical encounter for such discontent to be expressed or resolved.

Here, we have touched upon medical discourse that informs many of the perspectives of both practitioners and the culture at large. Furthermore, as we have seen above, since medical practitioner's concerns and perspectives on the Pill are often radically different from those of women patients, there is often a disjunction in the dialogue that occurs around the Pill. In the next chapter, we shall explore more of women's perspectives and experiences around communication within the medical encounter concerning the Pill.

Practitioner and Patient Communication and the Pill Experience

"Whereas biomedicine, in theory if not always in practice, presupposes a universal, a historical subject, critically interpretive medical anthropologists are confronted with rebellious and 'anarchic' bodies—bodies that refuse to conform (or submit) to presumably universal categories and concepts of diseases, distress, and medical efficacy."[1] I propose a close analysis of the incoherences in the communication and discourse between the medical subject, her unruly body and the medical practitioner. What are the zones of miscommunication between a woman and her doctor? Is the manner in which a woman's body is formulated and understood by the medical profession objectionable to a woman who comes in consistently as a patient for another year's medication prescription but is not ill? Where are the areas of silence, what goes unsaid for the patient, in terms of fears and questions that remain unasked?

Medical anthropology examines "the way in which all knowledge relating to the body, health, and illness is culturally constructed, negotiated, and renegotiated in a dynamic process through time and space."[2] This complex task requires a comprehensive regard into the multitudinous nature of medicine, the important process of therapeutic care, and what is of essence to our social system of healing.[3] It demands the unearthing of conflictual zones, the areas that do not work for patients, as well as the frustrations of practitioners. In this way, an invested, qualitatively reflective analysis may be gleaned

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[1] Ibid, p. 43.
[2] Ibid.
[3] Kleinman, Arthur. "What is Specific to Biomedicine?" in *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley: University of California Press, 1995, p. 21.

from the perceptions and ideas of the women and medical practitioners who spoke to me about their attitudes towards the birth control pill.

In considering the conflicts surrounding the contraceptive Pill, one factor that must be reckoned with concerns the way that individuals resist medical intervention and control over their bodies when such medical attention has been a normal state of affairs and a constant part of women's lives for decades. Certainly, social attitudes regarding women's sexuality and the Pill have fluctuated from decade to decade, but the issue that most interests me here is the way in which women express their discontent, whether outrightly or through bodily expression (which psychiatrists would refer to as somatization). As Rhodes adroitly underlines, "it is important to recognize the ways in which biomedicine also gives rise to resistance"(175). The lines of resistance are subtle and individual, yet often the body refuses what the mind cannot verbally articulate. Lock and Scheper-Hughes comment that, "The political nature of illness and the communicative subversive body remains an only partly conscious, and thereby protected, form of protest"(67).

7.1 From Her Own Mouth

Many women who refuse to take the birth control pill talk about the physical manifestations of discontent and pain that they experienced on the Pill. Marion, who works in the women's clinic, took the Pill for three months several years ago, but she experienced bodily changes that she didn't like. She told me how her ovaries ached when she didn't take the Pill on time, at a certain hour every night. She says,

"J'ai pris la pilule à 10 heures et vers 9 heures, j'ai commencé à sentir mes ovaires. C'était comme si mes ovaires étaient en manque. Comme s'ils ont eu besoin de

cette pilule-là pour se calmer ...C'était épouvantable. J'avais mal. Ça me faisait mal. C'était comme une brûlure au niveau des ovaires et comme si j'avais senti mes ovaires battre. Ce n'était pas spécial. Je ne sais pas au niveau des représentations ce que ça voulait dire, mais c'est comme si je les sentais. Il brulait.... Peut-être c'était le sang qui passait là-dedans, je ne sais absolument pas. Mais c'était douloureux avant que je prenne ma dose."

Marion explains feeling a slave to the Pill during the short time that she took it. Not only was the experience physically painful, but she felt her body growing dependent on a drug, an idea with which she is uncomfortable. Marion's statement that she felt her ovaries were in a state of withdrawal when she did not take the Pill at the usual hour in the evening is unique in my interview experience. In fact, this was the first time that I heard of this specific side effect, although numerous women spoke to me about the physical manifestations of pain, feelings of imbalance, or amenorrea that accompanied the cessation of the birth control pill.

Francine talked about experiencing the worst pain of her life when she stopped taking the Pill. She said, "*Quand j'ai arrêté par exemple, c'était l'enfer. Des douleurs incroyables, ah! Il y avait une fois quand mes parents sont venus nous visiter et c'était le moment de commencer mes règles. J'ai braillé! [Elle a etouffé ses pleurs pour ne pas réveiller ses parents. Son ami a demandé, 'est-ce que tu veux que je t'amène à l'hopital?']...J'ai jamais eu une [telle] douleur dans ma vie. C'était la douleur la plus élevée que j'aie eu. Une douleur, là! Ça faisait vraiment mal. Ce n'était pas juste des crampes. Ça c'était dans la période, les 2 ou 3 règles après [avoir arrêté]. J'ai pensé peut-être qu'il faut que je recommence [la Pilule] parce que ça faisait trop mal. Mais ça*

a arrêté. Au moins les trois menstruations qui ont suivi l'arrêt, ont eté ***extrèmement*** *douloureuses! Assez pour m'empêcher de fonctionner.*" Francine has never had painful cramps, whether taking the Pill or not, except during this three month period after she stopped the Pill.

Gilliane remarked on the noticable difference in her moods when she stopped taking the Pill. She says, "*J'étais plus intense. Et tu sais les trois jours avant les menstruations où on devient ...pour moi c'est fort. C'était un ouragan. J'étais OOOAH!! J'étais super sensible et tout ça... j'étais une vrai bombe pendant la période où j'ai arrêté de prendre la pilule. J'étais hyper-sensible! Et puis physiquement aussi: plus vulnérable, sensuelle, ça joue bien là-dessus. Moi, en tout cas.*" For Gilliane, stopping the Pill noticeably affected her on emotional and sensorial levels, which seems both positive and negative for her. She was more vulnerable and emotionally sensitive during this time, which may be perceived as difficult, yet she also describes positive attributes of herself feeling 'intense', 'physically sensitive', and 'very sensual'. She had stopped taking the Pill for six months because she wanted to get pregnant. Gilliane said she later realized that she had been trying to get pregnant to save the relationship and that it wasn't a good idea. Soon afterwards, she broke up with her boyfriend. Gilliane got back on the Pill soon afterwards and was still taking it when we spoke.

The emotional effects of the Pill, in terms of the way it alters a woman's moods or perceptions of the world, is one zone that has been largely ignored by doctors and scientific researchers of the Pill. Yet the birth control pill significantly hormonally alters the body. It represses the production of the follicle-stimulating hormone (FSH) from the pituitary gland, which hormonally communicates with the hypothalamus. The

hypothalamus is a part of the brain that affects important bodily mechanisms. It also develops an egg to the point of maturity that readies it for ovulation[4]. In general, doctors rarely discuss the possibility that the Pill may provoke depression, irritability or mood swings for many women. Many doctors do not discuss side effects with their patients, allowing the pamphlet that accompanies the birth control pill to suffice as adequate information. As one might expect, women who suffer serious side effects from the Pill are often infuriated by this lack of communication, like Bertrande, who had numerous side effects, including nausea, headaches and fatigue.

After taking the Pill for a month, Bertrande was experiencing very unpleasant side effects. She thus returned to her doctor to try to figure out what was happening, but the doctor was dismissive about her complaints. Bertrande asked questions about the side effects she was experiencing and the doctor responded: "*Ecoute, ce n'est pas grave. Prend une aspirine pour le mal de tête et une Gravole pour le mal de coeur.*" Bertrande answered back: "*Je lui avais dit, 'écoutez-moi, si mon corps me dit je ne veux pas de ta médecine, je ne vais pas l'assomer: le marteau pour la tête, le marteau pour le coeur.' Ça m'a vraiment dégoûtée. C'était le point de départ de ma réticence.*"

Women's level of satisfaction with their doctor's explanations of such side effects varies tremendously. Not surprisingly, the women who have a more comfortable and positive relationship with their doctor are often the ones whose appointment allows 30 minutes for discussion and the examination, as opposed to women who are dissatisfied and whose appointment usually lasts around 15 minutes. This extra 15 minutes allows for

[4] *The New Our Bodies, Ourselves*. Ed. The Boston Women's Health Book Collective. New York: Simon & Schuster Inc., 1992, pp. 255, 280.

an exchange about the patient's concerns and needs and gives the doctor time to transmit whatever information she sees as pertinent to the woman's particular case. Doctors who do not take this time have been described to me as 'rough', 'unapprochable', or 'cold'. Two women specifically said that the doctor acted rushed and had physically hurt them during the physical examination.

The most common term used in discussing the medical attitude towards the birth control pill refers to control. For some women, being certain about and having a firm control over one's fertility is reassuring and empowering. Maureen said very clearly, "*I like taking the Pill. In a way, I like being in control, taking the Pill. I kind of like feeling in control of my fertility.*" Also, when I was talking to Clarisse, the youngest woman I interviewed, about how taking the Pill affects the way that a woman perceives her body, she responded: "*C'est sûr que tu as une emprise sur ton corps à quelque part, un contrôle d'extérieurement. Je pense que c'est intérieur encore. Ce n'est pas ce que les gens voient.*"

When Isadora talked about the positive benefits of the Pill, control over her menstrual cycle was what she mentioned. Specifically, she said: "*The fact that it is really regular, like I know when [I'll have my period]. Also, I don't know if this is a good thing, like if don't want my period a certain week, I can stop taking the pill and then it comes and it is like I have control. Like it I were going camping. Or like if my boyfriend was away for six weeks and he was coming home, and I was having my period: No!*"

Three different kinds of control are referred to here, and all are positive for the woman speaking. For Maureen, the control is a general sense of empowerment, a feeling that she is taking responsibility and being proactive about her contraceptive

choices. For Clarisse, the control is more obscure, but seems to reflect an invisible body management, imperceptible to the outside eye, but inside, all is regulated and under control. Such a state may be especially important for Clarisse, because as an adolescent she suffered from an unusual medical state called 'l'upertophie mamaire' where her breasts became extremely large and she had to have an operation, because she couldn't hold her back straight due to their weight. She talked about being very complexed about her body at that time and indicated that it was very difficult. One can imagine that under such conditions, in which the body grows uncontrollably in an area that is so sensitive for adolescents anyway, that one would be particularly drawn to a substance that assures body regularity and control. For Isadora, the control comes with being able to negotiate the timing of her period to conform to events in her life. The ability to control one's body emerges in all three cases as an important boon of the Pill.

Indeed, most doctors present the Pill as the best way to obtain control over one's body, and it is often presented as the contraceptive panacea. To hear women recount what their doctors told them as arguments for taking the Pill are important indicators. For example, Caroline has a very positive relationship with her doctor and explained her doctor's logic regarding taking the Pill. When she discussed the Pill with her doctor, he stated that, *"le fait de tomber enceinte peut être aussi nocif que si on prennait la pilule pendant longtemps.*" However, Caroline goes on to point out, *"je ne sais pas, les effets à long terme, qu'est-ce que ça fait et tout ça; ils n'en parlent pas beaucoup, les médecins.*"

The problem with the doctor's discourse in this case is that he seems to assume that the Pill is the only viable contraceptive method capable of controlling female fertility and preventing a woman from getting pregnant. Giving a patient such an impression is an

inadequate medical approach, because while the Pill is quite effective and provides many women with a satisfactory experience, for others, the Pill is a fiasco and produces painful side effects and much unhappiness. The rationale for such an exclusive and limited presentation of contraceptive options is that the Pill has the highest rate of efficacy, which is impressive to many women who want to avoid pregnancy at all costs. However, the idea of bodily control is certainly not alluring to all women.

Esperanza talked about the control that the Pill presents in very mixed ways. She talked about the Pill on a primary level as solving many problems, but she follows with the conditions that a woman has to accept on various levels, regarding the issue of control. She says, "*[Avec la pilule], il n'y a pas de trouble nulle part. Tu es capable de plus sur ta sexualité, mais tu perds peut-etre contrôle sur la partie hormonale et en termes de la formation de ton corps. Tu perds peut-etre du contrôle là, mais sur ta sexualité, tu as plein de contrôle. Tu sacrifie un peu de ta santé pour avoir le contrôle pour ton plaisir*." Esperanza talks about the balance between these levels of control; indeed, she took the Pill for seven years, so obviously for a certain period of time, the convenience and the fertility control that the Pill offered outweighed the loss of control that she experienced on other levels. After seven years, she decided to take a break from the Pill, because she is a smoker and worried about the health risks, but also because she says, "*j'étais un peu tannée*."

Many see the mechanism of control as working against them rather than in their favor, as an infringement on their maturity, freedom, sense of self, and their own relationship with their body. The previously discussed women's clinic where Marion works promotes the education and availability of multiple forms of contraception which

serve as viable and reliable alternatives to the Pill. Yet Marion is distrustful of the Pill, and she says:

"*Moi, je suis méfiante. C'est vrai que j'ai une opinion a priori négative par rapport à la pilule ou d'autres méthodes qui se popularisent comme le Norplant. C'est des méthodes qui amènent à un certain contrôle de la population. ...Ça ne favorise pas chez les femmes une prise en charge de leur santé, de connaître le corps, de trouver des moyens naturels qui soient sans conséquences. Donc c'est plus à ce niveau-là que je suis sceptique par rapport à cette méthode de contraception.*"

Marion indicates that the use of the Pill cuts women off from an awareness of their bodily system, and she continues along these lines by saying:

"*Le système féminin est très complexe et si on vient jouer dans nos hormones, c'est très 'touchy' comme décision. Même les médecins ne savent pas tout ce qui se passe, tout les répercussions ...psychologiques, physiques.*"

Playing with the body's hormonal balance seems risky to Marion. Furthermore, as she holds a job that permits her to talk with women about their bodies, contraception, and abortion on a frequent basis, her statement that *"les femmes sont coupées de leur corps maintentant*" is an important one. When I asked her what she means by this statement, she explained,

"*Quand tu prends la pilule, il y a une sorte de déresponsabilisation qui se fait par rapport à ton propre fonctionnement en tant que femme, la connaissance que tu as de ton corps. Les femmes connaissent très peu la manière dont il fonctionne. Elles ne savent pas ce que c'est un utérus...Je ne dirais pas que les femmes sont coupées, parce que je ne veux pas généraliser, mais c'est un petit peu une recette miracle* [la pilule] *qui fait que ca*

a coupé beaucoup les femmes de leur corps et de leur fonctionnement. Il y a des femmes qui viennent ici pour l'atelier sur le cap cervical qui n'ont jamais mis leur doigt dans le vagin, qui n'ont jamais touché leur col. Je trouve ça un mauvais effet de la pilule."

Reasons other than contraceptive motives come into play in women's decisions to take the Pill. Two women talked about how starting to take the Pill was a way of transitioning into adulthood, like a rite of passage. Janice told me that, "*It was assumed by everybody that you would take the Pill. It was like you had graduated: you're a big girl now. You can take the Pill.* [Did it have something to do with becoming a woman?] *Yeah. Yeah! Yeah. There was definitely that side, growing up: a signature. Part of that comes with just having sex for the first time too. We're just in that tradition, but definitely it is followed through with the Pill.*" Taking the Pill as a sign of womanhood, of growing up, marks an important cultural moment for girls transitioning to becoming women. This allows the Pill to take on another dimension as a social symbol.

Patricia told me that starting to take the Pill was a rite of passage for her, a gesture laden with symbolic meaning. When Patricia went to the doctor to procure the Pill for the first time, she went with her girlfriend and her girlfriend's mother. She knew that her own Catholic mother would not be at all amenable to the idea, saying "*Elle n'a pas trouvé ça drôle, mais pas du tout!* " Patricia took matters into her own hands and went to the clinic to get the Pill. She recounts, *"Après c'était vraiment cérémonial. Chaque soir à 6 heures. Et la fierté associée là!...Mais* [ce processus de prendre la pilule] *est venu très naturellement, on n'a pas à se poser de questions, mais pas du tout, c'était comme s'il venait du soi. Vraiment. A 15, 16 [ans]. Et la fierté.*" For Patricia, the sense of identity and female adulthood associated with the Pill were essential and served as key elements

in her change in status between childhood and becoming an adult. She talked about how difficult it was to transition into adulthood, because her mother died when she was an adolescent. She described it very eloquently when she said, "*Le passage d'adulte est très difficile quand une adolescente perd sa mère. Le passage d'adulte devient difficile. La séparation de la mère est toujours difficile, mais c'est comme tous les fantasmes inconscients se passent très difficilement, dans la transition. Je me sentais très enfant, très adolescente. J'ai eu l'impression que c'était très difficile de devenir adulte. Et c'était lié avec le corps, je pense.*" It is impossible to guess how transitioning to adulthood appears to any given young woman, but Patricia clearly sees her beginning to take the Pill as the marker, the rite of passage, the first step in this process. How taking the Pill mingles with becoming a woman is a highly personal experience and necessarily differs for every woman. In any event, Patricia continues to feel very positively about the Pill and hence took it very happily for ten years, until stopping recently because she wants to try to get pregnant.

Far from this positive experience, Guadalupe got headaches from taking the Pill immediately after she started it. She said that she had neither trusted the Pill nor really wanted to take it when she started, but that peer pressure was so strong, to get on the Pill like everyone else, that she finally consented. She insists on this factor as primary to her taking the Pill when she says, "*Je l'ai prise pour être comme les autres*," and "*La pression autour de moi: les amies la prennaient*," and finally, "*Il y a comme une pression de la prendre*." The experience was highly negative for Guadalupe, and consequently, she took the Pill for only four months when she was 20 years old before quitting it for good.

7.2 Practitioner and Patient Communication

A woman's perceptions of and feelings about the birth control pill and the effect that these have on her encounter with the medical practitioner make for complicated relationships. The doctor is at once expert, authority figure, confessor, mommy or daddy. When a person is sick, reliance on such a figure is ambiguous but often obligatory with the onset of illness. However, when a woman visits her doctor to obtain contraception, she is not ill, but her medical encounter remains within the realm of the standard doctor/patient relationship where the doctor is in a position of power. Such a medical experience is disconcerting for some women and reassuring for others.

Many women talked about their dissatisfaction with their doctors and with the lack of communication that they feel with them. Carla spoke about her strong frustration with what her doctors did not tell her about taking the Pill. With doctors, she feels deceived and angry about being treated like a child. She says: "*Doctors never say anything about anything. That is why I am not crazy about going to doctors. I go because I have to. If you ask them something, they say: 'No, no, not really. Maybe it is you. It is your body. You have to get used to it.' Why can't they give you a straight answer? That is what I hate about these doctors. They are not honest. I mean, they know their product more than anybody else.*"

Carla stopped taking the Pill after she had gained 30 pounds. She is a smoker and was experiencing her arms going numb during the night. Carla was also having severe migraines 5 or 6 days a week. I asked her how her doctor responded to her stopping and she said: "*Well, you know doctors, how they are. 'Oh well, you don't need to get off the Pill. It's nothing really. If it bothers you, maybe it is the Pill.' Like they don't tell you it is*

[the Pill]. *That is what would aggravate me*." Since she stopped taking the Pill, she has only had one migraine in the past year, and that was due to being very stressed with work. She sees the migraines as directly caused by the Pill.

As well, Carla was extremely bothered by her weight gain and when I talked with her, she has just recently lost 30 pounds to get back to what she feels to be her normal size. "*The first doctor who put me on [the Pill], these were his words: 'Don't worry sweetheart. You won't gain an ounce.' Bullshit. Bullshit. I could kill him.*" Many women express similar sentiments of anger, frustration, distrust, or the perception of a lack of respect from the doctor, who is privy to and treats them for extremely personal and intimate matters related to their bodies and sexuality. Yet irrespective of a woman's comfort level with her doctor, there always remain unaddressed issues and areas of difficulty in this exchange, on the part of both the doctor and the patient.

Along these lines, Clarisse told me that she is concerned about how the Pill affects the bodily system. While she is very comfortable with taking the Pill, Clarisse wonders about the need for taking a break from the Pill. She says:

"*On se demande toujours: si tu n'as pas d'ovulation pendant un long laps de temps, si c'est bon pour le système et si le système va se rappeler comment faire des enfants à la longue? On se pose ces genres de questions-là, mais scientifiquement je ne sais pas du tout. Je sais que c'est chimique, ce que je prends, pour changer ce qui est naturel, et ça c'est sûr que j'y pense, mais je n'ai pas poussé avec ça.*"

The whole issue of fertility and the Pill is tied up in this subtle dilemma of how long is too long before the Pill adversely affects a woman's ability to have a child. Taking

the Pill is often seen as a calculated risk or a gamble, for certain women believe that the Pill affects different components of female fertility. For example, Guadalupe told me that she had heard on a scientific television program, "Decouverte," that taking the Pill for over ten years could change and thus determine the sex of an embryo, causing male sexed embryos to become female. Cultural myths like this one abound regarding fertility and the Pill.

Cynthia is also concerned about what effects taking hormones may have on future generations of children. She says specifically: "*When you take hormones, you can't know the effects until 20 or 30 years later. They're effecting us genetically. We are organic beings like a plant or an animal. And we are messing around with the genetic fabric of these organic beings and it effects later generations*." She goes on to add: "*You are talking about altering and messing with reproductive. You are talking about the continuation of the species literally. I think it's dangerous, really dangerous*." Cynthia is fairly New Age in her belief system, and clearly one of the premises of the movement centers on an avoidance of chemical or hormonal alteration, whether of food or one's own body.

Clarisse talked about fertility in a cultural framework and places it in a socially dynamic context, seeing pregnancy as a transfer from the religious sphere to the medical one. She states: "*C'est rendu plus médical que ça l'était dans le temps de la religion: c'était un cadeau. C'était quelque chose de spécial. À l'origine, c'était Dieu. Il y avait des dieux de fertilité et tout. C'est devenu quelque chose de plus médical. On est fertile ou on ne l'est pas, mais c'est à cause de comment on est fait dedans. [La fertilité] a perdu son côté mystique*."

7.3 The AIDS Risk

For all of the women whom I interviewed, that is, members of the generation between the ages of 23 and 38, the Pill has always been present and a factor of sexuality, whether as a negative, positive, or mixed experience. To take the Pill is a 'natural' part of reality for most women in this age group. Also, to most of the women of this age, the act of taking the Pill has been presented as normal, natural, and responsible by doctors, nurse practitioners and most adults. The Pill represents safety from pregnancy, and this was often adequate for the older members of my sample when they first became sexually active in the early eighties. However, for the younger interviewees, who became sexual in the late eighties and for whom the menace of HIV/AIDS has always been present as part of their sexual consciousness, the Pill is seen as clearly inadequate as an exclusive means of birth control, because it does not provide protection from STDs, including AIDS.

In the course of conducting interviews with doctors and other medical practitioners, I frequently asked doctors if the HIV/AIDS epidemic altered their attitude about prescribing the Pill, and almost unanimously the answer was no, which surprised me considerably. Many doctors seem to feel that 1) there is sufficient information in the media regarding HIV/AIDS and the importance of condom use that doctors do not need to stress it during their interaction with patients, and 2) that their particular patients are not at risk. Many women with whom I spoke about their medical encounters with doctors said that their doctors did not mention condom use to them at all. Often women said that the doctor asked at the beginning of the discussion whether they were in a stable relationship and if they said yes, protection from STDs or HIV/AIDS was never mentioned again.

For Clarisse, this was the case. She is the youngest member of my sample population, at 23. For her and for other women this age, the threat of HIV/AIDS has always been a present factor in her considerations of her sexuality. She told me,

"*C'était toujours pas question de l'attraper, le SIDA, et je fais tout pour pas que ça arrive... Mais oui, j'étais toujours très stressée avec ça. Je n'ai jamais vécu dans l'ère non-SIDA. C'était toujours 'condom, condom, condom'. Mais le médecin n'a jamais suggéré que j'utilise le condom. Mais peut-être c'est parce qu'il y avait toujours la question, 'est-ce que tu as un partenaire stable?' et donc si la réponse est oui, le médecin n'insiste pas.*"

When a doctor does not stress or even mention condom use as a necessary component of a woman's sexuality, doctor/patient discord arises, because the importance of self-protection from disease is a key issue for women. Even women who like their doctor very much are surprised by such a complacent stance. In responding to my question about whether her doctor's attitude about the prescription of the Pill had changed since the arrival of the AIDS epidemic, Caroline said that he had never mentioned a need for using both the Pill and the condom. She said:

"*C'est ça qui m'a étonnée. C'est justement quand j'avais arrêté [de prendre la pilule que] je m'étais dit, 'Ça donne rien de prendre la pilule si tu ne prends pas la capote. Tu n'as pas besoin de prendre la pilule.' Mais des médecins continuent à me dire que de juste prendre le préservatif n'est pas assez, qu'il faut aussi prendre la pilule en même temps. C'est ça qui m'a étonnée. [Le raisonnement c'est] parce que ce n'est pas à cent pourcent. Parce qu'il peut toujours arriver un accident ou quoi que ce soit.*"

Caroline's doctor convinced her to start taking the Pill again, yet she was shocked by the lack of importance that her doctor allotted the condom. However, Caroline is currently in a long-term relationship and feels confidant using only the Pill. Exclusive Pill use is only an option for a woman in a monogamous relationship, if both partners have been tested, but this is not a reality for all women, who must be much more careful in protecting themselves from STDs, including HIV/AIDS.

For some women with whom I spoke, the idea of taking the birth control pill is not even an option precisely because of the threat of AIDS. Hu Long responded to my question of whether she had ever considered taking the Pill in the following way: "*No. In fact, it has never crossed my mind. I think when I was younger I thought of it as an option, but I no longer do.* [why?] *The main reason is AIDS. I don't think that would be a safe method. And also because I haven't really been in a secure, well, long-term relationship, so I guess that in my age group I don't consider that to be something that I would want to try.*" [So it's not a safe option in your mind?] "*And not conducive to my relationships.*"

I asked Hu Long whether she thinks that women are afraid of contracting AIDS to the point that it has altered their behavior towards protecting themselves, and she answered:

"*I think increasingly so, but not as much as I wish. But I do [alter my behavior], because I have a lot of HIV gay friends, so I do a lot. I do the marches and it is definitely part of my vocabulary. It's part of my life. It is something that I can't imagine: not having protection against AIDS. That is of course scarier than being pregnant. But when I think about the Pill, I think about the possibility of catching AIDS.*"

Esperanza talked quite frankly about the rules that she sets with lovers about always using a condom. This is clearly not an area that is negotiable for her. She says, "*Maintenant, sans condom, point de salut; je veux rien savoir. ... Quand j'en ai discuté, ça m'est arrivé peut-être deux fois dans ma vie d'argumenter parce que la personne en face de moi ne voulait pas. Ce que j'ai repondu: c'est autant pour moi que pour toi. Tu couches avec tous les partenaires avec qui j'ai couché, et je couche avec tout les partenaires avec qui tu as couché. Ça m'intéresse pas que le forum baise ensemble.*" The strength and clarity that Esperanza exibits here is impressive. She has worked through the uncomfortable areas of condom negotiation and believes very firmly that one does not take risks with AIDS.

It has not always been so obvious, however. Esperanza talked about the couple of times that she did take chances with not using a condom, and the experience was so stressful for her, that she now chooses never to take such risks. "*Le coup de fois quand j'ai pris des risques, je n'ai pas trouvé ça le fun. Plein d'angoisse et la semaine après, je me retrouvais dans la clinique. ...Tu ne peux pas savoir. Et la personne elle-même ne le sait pas. Je peux avoir le SIDA et je ne sais même pas. Ce n'est pas écrit sur le front de la personne. Pour moi, ça a changé ma façon de voir.*" Esperanza has assumed control over risks involved in sexuality on multiple levels, at various times in her life: first over her fertility by taking the Pill for seven years, and now with avoiding STDs, including HIV/AIDS, in preferring the condom.

Francine also talked about the feeling of control that she has with the condom than with the Pill, although her reasons are more about pregnancy than AIDS. She says about the condom,

"*On connait la technique. Il n'y a pas de problème. Je n'ai pas peur du tout de tomber enceinte. Et puis, je ne veux pas tomber enceinte en ce moment, et je ne tomberai pas enceinte. Je me sens en capacité de le contrôler, plus qu'avec la pilule.*"

Furthermore, Francine goes on to critique the medical discourse on the Pill and the condom in contemporary culture where the threat of AIDS is so significant. She states:

"*Moi, j'ai l'impression que du côté médical, même le discours doit changer. Parce que pourquoi tu conseilleras à des adolescentes maintenant de prendre la pilule, alors qu'il y a tellement de maladies? Là, on ne va pas te conseiller de prendre la pilule, on va te conseiller de prendre le condom, comme ça tu es 'clean'. Ce n'est même plus une question des effets que ça va faire sur ta santé. C'est une question du fait que les autres choses pourraient faire sur ta santé, comment contrer ça? Et puis d'abord, il n'y a pas de publicité sur la pilule, il y a des publicités sur le condom actuellement, tu sais?*

C'est vrai qu'aussi il y a une question de l'acceptation du condom, parce que je veux dire, tu es mieux au moins de prendre la pilule si tu tombes sur un gars qui ne veut rien savoir du condom. Au moins, tu n'as pas le risque de tomber enceinte. Avec tous les risques, mais là, tu es vraiment mal barrée. Sauf que de toutes façons, si tu commences à coucher avec un gars et puis il ne veux pas le condom, mais tu devrais dire, 'Mais ben, mon gars…' Ça va être fini. Tu mettrais pas ta vie en danger rendue là. Ta vie et ta fertilité, parce que ce n'est pas necessairement le SIDA que tu vas prendre. Mais ça peut être des maladies qui font que tu ne sois pas fertile après.

Il y a aussi une question d'éducation sexuelle, effectivement. Je ne vois pas les relations sexuelles comme automatiquement la pénétration et la position missionaire et

puis… Dans ce contexte-là, je vois la pilule comme une espèce d'arrangement, pour vivre son quotidien relax, tu es avec ton chum, tu prends la pilule, tout va bien, c'est des habitudes. Pourtant avec le condom, je trouve ça plus intéressant. Tu vas l'utiliser et ça va être plus pratique."

These are women who are mature and responsible enough not to play games and take chances with their health and physical safety in terms of risk-taking behavior relating to condom use. The threat of AIDS is very pertinent for many of the women that I talked to, especially those who are not in monogamous relationships. However, the unfortunate reality seems to be that many doctors do not see the need to stress condom use to their patients, which a very dangerous practice from a public health perspective.

7.4 Differences in Perspective

Doctors and patient's health concerns about the Pill differ enormously. Doctors tend to be concerned about rare yet dangerous conditions which may result from the Pill, such as blood clots or migraines, while women are concerned about gaining weight, fertility issues, AIDS, and cancer. The doctors that I interviewed did not often mention the risks of cancer associated with the Pill, but since definitive proof has not been obtained either way as to causality, clearly cancer remains a concern for both practitioners and users alike.

Very different types of concerns about the Pill arise for patient and for practitioner. This difference in perspective is significant because it affects the ways that doctors and patients communicate. Dr. Four mentioned women's fears about gaining weight, about the effect that the Pill might have on fertility, specifically the risk of infertility, and cancer. All of these represent significant health risks or, in the case of

infertility, possible lifestyle alterations, and these cannot be discounted as illegitimate concerns. From the doctor's perspective, however, concerns are of a different nature. For Dr. Four, primary concerns are things like if a woman is a smoker over 35 years of age, as well as medical counterindications such as a breast or neurological problem, or tromboflobitis.

Dr. Lamote's concerns are identical to some of Dr. Four's. Specifically, she will not prescribe the Pill to a smoker over the age of 35, and she too mentioned the presence of tromboflobitis as a barrier to Pill prescription. Dr. Lamote is also reticient to prescribe the Pill to obese women over the age of 35.

Dr. Dubois talked about worrying about a woman having migraines, ostensibly because this can be a sign of a neurological problem caused by the Pill. She also mentioned that a woman may temporarily lose vision in one eye when she uses the Pill. A related incident actually happened to one of the women in the sample, Lilette. When she was on the Pill, there were times when her vision was divided into two different planes, as though both eyes were split in two vertically and then skewed, making everything appear misaligned and disjointed. This experience was obviously very upsetting to Lilette, but she did not go to see her doctor about it, but rather stopped taking the Pill shortly afterwards.

Perhaps due to vast differences in perspective between prescribing and consuming the Pill, communication between doctors and women about personal and medical concerns gets lost. The medical encounter is often so short, on average lasting around ten minutes, that women do not have time to get the information they want and need about the medication with which they are entering into a daily relationship. Doctors often ask if

a woman has any questions, but the quick medical encounter, with pressures to move onto the next patient in the full waiting room, is not conducive to personal and often emotionally-loaded discussions of sexuality, bodily risk and exposure to disease, and the meanings that taking the Pill may have for a woman.

Beauty Standards and Body Images

This chapter examines the social and cultural ways in which beauty standards inscribe meaning on the body. Women adopt, value, and incorporate cultural beauty norms into their expectations of their bodies and their perceptions of self. Delineating the ways that such beauty standards permeate North American culture is important to understanding the socio-cultural dynamics of body control. As a mechanism of social and body control, we see the role that the Pill plays in a culture where the sexual body is symbolically charged and centrally situated in the value system; in this light, the Pill is a crucial element of female body management.

The two realms of sexuality and body image are intricately intertwined, especially in North America, where female beauty is largely appraised on the appearance, allure, weight, and shape of the physical body and where to be sexual is to be beautiful. The sexual self is highly oversold and omnipresent in North America; consequently, women and girls have a color-illustrated image of what they are supposed to be and look like long before they become sexually active. The media pre-shapes women's images of their sexuality, and North American culture formulates expectations about the ideal physical body before young women have time to consciously consider such issues. Built into the North American consumerist culture is the essential transmission of a sense of inadequacy. Capitalist culture nurtures this feeling of inadequacy by making people desire what they lack so that they will spend more time and money obtaining what they think they are missing.

The super-model fascination in North America exemplifies such a cultural double-edged sword of expectation and inadequacy, relaying a powerful signal to women. "A generation ago, the average model weighed 8 percent less than the average American woman, whereas today she weighs 23 percent less."[1]

Maureen talked about her weight being an issue for her ever since she was a teenager. She said about her past, "*I would go through teenage angst about being too fat. I thought I was too fat. I still struggle with my weight. I think it took me awhile to feel truly comfortable in my body.*" Now, she is pleasantly round, but certainly not overweight. Maureen talks about how she has learned how to balance eating right, working out, and feeling in control about her weight. She talks about feeling "*pretty good about my body in general…You know, neurotic about it, but it is controllable…I don't think this is some unattainable, 'I want to be Kate Moss' thing.*" Maureen's reference to the super-model body is telling, for the gorgeous media referent always stalks the peripheries of women's minds, setting high standards about the perfect body.

Within the heterosexual model of desire, the super-thin super-model is posited as the ultimate sex symbol for men and thus a shape for women to emulate, albeit a shape that is difficult, if not impossible, for many women to achieve. This expectation, which a woman confronts daily in media publicity and popular culture, creates a profound dissatisfaction with the body and a feeling of physical inadequacy in many women. The body becomes a weight, a trap, something that is odious and overwhelming to deal with. As a consequence of culturally and socially-perpetuated and reinforced pressures on

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[1] Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women*. New York:

women to lose weight, often even when they are not overweight, dieting and various forms of self-starvation have become extremely common in North America.

8.1 The Starvation Artist

North America has the highest rate of anorexia and bulimia in the world. A million American women a year become anorexia or bulimic, and estimates ten years ago put the number of anorectics at 5 to 10 percent of all American girls and women.[2] Anorexia can be described as a control strategy whereby through self-denial and self-deprivation of food, women act out the ultimate stereotype of the female role by reproducing the ideal, diminished, childlike body, and in doing so, silently internalize the conflicts that they externally secede from. Remaining silent, anorectics repress their anger and deny conflict and feelings of powerlessness elsewhere in their lives by focusing their energy on losing weight.[3]

One anorectic talked about this control issue in the following way: "*My body was my ultimate and, to me, only weapon in my bid for autonomy. It was the only thing I owned, the only thing which could not be taken away from me...I had discovered an area of my life over which others had no control...What was going on in my body was as unreal, as devoid of meaning, as were the events in the outside world. The two were part of one whole, a whole of which 'I' was no part...*"[4]

William Morrow and Co, Inc. 1991, p. 184.

[2] Brumberg, Joan Jacobs. *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*. Cambridge, Mass.: Harvard University Press, 1988.

[3] *The New Our Bodies, Ourselves*. The Boston Women's Health Book Collective. New York: Simon & Schuster Inc. 1992, p 43.

[4] MacLeod, Sheila. *The Art of Starvation: A Story of Anorexia and Survival*. New York: Schocken Books, 1981, pp. 56, 66, 98.

In this woman's world, her body is a tool, specifically a 'weapon', a means of expressing resistance to parts of her life that cause her pain that she cannot, or chooses not to, vocalize. She also refers to a collusion between her body and the outside world, as though her body is a blank surface onto which the world projects its expectations, but she relates to this image of her body as though to a hostile stranger. Her self, her 'I', she explains as being no part of the conglomeration of her body and the world.

This foreign entity, the body/world, which she refers to as "unreal" and "devoid of meaning" seems to encroach on her subject self; thus, by imposing control and disciplining the body severely, she silently strikes at the outside world, which otherwise is too large and intimidating to fight. By losing weight and literally reducing the physical body, effectively making the body disappear, the woman demonstrates a control that she does not feel she has otherwise in her relations with the outside world.

The anorectic's coexistent body alienation and the need for tight control over the body closely parallels feelings that some women have about taking the birth control pill. The three-way split referred to above, where the subject self is perceived to be suppressed by, and dissociated from, both the body and the outside world, what I will call culture, is inherent to and closely mirrors the complexities that emerge with the use of the Pill. The notion of culture, however, must be clarified here in order to contextualize the way that the self, body, and culture can be so much in conflict.

The Comaroffs define culture as "the space of signifying practice, the semantic ground on which human beings seek to construct and represent themselves and others –

and, hence, society and history." They describe culture as a creative process, one in which the players are at times empowered. "This is where hegemony and ideology become salient…They are the two dominant ways in which power enters –or, more accurately, is entailed in culture."[5]

From a theoretical perspective, the co-mingling and translation of dominant cultural ideology into accepted hegemonic thought about female bodies is extremely important. Yet much of this transmogrification process, from ideology to belief, occurs between the lines, between what is said and what remains unspoken. When ideologies become anchored in the self, they become beliefs.

Continuing the discussion of the relationship between ideology and hegemonic belief, Foucault makes the distinction between two types of power: authoritative, institutional power (which can be distinctly coercive) vs. the more insidious and dispersed power that saturates the difficult-to-pin-down realms of "aesthetics and ethics, built form and bodily representation."[6] Further, Lock and Kaufert point to the importance of the second type of hegemonic power when examining how women's body politics emerge in the context of medicalization. The hegemonic belief structure of our culture encompasses the complex and nuanced cultural frameworks of female sexuality, women's images as various archetypes in our society, the female body, and gender roles. These all comprise and hence are entrenched in a woman's perceptions of herself and the way she interacts with the world.

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[55] Comaroff, J. and Comaroff, J.L. *Of Revelation and Revolution: Christianity, Colonialism and Consciousness in South Africa*. Vol. 1. Chicago: University of Chicago Press, 1991, p. 22.

Revisiting the body issue in the context of anorexia, another means of understanding anorexia is in light of a young woman's emerging sexuality. Instead of understanding the anorectic as a silenced resistor who turns her loss of control upon herself, one can interpret anorexia as a means of contesting the dilemmas associated with becoming an adult woman and a sexually-active being.

The young girl must contend with the hegemonic beliefs circulating around her since childhood about what it means to be a woman. In this sense, the starvation artist can be understood to be mortifying and negating the body and obliterating erotic longing, both from *outside*, in the destruction of the object of the gaze, which holds female beauty as its standard, and from *within*, in a refusal to become a sexual, desiring subject, fighting both physical and erotic hunger. By focusing all attention on her eating/not eating, the anorectic subjugates and, in some ways exorcises, the body, rendering it asexual in appearance, as well as physically reversing the transition to female adulthood by recreating a gender-neutral body, since menstruation stops once an anorectic has lost 30 percent of her normal body weight.[7]

In this line of thinking, the anorectic combats with tooth and nail the arrival of the sexually mature female body, which imposes itself, without her invitation or authorization, on a girl's recognizable, familiar body, as well as on her subject self and her personal identity. Menarche itself can be a traumatic experience for girls, such as for Francine, who thought that she was dying when she first started her period. The

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[6]Lock, M. and Kaufert, P., Eds. Introduction to *Pragmatic women and body politics*. Cambridge: Cambridge University Press, 1998, p. 6.
[7] Kaplan, Louise. *Female Perversions. The Temptations of Emma Bovary*. New York: Doubleday. 1991, pp. 455-466.

adolescent experience simultaneously contains issues of self, body image, sexuality, desirability, and wanting to forget the body's existence—in essence, all the contradictions and in-betweens involved in sexuality.

8.2 Body Images

Body image holds an integral place in women's orientations of their sexuality, self, and the spot they hold in the world. Regarding body perception, a 1984 *Glamour* survey of thirty-three thousand women indicate that 75 percent of those aged eighteen to thirty-five believed they were fat, while only 25 percent were medically overweight; furthermore, 45 percent of the *underweight* women thought they were too fat.[8] In terms of life priorities, survey respondents identified losing ten to fifteen pounds as their most desired goal, over success in work or in love. Although the Glamour survey occurred fourteen years ago, women's preoccupations with the body have not significantly diminished.

North American women continue to focus inordinate amounts of energy on controlling their body's weight, shape, and fat intake. An increasingly powerful consumer-oriented beauty market has evolved in both the U.S. and Canada. This market culturally prioritizes and determines standards of beauty that emphasize and equate slimness and sexiness. These standards are inherently lubricous and set women up for failure. Naomi Wolf talks about the North American weight obsession as "our uniquely modern neurosis. This great weight [fixation] bestowed on women, just when we were

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[8] Wooley, Drs. Wayne and Susan. "33,000 Women Tell How They Really Feel About Their Bodies," *Glamour*, February, 1984.

free to begin to forget them, new versions of low self-esteem, loss of control, and sexual shame." Judging herself on unrealistic terms, a woman can easily fixate on her supposedly inadequate and overabundant body. Consequently, her feelings of self-worth plummet as she focuses on little else: not on her political convictions, nor on her fascinating job or her sexual desires, but on the dimple in her thigh and the slight roundness of her belly.

Janice talked about her self-image problems stemming from weight issues. When she started taking the Pill, Janice had heard that she could expect to gain 5 pounds on the Pill. It seems like she was okay with that possibility, but she says, "*But I gained 15 pounds, and I didn't know if it was just from the Pill or if it had snowballed.* [I don't know whether] *I started to feel bad about my body and then something made me gain more weight or if it was all 15 pounds from the Pill. I couldn't really tell.*" Whatever the cause, this weight gain negatively impacted Janice's feelings of self-worth. She continues: "*I didn't feel good about myself. I felt really bloated. It stemmed from gaining weight* [the feeling bad about her body] *and that sort of snowballed. Then I started feeling bad about feeling bad about my body, then all those things coming back.*" Weight gain is so heavily stigmatized for women in North American culture, and it ties into deeply rooted feelings of self-worth. The body image dynamic is a heavily loaded one for Janice and for most women.

Despite this, it seems to me, based on my observations and on ethnographic data, that Montréal women have a better overall body image than many other North American women do. Women in Montréal display the cultural tendency of dressing quite sparsely,

not attempting to be provocative but rather there is a seeming freedom or lack of stigma about the body. Whereas in many North American cities, only women 'who have something to flaunt' will dress revealingly, in Montréal, women tend to wear minimal clothes and to feel light and empowered in doing so. My personal theory is that the Montréal winters are so long and bitterly cold, and the extended period of time that one must wear 15 layers of clothes becomes so tedious, that by the time spring finally arrives, people are ready and happy to wear as little as possible.

Furthermore, weight and body image are closely related to issues of sexuality. The liberating implications of procreation-free sexuality, as delivered by the Pill, have been tempered both by overt and covert voices that speak about women's sexuality, roles, and bodies. For instance, "Twiggy appeared in the pages of *Vogue* in 1965, simultaneously with the advent of the Pill, to cancel out its most radical implications. Like many beauty-myth symbols, she was double-edged, suggesting to women the freedom from the constraint of reproduction of earlier generations (since female fat is categorically understood by the subconscious as fertile sexuality), while ...[also suggesting] female weakness, asexuality, and hunger."[9]

The Women's Liberation Movement of the 1960's contested oppressive stereotypes and gender roles for women and asserted the Pill as a symbolic sign of such liberation from previous generation's constraints of the reproductive body. Yet despite much of the progress made by this social movement, media advancement of figures such as Twiggy contradicted the precepts of social liberation by refocusing women's attention

on their bodies. The message was clearly transmitted: although sexuality might be removed from the realm of procreation, women's lives must maintain a certain heteroglossia of meaning, linked to appearance and focused on the body. Socially, historically, and medically proscribed meanings of women's lives created and continue to create a complex network of filters through which women see and interpret their own lives.

For young girls lacking distance from their entrenched social roles and often not having much experience with social critique, perimeters defining female roles may be difficult to perceive. Furthermore, the change in perspective that young girls experience from "the infant's naïve pleasure in the body, to the woman's anguished confrontation with herself"[10] is clearly a culturally constructed transition. In this movement from unconsciousness to consciousness is the loss of the body as a source of pleasure and an increasing alienation from the body. This movement from an unconscious to a conscious state can also be understood as a move from the subject self to a culturally-constructed self, not entirely an object self, but one not completely in possession of the sense of agency that often comes with maturity, experience, and reflection.

As well, the adolescent transition from one state to another might be talked about in terms of Foucault's 'truth games', to which reference was made earlier. In a truth game, the individual goes through a process of ideological domination of the self, whereby some social discourse is absorbed and integrated into one's consciousness,

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[9]Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women.* New York: William Morrow and Co, Inc. 1991, p. 184-6.
[10] Chernin, Kim. *The Obsession: Reflections on the Tyranny of Slenderness.* New York: Harper Colophon Books, 1981, p. 22-23.

perhaps overtaking some beliefs that were previously well-anchored in the subject self. Often with adolescence (though sometimes earlier or later), a woman learns to criticize her body, and as antagonism towards the body grows, it is often expressed as a schism between the self, with which the individual identifies, and the physical body. At this point, women punish themselves for "the fullness of our own natural shape. [Women] hope instead to be able to reduce the body, to limit the urges and desires it feels, to remove the body from nature."[11]

The way that a woman feels about her body is infinitely complex and ever changing. The body is both the receptacle of the self, a private container of our identity, and the projection surface for all of society's expectations about what a woman should look like and be. This conflictual state correlates directly with two concepts presented earlier, Pandolfi's "crise de la présence" and Hegel's "sentiment du moi", both of which retain the notion of subjectivity in crisis. "Une crise de la présence" entails both a discombobulating of one's sense of self and a simultaneous bodily crisis, where a malaise is manifested in the body. External forces often evoke such a state of self examination. For some women, cultural stereotypes directly affect the way a woman perceives her own body, since the beauty myth mechanism works to create doubt, insecurity and a deep seated sense of inadequacy.

An example of the direct effect that beauty standards have on women appears in Isadora's words, as she talks about her frustrations and insecurities about her body, when she compares herself with a beauty ideal. Isadora is a petite, attractive woman: by media

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[11] Ibid.

standards, quite attractive. Despite her good looks, Isadora spoke vehemently about the conflicts between her feminist perspective; her personal, wounded feelings about beauty stereotypes that do not correspond with the way her body looks; and her jealousy about her boyfriend's attraction to the archetypal model body. Like many women in this age group, Isadora is conscious enough of cultural demands and expectations about the female body, as they are often discussed within the feminist model, to be able to rationally trace cultural media-reinforced stereotypes to her expectations and consequent bad feelings about herself and her body. However, her intellectual comprehension of these dynamics does not negate the power these cultural images hold over her. She says,

"It is terrible, I tell you, this beauty myth? Sometimes I feel fat. It depends really. Up and down. But I started working out; sometimes I think it is for the wrong reasons. I mean, I do feel good. I feel healthier; I feel strong. I may have started because I wanted to lose fat and trim up and tone my body, but then I did enjoy the other aspects, feeling powerful and all that stuff. And that did keep me going: it was really inspiring. But I think I still have a problem with my body image." [I ask, so when you say you think you started working out for the wrong reasons, it is because of what?] *"I wanted to have the perfect body."*[She laughs. I say, 'which is sort of cultural.'] *"Oh yeah, definitely. I fight it all the time. My friend and I say, 'We shouldn't be focusing on that. We're doing it just to be healthy now, right? Yeah, okay.' It's back and forth. We are aware of all the issues. We are not in the dark about it. It's sick how you still can't stop yourself from reacting to it. It is like a lifelong challenge. It's so sad."*

Isadora is not at all overweight, and the fact that her weight sometimes plagues her reiterates the power that media images maintain over women's visions of their own bodies. Furthermore, the dilemma does not end with conflicted images of her own body: Isadora recognizes that the conflict is multifaceted, affecting not only her self image but her relationship with others, as she juxtaposes and compares herself with other women. Herein lies the female envy/competition factor. "Under the [beauty] myth, the beauty of other women's bodies gives women pain, leading to what Kim Chernin calls our 'cruel obsession with the female body'."[12] Additionally, Isadora finds herself threatened by her boyfriend's attraction to other women who fit the North American beauty standard more successfully than she feels she does. Isadora says,

"[W]omen in Montreal are dressed so scantily. I hate it. I am walking down the street and I don't dress like that. I don't feel comfortable like that. People stare at these people and they are the ideal. It just drives me crazy. From a feminist perspective and from a personal perspective it hurts me because I don't look like that, so I don't get...Like I <u>*should*</u> *look like that and I am flawed from society's perspective. It drives me crazy. Like it hurts me because I see my boyfriend; he says, 'I understand all these things that are going on in society. I can't help it though. I was trained to like that. You can't undo it.' It sucks. And he doesn't always understand. He thinks that it is just me, the big feminist. Sometimes I think I present it that way. I forget to show that it hurts me. Because it's hard to do that... He thinks it is all an objective point of view. Really it hurts sometimes."*

[12] Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women.* New York: William Morrow and Co, Inc. 1991, p. 155.

In the context of Isadora's discussion of the complications of social expectations of the female body and their repercussions on a woman's state of self, we must consider the larger cultural conditions that situate a woman in society. These cultural expectations work on levels of body symbolism and of mores connected with behavior, such as rules of femininity. In our contemporary context, socio-cultural ideals have been confused in many ways, so that beauty ideals, feminist and professional orientations, and traditional expectations of female behavior often send conflictual messages of what a woman 'should' be.

8.3 The Feminine Female

As a counterbalance to the modern standards of female beauty, incorporated in the sexual body, certain historical, cultural standards of femininity remain firmly entrenched. To demonstrate this alternative, conflicting image of standards of female behavior, which is transmitted through mores and convention rather than modern media. I shall highlight various works that focusing on the symbolic and imaginary dimensions of the feminine in order to unpack some of the historical influences determining what [illegible] femininity and what being a woman entails.

Cultural ideals of feminine fertility go back to Simmel's era, when he asserted idealized images of placid metaphysical women, in their symbolic natural state, as we saw earlier. Such conceptions of female femininity clearly did not disappear. In the early part of the century, Walter Benjamin traced what Buci-Glucksmann calls "a system of feminine fictions that characterize modernity," and he investigated what he saw as the absence of a feminine culture. He saw woman as "an allegory of the modern," similar to

Simmel's earlier interpretations of the symbolic dimension of the feminine in the context of modernity.

Buci-Glucksmann explains Benjamin's system of feminine fictions as "an unconscious of vision that parallels the Freudian unconscious of desire."[13] The notion of an 'unconscious of vision' suggests that appearance, and specifically one's cultivated look, takes precedence and acquires multiple meanings in the valued hierarchical model. At the apex of the dominant model of contemporary society reigns appearance, and with it the sovereignty of that which *looks* beautiful, young, fit, and thin.

For Buci-Glucksmann, the feminine "becomes the inevitable sign of a new historic regime of seeing and 'not-seeing', of representable and unrepresentable." This dichotomy ties in directly with the conflictual situation of the modern woman and her body: that which is on display, to be viewed and judged in the commodity system of worth, versus the woman inside the body, who is not seeing but living the body, her subjective self.

In the North American context, in a cultural space which has supposedly been socially 'liberated', whether through the Sexual Revolution, Women's Liberation, or La Revolution Tranquille specific to Québec, women live multidimensionally, where appearance does not reign exclusively in the hierarchy of values. At the same time, however, North American cultural ideology values superficiality, artifice, and appearance

[13] Buci-Glucksmann, Christine. "Catastrophic Utopia: The Feminine as Allegory of the Modern" in *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century.* Eds. Catherine Gallagher and Thomas Laqueur. Berkeley: University of California Press, 1987, pp. 220-229.

as part of the consumer culture, and these values are easily internalized and thus become personal expectations.

The female body maintains a central place in both the Western imagination and its vision. Benjamin's focus on the "increasingly profound visibility of the feminine body"(224) contributes to Buci-Glucksmann's analysis of "the revolutionary character of the technical" which results in "serial and serialized bodies, interchangeable like those put to work in a factory"(224). Modern technology holds transformative power over the female body, through liposuction to get rid of unwanted fat, breast implants or reductions to augment or control 'unattractive' breasts, or steroid hormones to keep the body perky, and pregnancy or osteoporosis under control. As the visual focus on, and insistent scrutiny of, the female body increases, a standardized, 'serial' body emerges as part of a coherent Western visual currency. The metaphor of serialized bodies resounds particularly loudly within a technological framework, since through medical technology, the standardized, serial, fixable body is obtainable. This implies that the 'serial' adheres closely to the 'ideal' female body, which is a symbolic, circular, and powerful implication, since desire for this 'serial' body is constantly cultivated through Western media culture.

The desire to encapsulate or essentialize a female standard of beauty and desirability is a powerful mechanism of control. What Buci-Glucksmann calls "the masculine desire to immobilize, to *petrify* the feminine body"(224) refers to an absence of movement, of interactive discourse, which renders woman a hollow and alluring shell, void of volition, desire, will, or intellect. This beauty standard favors superficial physical

beauty, the beauty of artifice: trickster beauty. North American culture promises that physical beauty will grant woman a sense of power and worth, linked intrinsically to desirability. Yet as Buci-Glucksmann states, "Beauty petrified can only be a travesty of itself"(226). Moreover, "the woman's body, deprived of its maternal-body [or its erotic-body or its organic-body], becomes desirable only in its passage to the limit: as death-body, fragmented-body, petrified-body. It is as if the death of the organic body could only be represented as feminine, indeed to the point of being central to the perception of reality"(226). The finite choices of shapes that the media's gaze allows a woman's body to take creates a disturbing obsession for many women, even when they are intellectually aware of the power that socio-cultural beauty standards have in women's lives. Superficial and unrealistic beauty standards undermine what so many women have worked to achieve, including equality and a full sense of self that goes beyond the receiving end of the gaze.

Yet escaping the confines of such oppressive beauty standards cannot be accomplished in a vacuum. Beauty standards, female sexuality, and body image are integrally connected, and reorienting one implies redefining the others. Such a transition must occur on a cultural level, and transforming visions of the body entails reworking the educational system's approach to sexuality.

8.4 Teaching Sexuality

In developing a curriculum for teaching high-school-aged girls about the body, Nancy Lesko talks about the way that the body is used as a "primary site of identity

construction"[14] for girls and how style, consciousness of the body and sexuality, and attitudes about a woman's use of her own body contribute to her social place in the high school environment.

The body is central in women's identity construction, since women's bodies have been idealized, commodified, and controlled. Becoming feminine involves learning sets of attitudes and actions conceived and completed upon and through the body." Women's notions of the feminine ideals that they are supposed to adhere to are cultural constructs, and often they pose serious difficulty for women who are more interested in bypassing these standards than conforming to them.

Femininity issues are like quicksand, however—in the sense that femininity and female identity are often presented to girls as a package, a norm from which they ought not diverge. On the subjects of female sexuality and how girls learn about what this means.

"Germaine Greer wrote that women will be free when they have a positive definition of female sexuality. Such a definition might well render beauty [standards] completely neutral to women. A generation later, women still lack it. Female sexuality is not only negatively defined, it is negatively constructed. Women are vulnerable to absorbing the beauty myth's intervention in our sexuality because our sexual education is set up to insure that vulnerability. Female sexuality is turned inside out from birth, so

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[14] Lesko, Nancy. "The Curriculum of the Body: Lessons from a Catholic High School" in *Becoming Feminine: The Politics of Popular Culture.* Eds. Leslie Roman et al. London: The Falmer Press, 1988, pp.123-142.

'beauty' can take its place, keeping women's eyes lowered to their own bodies, glancing up only to check their reflections in the eyes of men."[15]

Naomi Wolf calls this tendency "outside-in eroticism" whereby female sexuality and desire are subverted in a cultivated focus on the Other. She goes on to say, "What little girls learn is not the desire for the other, but the desire to be desired. Girls learn to watch their sex along with the boys; that takes up the space that should be devoted to finding out about what they are wanting, and reading and writing about it, seeking it and getting it"(157).

Attempting to access this link between body image, cultural-media images of women's bodies, and the way that girls are taught about sexuality, I asked women throughout the course of my interviews about what their sexual education had entailed, and whether it was taught at school, at home, or by a nurse practitioner or a doctor. Many women whom I interviewed went to religious schools, whether Catholic, Jewish, or Protestant, and many were raised in religious homes. Despite their religious upbringings, only one of the women with whom I spoke goes to synagogue. None of the others go to church or synagogue, and no others consider themselves explicitly religious.

Québec is an ex-Catholic culture, in that many cultural and symbolic remnants of Catholicism remain strong in the culture even if the majority of the population has rejected Catholicism as an active belief system. Since the school context is an important site for the initial development of children's sexual identity, it is important to examine the

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[15] Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women.* New York: William Morrow and Co, Inc. 1991, p. 155.

way that Catholic girls' school tactics of approaching or denying sexuality influence the way that Québecoises understand sexuality.

I spoke at length to Francine about the development of her sexuality and her Catholic school education. She told me about what she considered to be the ridiculous manner in which sexuality was addressed in her school. Francine went to an all girl's school, and she was 14 years old when she heard the following discourse from the priest about sex:

"mais c'était vraiment ridicule. C'était un prêtre qui donnait le cours, okay? 'C'était quand les mariés s'aimaient qu'ils avaient un enfant.' Ils sont au bord d'une plage et PAF! Il y a un enfant. [On rit.] PAF! Comme ça! Et je pense qu'il a montré une photo d'un tampon, quelque chose comme ça. Une photo, d'une serviette hygiénique avec des bretelles, et puis il y en avaient qui étaient comme une ceinture, jamais, jamais, je n'ai jamais vu ça même à la pharmacie, mais j'ai vu ça à ce moment-là. Donc c'était très malhabile, que ça soit un prêtre -- c'était juste des filles -- que c'était un prêtre qui a donné un cours de sexualité. Tu as une image d'un couple au bord de la plage, puis il y a un coucher de soleil, les deux sont au bord de la plage, debouts, là, habillés [on rit] PAF! Un enfant! Il y avait absolument rien au niveau des, tu sais, il y avait des organes génitaux, c'était une tranche du corps humain, si tu veux, en coupe, là: Ça c'était un homme; ça c'était une femme, puis fin de l'histoire. On ne va pas dire ce qui rentre dans quoi, là, parce que le prêtre ne peut pas être trop compétent! Il peut se tromper!"

Furthermore, sexuality was an absolute taboo as a topic of conversation at home. Although Francine comes from a large family, with many brothers and sisters, sex was

never discussed. When she was 17 years old, Francine was baby-sitting her enfant male cousin, and she saw a male naked for the first time. She said to me that, "*j'étais triste de voir que mon neveu avait une malformation. Il avait deux grosses boules. Je ne savais pas du tout c'était quoi.*" Francine cried at menarche because she thought she was dying, as previously mentioned. Such a complete absence of information about one's own body, that of the opposite sex, or about human sexuality in general, is unusual for the women in my sample, yet a general discomfort or taboo about sexuality within the family setting is fairly standard.

Hu-Long went to secular school but was raised in the Korean Protestant church. She described her education around sex as minimal. In school, sexual education was not taught and within the Korean Protestant church, the subject of sexuality was strictly avoided. She describes the church as a context in which "*sexuality or dating or even adolescence isn't discussed very much at prayer meeting. There is a Sunday school class, but it is really based on being an individual in society and not so much a sexual being in society. But they really don't touch upon that at all. Definitely any method of contraception is not discussed. And dating wasn't encouraged at all.*"

In Hu Long's household, it was silently understood that the three sisters were not supposed to date. "*Every once in awhile my father would bring it up, but it was very rare. For him, it was discouraged until we were firmly finished with our university degrees. When you are a student, you have one goal: to finish school and get a job and then after that, you can do whatever you want. But my parents never liked it when we went out with boys or even going to parties.*" Hu Long told me about going to a non-Korean

Anglophone Canadian church once and they talked about love in the Sunday school class. "*In Korea* [sic—in Korean-Canadian church], *you really deal with the issues of the Bible. Not dating or peer pressure or other affairs of being an adolescent. Bible stories that dealt with sexuality, it was like 'that's what led to their downfall' kind of thing. They never went into it.*" What Hu Long describes is an avoidance of any discussion about sex, desire, and the body within the Protestant Anglophone religious culture. Throughout North America, avoidance seems to be the most common and comfortable approach to human sexuality. Such an attitude allows myths to be understood as truths. Within this framework, the body is generally referred to as shameful and dirty. Orientations of femininity and masculinity are thus based on stereotypes and cultural myths about the sexes.

Femininity is a necessary component of female identity in North American culture. This standard is difficult for many women, since the concept of what being feminine means is vague for many women. Certain attributes are often associated with femininity, such as being passive, quiet, demure, and pretty, yet these values are in direct conflict with more sexual or assertive images that women absorb through media-produced images. Consequently, many women have very conflictual reactions to and even unclear ideas of the meaning of femininity.

In attempting to pin down this ephemeral notion, Dorothy Smith describes femininity as a concept embedded in "the social construction of the phenomena it appears to describe, assembling a miscellaneous collection of instances…Its descriptive use relies

on our background and ordinary knowledge of everyday practices, which are the source and original of these instances."[16]

Smith enlarges her description in specifying that femininity is an active social construction. She describes it as "a social organization of relations among women and between women and men which is mediated by texts, that is, by the materially fixed forms of printed writing and images"(39). She insists on the role of texts as playing an influential role in the development of the social form of consciousness[17] that constitutes femininity. This is particularly relevant in the modern North American advertising culture, where texts, linguistically and visually transmitted, have incredible influence and bargaining power.

These "socially given forms of subjectivity" must be broken down into women's actual practices and activities as they interact with marketing texts for clothes and make-up. Smith envisions this exchange as a dialectic between the active, creative subject and the texts coordinating that subject, which results in a Foucauldian textually-mediated discourse (38-39). Yet this textual influence does not render the woman a passive subject, for she is constantly situated as both agent and object of femininity. The female role here is not that of an objectified being, but rather as the object of the very specific work of being feminine. Femininity is "symbolic terrain" that requires meticulous material practice to "bring it into being and sustain it"(41). Smith pinpoints the fashion industry as creating and transmitting paradigms to which women constantly shape themselves. This

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[16] Smith, Dorothy E. "Femininity as Discourse" in *Becoming Feminine: The Politics of Popular Culture*. Eds. Leslie Roman et al. London: The Falmer Press, 1988, p. 37-59.
[17] Marx, K. and Engels, G. *The German Ideology*. Moscow: Progress Publishers, 1976.

functions through the manufacturing of desire for an ideal visual self, or at least a corresponding body, which reflects the image paradigm.

"Discontent with the body is not just a happening of culture, it arises in the relation between text and she who finds in texts images reflecting upon the imperfections of her body"(47-48). The element of discontent is thus essential to the mechanism of a constant reformulation of the body and the desire for a perfect visual self. Interestingly enough, the influence of texts, whether printed images or television advertisements, is extraordinary because of their capacity to create a specific consciousness of self. As the discourse of femininity perpetuates itself through textual means, it creates entire meaning systems for women about what they ought to work towards becoming.

Several women with whom I spoke remarked on their own frustration with, and sometimes rebellion towards, standards of femininity that they felt they could not or did not want to live up to. One woman in particular, Bertrande, spoke about her conflictual feelings about her femininity. Bertrande is blonde and very pretty by cultural standards, yet she spoke vehemently about this issue. Cultural beauty standards anger her immensely, and she feels defined and confined by their rules over her behavior. She says:

"Je pense que c'est assez clair que la féminité pour moi était, je n'avais pas de tabou, mais c'est quelque chose que j'ai rejeté il y a longtemps." [Je lui demande qu'est-ce que ça veut dire, la féminité?] "Ce qui est attaché au côté féminin, disons, ce qui est plus attaché au stéréotype, ça, moi, je suis incapable. Je n'arrive pas, donc. Dans la société, pour être une femme, on doit répondre à un stéréotype et moi, je rejette ce stéréotype. Mais parce que je rejette ce stéréotype, je ne suis pas un androgyne, mais je

me trouve dans une espèce de vide entre les deux où parfois je me sens dans un état de digression parce que je ne conforme pas au stéréotype ...Pas toujours aujourd'hui, mais les hommes ont leur équivalent de stéréotype, complet, cravate; la bonne femme, le bon slip, le bon parfum, la bonne minceur...Quand je me trouve dans les situations, les soirées, les mariages, des réunions, où on devrait afficher une personnalité, j'ai une ambivalance parce que je ne veux pas porter des souliers à talons, je ne veux pas porter de mini-jupe parce que je n'aime pas m'en faire jouer des fleurs au tapis. ... Je ne suis pas capable de supporter ça. J'ai toujours vu ma mère en espadrilles. On a toujours contesté contre tout ce qui enchaîne les personnalités des femmes, qui empêche les choix personnels, plus loin que ces stéréotypes. Donc, c'est ça. J'ai de la difficulté avec ma féminité parce que je n'arrive pas à la développer en dehors des stéréotypes de mannequin. Est-ce qu'il faut faire une invention? Ce n'est pas clair."

Bertrande's awareness of and hostility to norms of femininity pose a dilemma for her, because while she rejects the stereotypes that delineate the rules of femininity, she is nonetheless angered and threatened by them. She knows the rules and works to overthrow them by completely banishing them from her life, but still she finds herself in "a sort of empty space" between femininity and androgyny. She feels herself inadequate at times, as though she were in "a state of digression" because she doesn't fit the stereotypes that women are **supposed** to conform to. Hence, Bertrande is neither free from femininity stereotypes, because she finds herself reacting against them, nor completely comfortable with her renegade status as a nonconforming female. In Smith's terms, then, Bertrande rejects the textual delineation of meaning of femininity and the uniform, disciplined

female body, yet as she is self-conscious and engaged in a cultural context which promotes such textual images of femininity, she is somewhat trapped in a catch-22 state of dissatisfaction: being able neither to participate in a system which she finds oppressive and false nor to overthrow the hold that femininity standards have in her life. Bertrande's position represents the complicated ambiguity of being invested in conflictual systems of meaning: one which women are so inundated with through cultural texts and messages, and the other which she and other women are attempting to create in response, as a proactive attempt to overthrow and deny such beauty stereotypes and standards for femininity.

Patricia also has complicated feelings about her femininity and how it relates to her body image and her sexuality. For her, conflict with her femininity has to do with feeling that she has trouble with her own body, and this conflict manifests itself in a denial of her body's capacity for movement. She talks about feeling petrified in her body, unable to move, embarrassed and frozen in place. Specifically, she says:

"Il y a plein de conflits, moi, dans mon corps. Il y a plein de choses dont je n'ai jamais pris soin de ce côté plus féminin…il y a plein de choses. Au niveau de bouger, si je suis gênée—je reste à plus bouger -- dans une pièce. Mais aussi, je suis en thérapie, je me pose beaucoup de questions, je travaille beaucoup de choses. Je fais de la céramique… J'essaie de voir mon corps différemment. Je me sens mieux."

Patricia is consciously working on remedying some of the conflicts that she has historically had with her body and her femininity, but such mammoth negative bodily impressions are not always obvious to deflate. The way a woman feels about social norms

of femininity and standards of beauty and desirability directly affects how she deals with sexuality and feels about her own body.

The issues of desirability and erotic agency are intermingled and may be seen as passive and active edges of the spectrum of publicly negotiated (or textually negotiated, borrowing Smith's phrase) visions of sexuality. As historian Susan Cole says, the way to instill social values is to eroticize them. In North American culture, sexuality is used as a tool, whereby "versions of desire"[18] are promoted and glamorized. Yet in the media, sexuality has been reduced to beauty images, which tie directly into women's obsessions about their bodies, rather than presenting positive erotic landscapes worth exploring.

"Young women now are being bombarded with a kind of radiation sickness brought on by overexposure to images of beauty pornography [standards], the only source offered them of ways to imagine female sexuality. They go out into the world sexually unprotected: stripped of the repressive assurance of their sexual value conferred by virginity or a diamond ring—one's sexuality was worth something all too concrete in the days when a man contracted to work for a lifetime to maintain access to it –and not yet armed with a sense of innate sexual pride. Before 1960, 'good' and 'bad,' as applied to women, corresponded with 'nonsexual' and 'sexual.' After the rise of beauty pornography and the sexual half-revolution, 'good' began to mean 'beautiful-(thin)-hence-sexual' and 'bad' meant 'ugly-(fat)-hence-nonsexual'."[19]

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[18] Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women.* New York: William Morrow and Co, Inc. 1991, p. 142.

[19] Ibid, p. 163.

Through this cultural mechanism, sex gets "flattened" into a beauty standard that is effectively unobtainable for most women. Body image is invested in the sexual dynamic of desire, which creates a natural hesitance for women around the issue of sex. Furthermore, this hesitance is perpetually reinforced by the cultural modesty and shame attached to female sexuality. As Sallie Tisdale remarks, "One of the most pervasive modern American fears is that of the ordinary human body. We suffer an almost complete physical dysphoria, a cultural illness of physical inadequacy and shame."[20] One of the main sustainers of this shame and silence around sexuality relates back to that 'outside-in eroticism' cultivated in women, who are taught, through standards of beauty and femininity, that girls are supposed to desire being desired, not to desire on their own terms.[21] So women must unlearn these complicated cultural dynamics. Yet the good news is that this is becoming increasingly feasible, since we are part of a time in which "the edges are falling apart, angels and sinners are trading places."[22]

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[20] Tisdale, Sallie. *Talk Dirty to Me: An Intimate Philosophy of Sex*. New York: Doubleday, 1994, p. 19.

[21] Wolf, Naomi. *The Beauty Myth: How Images of Beauty are Used Against Women*. New York: William Morrow and Co, Inc. 1991, p. 157.

[22] Tisdale, Sallie. *Talk Dirty to Me: An Intimate Philosophy of Sex*. New York: Doubleday, 1994, p. 39.

Forgetting the Body

To communicate about sex and about how we feel about our bodies is difficult. Language does not easily lend itself to these subjects. In my interviews with Montréal women, while talking about attitudes towards the birth control pill, we also discussed far-ranging issues and complexities related to sexuality and the relationship that a woman has with her body. During these discussions, it became clear that many women have extreme difficulty accepting their bodies and that a relatively common reaction to this feeling is to attempt to 'forget' the body. While doing so is logistically problematic on one level, the mechanism of 'forgetting' or abnegating one's body is intrinsically related to the medical process of taking the birth control pill. Controlling the female body thus takes on myriad, extremely complex dimensions.

One response mechanism that women use in attempting to reduce both the body's social and cultural importance and its influence on the individual's sense of self is to deny or try to forget the body. The mental process of attempting to negate one's body is a crucial coping mechanism for many women. As women try to "change their mental concept of their bodies," they consciously divide the body from their own sense of their 'self'. As Crook says, "Some believe they have an inner core which remains admirable and acceptable and which is unrelated to their physical body. They divorce their minds from their bodies and reject their physical appearance. Many women have difficulty knowing what size they are because their mental body image is so very different from their physical body.

Many women—perfectly normal women in other respects—talk about their bodies as if they didn't belong to them."[1]

The mental process of attempting to negate the body becomes crucial in women's relationship with the birth control pill. Generally, the North American cultural attitude towards sex tends towards repression. Our socio-cultural mores contain a propensity to ignore, overlook, or forget key elements of human nature, specifically sexual desire, the body, and the need for intimacy and communication. Yet the contradictory relationship that we maintain with these subjects is extremely complex. Sexual issues impose a delicate equilibrium on the body, fluctuating between a constant focus on the body, as promulgated by the media's gaze, and a will to ignore and forget the body. This forgetting mechanism, the ironic and difficult game of consciously trying to not think about something, functions in the interstices. Attempting to forget the body occurs between the spoken and silent, in the gray zone between what can be expressed and what is lived outside of language. It often seems difficult to wrap language around corporal experience, as well as to make it describe the conflictual emotional, psychic, and relational landscapes that can exist around bodies and sexual relations with, or feelings about, another person.

Sexuality combines an intricate mix of spaces, des lieux multiples et diverse, both for the individual and partners, and these spaces are often awkwardly navigated. These spaces contain fragile borders, and often issues

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[1] Crook, Marion. *The Body Image Trap: Understanding and Rejecting Body Image Myths.* Vancouver: International Self-Counsel Press, Ltd. 1991, p. 34.

concerning sexuality swagger among vocalizable limits, that which can be put into language and communicated.

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"The thing he always found most interesting about a woman during intercourse was her face. The motions of her body seemed to set a large reel of film rolling, and her face was the television screen the film was projected onto. It was an exciting film full of turbulence, expectation, excitement, pain, cries, tenderness, and spite. Unfortunately, Edwige's face was a blank screen, and Jan would stare at it, tormented by questions he could find no answers for... [T]hey had fallen into a strange pattern. Though normally talkative and open with each other, they would both lose the power of speech once their bodies intertwined."[2]

Kundera formulates the zones of silence around sexuality and selfhood in terms of 'borders', reflecting the geographical sense of the term, but referring specifically to "an intangible and immaterial border" that is always a factor in human life. This border can divide or join individuals, and ironically, the distance between these options remains minuscule. In other words, the distinction between human connection and alienation can be relatively arbitrary. The idiom of the border between people is at once subjective and relational, but it is a form of expression that circulates silently.

Although the issue of the availability of language within the context of sex contains a component of trust and intimacy, there is the more

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[2] Kundera, Milan. "The Border" in *The Book of Laughter and Forgetting.* New York: Penguin Books, 1980, pp.195-196.

ephemeral component of revelation. A revelation is an intimate self-disclosure and/or communication: within the erotic revelatory instance, there is a giving up of something, an exposure, but there is also a personal gaining of clarity, an epiphany of sorts. Within the realm of sexuality, the erotic revelation operates on myriad levels: the body has its own timing and means of expression, which exist outside of the individual's control. The self is present and implicated, along with the body, but in another dimension, a space that is non-physical and non-intellectual, which one might call a phenomenological, revelatory space. Such a space can contain non-processed sensation or this can be translated into a certain communicable agency. However, the individual encounters numerous boundaries when moving from the experiential realm to verbal expression about that realm. Locating adequate language to talk about sexuality is difficult, so we often chose symbolic or visual imagery to describe feelings about sexuality and the body.

Symbolic metaphors facilitate talking about the body and sex because such unspecific, poetic language negotiates among multiple levels of meaning. Lawrence Kirmayer talks about the variety of arenas in which metaphors work, since they possess sensorial, affective, and conceptual connotations and thus fusion diverse levels of signification within the same cognitive or verbal act.[3] Furthermore, metaphors transform experience and allot signification. In terms of

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[3] Kirmayer, Lawrence. "Healing and Invention of Metaphor: The Effectiveness of Symbols Revisited" in *Culture, Medicine, and Psychiatry*, 17:2, 1993.

symbolic signification, metaphors highlight the "creative, evocative, and inventive powers of language and the imagination."[4]

Finally, while metaphor serves to represent in an ulterior mode that which exists, it is not limited to this; it also formulates that which is conceivable.[5] To do so lends an event or feeling a certain realness. To circumscribe something linguistically, to delineate its perimeters, removes it from the abstract and begins to concretize it. Yet since metaphoric language works on an abstract level, with its figurative imagery and symbolism, to discuss sensitive issues metaphorically can be understood as a safe zone between the abstract and the concrete, conceptualizing things between amorphous thought or feeling and specific, overtly definitive and committal language.

Metaphors can also structure our corporal experiences and knowledge, things that are inscribed in the body but which cannot be articulated or described verbally. (Kirmayer, 1993). This invokes the notion of embodiment. Paul Valery talks about the contradictory nature of embodiment, the inherent conflict between "the stability that we feel about who we are, and the flux of that identity's incorporation."[6] He says, "We speak of [the body] to others as of a thing that belongs to us; but for us it is not entirely a thing; and it belongs to us a little less than we belong to it . . . This thing that is so much mine and yet so mysteriously and sometimes ---always, in the end--- our most redoubtable

[4] Kirmayer, Lawrence. "La Folie de la métaphor" in Folies/ Espaces de sens. Anthropologie et Sociétés. 17/1-2, 1993, pp. 43-56.
[5] Levin, S.R. *Metaphoric Worlds: Conceptions of a Romantic Nature*. New Haven: Yale University Press, 1988.
[6] Kirby, Vicki. *Telling Flesh: The Substance of the Corporeal*. New York: Routledge, 1997, p. 65.

antagonist, is the most urgent, the most constant and the most variable thing imaginable: for it carries with it all constancy and all variation."[7]

This beautifully anguished and accurate description exposes the conflictual perception that we have of our self as at once represented by and separate from our body. Yet embodiment, being in our own body and the meaning that surrounds that experience, can be dangerously contradictory and unsatisfactory in representing who we feel that we are, exposing on the outside a facade-self that does not correlate with our internal sense of self.

Paul Valery's previous statement paints the body as a dangerous annex to our self, which we possess and at the same time are possessed by. "It is as if we are held hostage *within* the body, *em*bodied, such that the site of self, the stuff of thinking and consciousness, is an isolate made of quite different matter."[8] The metaphor of being held hostage within the body is an apt descriptor of the way many women feel about being inside their bodies, in some true way, as opposed to being defined by the outward body which defies them.

With our Western cultural history of body/mind dichotomization, an important distinction is made between the inside and the outside, the self and the body. This body/self can be seen as foils for each other, creating a distorted reflection of both, in the two-dimensional way that the vision of one affects, but does not fully represent, the other. Derrida says: "The outside bears with the

[7] Valéry, P. "Some Simple Reflections on the Body." In M. Feher with R. Naddaff and N. Tazi (eds.) *Fragments for a History of the Human Body Part Two.* New York: Urzone, 1989, pp. 398-99.

[8] Kirby, Vicki. *Telling Flesh: The Substance of the Corporeal.* New York: Routledge, 1997, p. 73.

inside a relationship that is, as usual, anything but simple exteriority. The meaning of the outside was always present within the inside, imprisoned outside the outside, and vice versa."[9] Like Kirby, Derrida talks about the body as imprisonment and reveals the bidirectionality and mutual influence, importance, and dependence of perceptions of inside and outside for the individual. He goes further to point to the ways in which inside visions override ways of seeing, and thus to some extent disallow being able to see the outside with any perspective, since such visions are predefined and kept in separate and exclusive compartments. The ways that inside and outside affect one's sense of self are discussed elsewhere, but the issue of bodily imprisonment, feeling trapped inside of a foreign yet familiar body, is central here, since an important focus of my interviews revolved around embodied experience and self-perception. One notable feature that emerged in my interviews was a feeling of being disenfranchised and disassociated from one's body, especially regarding the schism between self and body, and as a result of this, the need to deny and in some way expunge the importance of the physical body.

This tendency towards denial or wanting to forget the physical body emerged frequently in my interviews with women, when they spoke about how they feel about their own bodies. This conflictual dynamic, in which the mind wants to erase or negate the body, implies different issues for different women.

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[9] Derrida, J. *Of Grammatology*, trans. G. Spivak. Baltimore and London: Johns Hopkins University Press, 1984, p.35.

For Patricia, the sensation of being oppressed by her body is a feeling that she is working on, yet doing so continues to be both a struggle and a learning process. She is now twenty-six years old, and she explains that around the age of 25, she went through a major re-evaluation of her attitudes about her body. Patricia experienced this time as a major turning point, and she began examining the way she felt about her body and the implications of these feelings. When I asked her how she feels about her body, she responded:

"*C'est une grande question, ça. Il y a tellement de choses qu'on ne voit pas parfois. J'ai realisé, il y a à peu près un an, que je me sentais prisonnière dans mon corps. Qu'il m'étouffait, je n'étais pas bien, que j'ai eu plein d'interdits. Je m'interessait pas ... Je n'ai été jamais complexée, mais j'ai toujours fait comme si je n'avais pas de corps. Es-tu capable de comprendre ca? C'est ça.*"

Here Patricia speaks about feeling stifled and suffocated in her body, and once again, the metaphor of being a prisoner of the body arises. Her statement that 'there are sometimes so many things that we don't see' evokes Derrida's discussion of the estrangement between the inside and the outside, a distance which blinds a person to, and paralyzes one's ability to understand, her own behaviors. Yet such an inability to understand or reflect on one's own attitudes and behaviors does not imply a denial or a conscious refusal to do so. Rather, the separation between inside and out, between self and body, is so instilled in our perceptions that a certain level of maturity and self-investigation is required before formulated questions can even surface.

Patricia refers to her body 'smothering' her and mentions realizing that she had many taboos about her body. The way that she now sees herself, contrasting so extremely with what she seems to see as the previous year's absence of vision, indicates that she has undergone an important process. I asked her what precipitated this change, and while she did not refer to a specific event, she talks about a time during which she asked herself serious questions and evaluated her attitudes towards her body and her sexuality.

In discussing her attitudes towards her body from the previous year, she refers to a negative stage, where she did not feel good about herself and did not "interest herself." She talks about herself during that time as a stranger. This period of low self-esteem is further intensified in her next statement, where she proclaims that 'I acted as though I didn't have a body'. Such an abnegation of one's own body indicates a profound alienation and a schism between the self and the body. To talk about making a concerted effort to forget or ignore the body, attempting to make an absence of it, introduces the issue of simultaneous bodily absence and presence.

The irony of the absence/presence dichotomy around the issue of the body is particularly striking. Since the body is inescapably present and cannot be erased or made absent, the best that one can do when trying to force it away into absence is to ignore or try to forget the body. When one does not allow the body to play a role in one's personal identity, or when the negative bodily associations are too difficult to face or negotiate, the individual can mentally block out the body, forcibly eradicating its importance, or if enough will is invoked, its place within

the frame of identity reference. In this schema, the self is present and the body is described as absent. Performing such disappearing acts on the body is a way of liberating the self from what can sometimes feel like the unalterable, uncontrollable confines of the body.

Interestingly, Caroline speaks about her body in an almost identical language of negation. She is slightly plump and pretty, though she doesn't seem to think that the latter is true. When I asked Caroline how she feels about her body, she expresses a nebulous dissatisfaction with it, as though she doesn't feel that her mental image of herself fits into her body correctly (echoing Crook's earlier point about a feeling of disjunction with one's body image). Caroline then reiterates, in the exact wording, the sentiment that Patricia expressed when she says that sometimes she acts as though 'she didn't have a body'. Specifically, she says:

"*Ça dépend des fois, mais des fois, j'ai comme l'impression que je ne suis pas toujours comme je voudrais être dans mon corps. C'est plutôt comme ça... je pourrais être plus, faire plus attention à mon corps, ...faire plus de sport, dans ce sens-là. Je trouve que des fois, je fais comme si je n'avais pas de corps...Il y a des gens qui ont plus un rapport. Ils font vraiment attention à leur corps, pratiquement c'est plus ou moins, plus un rapport: je suis distante par rapport à ça.*"

Several distinct factors emerge in Caroline's statement: first, she sees herself as not doing something that she feels she **should** do for her body, particularly sports. This bothers her, and she compares herself with other people

who tend to their bodies more. She judges herself lacking when she compares herself both with other people's bodies and with their relationship with their bodies. From her external perspective, Caroline is constrained by her comparison with others, and from an internal one, she is dissatisfied with her body. Her statement that 'I am not always as I would like to be in my body' clearly reflects this dissatisfaction. Yet explaining further, Caroline unknowingly repeats verbatim Patricia's words, when she says: “I find that sometimes I act as though I don't have a body.” The way that Caroline's dissatisfaction with her body finds expression is through a swampy disembodiment, a lack of correlation of her 'self' with her body-package.

Such a revealing and problematic statement about corporeality emerging twice, from two different women, indicates a deep-seated corporeal malaise. Going further, we could see this as a rejection of the body, as distinct from, and as though to save the integrity of, the self. This lack of positive bodily identity is expressed through metaphors of disappearance, as though to try to forget the body might affect its actual disappearance. The implication of this statement coming from two mouths is enormous, because such a schism between the self and body differs from the active engagement with having control over the body, particularly its shape and the weight, upon which many women are focused. Caroline conceptualizes herself within the 'I should exercise' framework, but a deeper disjunctive mechanism overrides her relationship with body, resulting in an attempt towards body abnegation. Such a response as 'I act as though I don't have a body' reiterates the mind/body dichotomy but with a twist: instead of

subjugating the body to the mind's dictates, the mind attempts to wipe out the physical self, **mentally** stifling it, in attempting to forget, erase, and negate the body's presence. One might read such a statement as a means of body obliteration, ultimately as an act of control, where one interposes the self as the primary expression of individualism, even abnegating the body's existence.

Some might argue that Patricia and Caroline's statement constitutes a form of resistance of cultural norms and beliefs about female bodies. Along these lines of thinking, the woman rejects cultural standards of appearance, the rules of how beautiful women are supposed to look, in order to give precedence to the self. This notion allows for much more self-definition and self-creation, and if the two women cited above spoke from personally secure positions, in terms of having the self-esteem to feel beyond the grip of cultural confines and the media's gaze, making a definitive and conscious decision to reject the importance of the body might be seen as empowered and hence as a form of resistance. However, the important question remains: whether unconscious resistance exists or whether resistance is exclusively an act of preconceived meaning and volition. Karina Kielman argues that "we can only start to attribute meanings of resistance when women themselves envisage and express the possibility of options diverging from orthodox frameworks of meaning surrounding the body."[10] Fegan also argues the

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[10] Kielmann, Karina. "Barren ground: contesting identities of infertile women in Pemba, Tanzania" in *Pragmatic women and body politics*. Eds. Margaret Lock & Patricia Kaufert. Cambridge: Cambridge University Press, 1998, pp. 127-163.

importance of intention, saying that without conscious intention, an act cannot be interpreted as resistance.[11]

In these particular cases of Patricia and Caroline, I would argue that resistance is not part of the complex dynamic of imposed bodily absence to which both women refer. In some cases, where women consciously decide to stop taking the Pill as a means of asserting their freedom of choice in birth control methods and resisting the medicalization of female bodies, the component of resistance is very real and present. However, resistance has not yet come to fruition in the hazy, awkward realm of feeling disjointed and obtuse within one's own body, which is where Caroline and Patricia find themselves.

As well as feeling similarly about their bodies, Caroline and Patricia are also closely consistent in their relationships with and attitudes about the birth control pill. Both Caroline and Patricia are comfortable Pill-takers. At age 24, Caroline has taken the Pill for four years, and Patricia, at age 26, has just recently stopped taking the Pill because she wants to have a baby, but previously took the Pill for ten years. Neither woman experiences side effects with the birth control pill, and both feel very positive about the Pill as the safest, most effective means of birth control.

Although not making categorical correlation between taking the Pill and its effect on a woman's body image, I would suggest that the dynamic between one's sense of self and one's body is rendered more complex with the additional

[11] Fegan, Brian. "Tenants' non-violent resistance to landowner claims in a central Luzon village," *Journal of Peasant Studies*, 1986, 13: 87-106.

factor of taking of the birth control pill. Taking the Pill facilitates a forgetting of the body, a changing of its natural processes so that one is freed from having to think about the body's dangers. In its most positive framework, the Pill alleviates the specific female fear of pregnancy, ostensibly allowing a woman to explore her sexuality more freely. In the early years of the Pill's conception, this is how it was billed: as the liberator of the woman from her own body's natural processes. Yet on a symbolic level, to be freed from one's body in this way, by suppressing ovulation and, in a sense, tricking the body into thinking that it is pregnant so that it cannot actually become so, closely corresponds to the process that Patricia voiced of pretending that she didn't have a body.

A woman's sexuality is integrally entwined with the way she feels about her body. While the Pill unarguably liberates women from the fear of pregnancy, it may also alter the way that she conceptualizes her sexuality and her self, as distinctly different from her physical body, which can now be ignored, both as a danger and a complication. Yet for most women, body image is infinitely complicated. "[C]onfusion and unsolved conflict about sexuality lead women into uncertainty about their body image and problems with their self esteem. Sexuality is definitely part of our body image, definitely part of the image we let others see, definitely one source of our concept of our body."

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I spoke about body-image issues with Clarisse, who talks about how she has had severe problems with her body image since adolescence, during which time she suffered from what she describes as a handicap of having breasts that

were too large. This medical condition is called mammohyperplasia. Clarisse has since had a breast-reduction operation, but this has not alleviated her negative body image. Clarisse carries herself stiffly, as though trying to avoid being noticed. Her demeanor could be described as that of a tomboy. Interestingly, she talks about ignoring her body in much the same terms as Patricia and Caroline. Similar indications of denial and shame emerge, but are perhaps even more marked in Clarisse, since she had a very traumatic adjustment to her body's physical changes during adolescence, whereby feminine characteristics sprang out of control. When I asked Clarisse how she feels about her body, she said,

"*Plutôt mal à l'aise en général, je pense. Oui. J'essaie pas mal d'ignorer que j'ai un corps, je pense. C'est très utile, mais je ne m'en sers pas pour autre chose que pour bouger et me promener et prendre des choses avec mes mains. Ce n'est pas...je pense, que je suis un peu complexée ... Ce n'est pas si pire que ça, quand même. Ce n'est pas pathologique, mais je ne suis pas fière...*"

Clarisse talks about being ill at ease with her body, and echoing Patricia and Caroline's feelings, she says: 'I pretty much try to ignore that I have a body'. She talks about the body as being useful, as a tool: 'to move', 'to walk around' and 'to pick things up with my hands'. To talk about one's own body in such detached, methodical terms serves to confine and condemn the body to its most basic functioning. Furthermore, Clarisse clarifies that she uses her body for nothing other than rudimentary, utilitarian purposes. Through such essentializing of the body, Clarisse attempts to negate the body's complications and dangers by going to the extreme of trying to separate herself from her body as much as physically

possible. In Clarisse's case, the dangers that she attributes to her female body outweigh any positive attributes that her body might offer her. While she attempts to relativize her feelings about her body by saying that she has a 'complex about her body image but that it is not pathological', she adds that she isn't 'proud' of her body.

Clarisse has taken the Pill for six years, since she was 17. Like Patricia and Caroline, she is completely at ease with taking the birth control pill and voices a perspective common to many women who have taken the Pill for years with no physical side effects. She talks about taking the Pill as something natural: "*C'est rendu tellement dans mes habitudes, c'est tellement évident de prendre la pilule. Je me rend tellement plus compte. Je ne pense quasiment plus*." For Clarisse, taking the pill is so obvious as to have become a habit that she no longer thinks about. The process of forgetting the body is rendered feasible and is facilitated with the Pill. The Pill allows a woman to forget about her fertility, but Clarisse consciously denies her body. Yet trying to forget what one cannot escape, the presence of one's own body, is a forceful gesture. The act is one of consciously denying and refusing a physically irrefutable, integral part of one's identity. Hence, to forget is not really to forget but to ignore, to deny.

Particularly for women, body denial is a commonly recurring factor in negative body image. If a woman has a weight problem or feels that she has one, body negation is even more present in the niggling hide and seek game that she plays with her consciousness about her body. "Fat people often think of themselves solely in terms of the 'neck up.' Their bodies are disowned, alienated,

foreign, perhaps stubbornly present but not truly a part of the real self." Some might assert that overweight women might live their struggle with their flesh differently from other women, yet others would argue that bodily dissatisfaction remains problematic for all women, to varying extents: "It is so for all of us. None of us can identify with the hated flesh we are so determined to alter and shape. The most earth-bound of us end by losing the body. Existing from the neck up, we live out our lives feeling alien within it, disembodied." Such a statement clearly does not represent all women, yet history and the power of negative body image remain a constant force that all women must contend with.

When I asked Patricia if taking the Pill affects the way that a woman perceives her body, she replied that, "*Elle n'est plus esclave. Clairement, c'est la plus grande différence avec autrefois: son corps n'est plus juste une machine à enfants. Je trouve que ça enlève l'aspect objet. La femme avant ne se posait pas de questions, c'etait comme ça....La femme n'a pas eu le temps de se récupérer, de se reposer. ...Peut-être la femme se pose moins de questions. Pour moi, c'était normal* [le fait de prendre la pilule]. *Peut-être on doit se renseigner plus. ...Tout est contrôlé. Les gens retardent aussi beaucoup. ...Mais peut-être on contrôle trop.*"

Patricia talks about the change from past eras, when women were slaves to their reproductive bodies. She underlines that in past decades women did not ask questions about their options to having babies, but she goes on to say that, while taking the Pill is so normal for her, perhaps women today ask few questions, as well. This statement implies that while in the past women didn't have reproductive

choices, now that the Pill is the dominant birth control choice, women are not investigating the deeper implications of what hormonal control of the body might mean in realms other than fertility control. Patricia states, *"Everything is controlled...Maybe we control too much."*

The question of bodily control is obviously central to the Pill. Women discussing the control that they gain with the Pill often employ machine imagery. In Patricia's metaphor, contemporary women have the power to move from being objectified "baby machines," where they are driven by their internal reproductive machinery and by the external machinery of woman's place in society to constantly produce children, to a new orientation, where they are no longer mere objects, as she says, but where I would assert that they are not fully subjects either. Patricia's comments that women ask themselves fewer questions today and that everything is controlled loom large with vague implications of powerlessness. That the Pill has become a normalized and normalizing factor of modern women's sexual existence is clear, echoed strongly in both Patricia's and Clarisse's statements. Standardized, normalized control of the body has become a given, and this seems to me both positive and potentially murky in terms of the questions that we do not ask about the power women have in and over their bodies.

Cynthia talks about trying to remedy the schism between absence and presence that she has felt during times that she has dissociated from her body. She says, *"Speaking as more of the healer part of me, and the part that has had to work with myself, I wasn't here. I think energetically speaking, we are in our heads literally, we're not in our bodies for a whole lot of reasons. ...We are just*

noticing that we are not in our bodies. For me, panic attacks were my knock-knock. There is a body here and the body: you've been depriving me of sleep, and you've been drinking 10 cups of coffee, smoking cigarettes to do your doctoral stuff and there's a part of me in here. I'm your body. I need sleep. I need food. I need to play. I need to have fun. I need to sing. And you've forgotten about this part of me."

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Guadalupe does not want children and does not want to be at any risk of becoming pregnant. In this perspective, the Pill seemed to her the most sure birth control method. Yet soon after starting to take the Pill, which clearly served her ends, she nevertheless stopped taking it. For Guadalupe, the Pill poses a myriad of complicated, interwoven meanings which she finds objectionable. Her reasons for stopping are diverse and form a complex, coherent web of bodily and intellectual rejection of the Pill. When I asked her about her motivations for stopping the Pill, she replied vaguely that "*Je n'aime pas ça*" and later got more specific when she said:

"*C'est chimique, et je ne suis pas tout à fait d'accord avec ça. De prendre ça d'une façon régulière, je le trouve dommage. Je trouve que ça banalise un peu l'acte. Mais j'étais jeune; j'ai eu vingt ans. Je l'ai prise pour être comme les autres. Dès la première relation stable, je l'ai prise par la suite…* [Et pourquoi est-ce que tu l'as arrêtée?] *Relation finie. Effets secondaires. Je n'aimais pas l'attitude d'avoir à la prendre tous les jours. Je suis une personne instable. Quand tu as ça, chaque jour…surtout quand tu n'as pas de relations, si des relations sont*

juste comme-ci-comme ça. De prendre la pilule à long terme, je n'ai pas envie de pousser mon système juste pour ça."

Thus, Guadalupe's rejection of the Pill has many layers and many faces: 1) the fact that it is a chemical substance bothers her (although she smokes cigarettes, yet that does not pose the same sort of conflict for her), 2) the habitual nature of taking the Pill irritates her because it goes against the image she has of herself as an unstable person 3) she feels that taking the Pill banalizes the sex act between two people, and by extension, her own sexuality, 4) she resents the peer pressure involved in her taking the Pill, since she states that she began taking it because of "*la pression autour de moi; les amies la prennaient,*" and 5) she is afraid of the long-term health effects of the Pill. This is a serious list of qualms, relating to intimate details of Guadalupe's sexuality, self image, health concerns, and feeling of independence.

Guadalupe also got headaches from the Pill, but in explaining this, she clarifies that she was generally afraid of the side effects of the Pill and so "*peut-être c'était moi qui n'a pas voulu et donc j'ai eu mal de tête,*" thus preempting a psychosomatic reading of her side effect symptoms, much as a doctor might apply. Yet such a statement indicates that Guadalupe is conscious of the communication that takes place within her body, with the possibility of her desires manifesting themselves through her body. None of her reasons for stopping taking the Pill after 4 months are given as exclusive, but rather they form a conglomeration which resound as 'No!' for her as a person. This response to

stopping taking the Pill is not unusual, as many women gave me a multilayered response when I asked why they quit.

Whereas for Guadalupe, the decision to stop taking the Pill came relatively quickly, for many women, the decision to stop occurs for ambiguous and multifarious reasons, and often comes after a woman has taken the Pill for many years. Francine reflects this type of Pill attrition trend, having taken the Pill for six years before deciding almost spontaneously to stop.

Francine took the Pill for six years before deciding that she no longer felt that it was good for her body to be on a medication all the time. Yet her reasons, as she explains them, consist of a mixture of factors. She found herself forgetting to take her pill, so that when she would wake up in the morning, she would feel nauseous, "*comme une femme enceinte...Je savais que c'était parce que j'ai oublié de prendre la pilule*." However, her explanation of this mechanism remains elusive, as she says:

> "*ça m'est arrivé d'oublier. Donc en oubliant, quand j'ai oublié une journée ou deux, le matin je me réveillais et vraiment j'étais pas bien, tu sais? Je me suis rendu compte que, là, je savais que j'avais oublié de prendre la pilule à cause de ça: à cause que je ne me sentais pas bien.*"

Forgetting to take the Pill was meaning-laden for Francine. While she seems to be speaking of feeling physically ill, as though in withdrawal from lacking the synthetic hormones of the Pill, her discourse also suggests that part of the reason that she was forgetting was a subconscious gesture, that in not feeling

good about herself, she was in some way unconsciously rebelling by forgetting her pill. She goes on to say that:

"j'ai voulu voir aussi, quand j'ai arrêté c'était pour voir qu'est-ce que ça me donnerait de ne pas la prendre."

This statement is a telling indication that when Francine ceased taking the Pill, she was wanting to surpass and overcome the normalizing tendency of the Pill, to find out 'what it would do for her' **not** to take it. For women in this age group, to whom the Pill is presented by all adults and medical practitioners as the desirable norm, to regard the Pill is an inhibitor to bodily knowledge rather than a liberator is a novel concept. Yet like Guadalupe, Francine's reasons for stopping the Pill are a piecemeal achievement, from the logistical to the fundamental:

"Il y avait aussi, c'était justement le moment qu'on a déménagé à Montréal, ce qui fait que je ne suis pas retournée voir un médecin depuis ce temps-là. Nos pratiques sexuelles n'impliquaient pas nécessairement d'avoir besoin vraiment de la pilule. C'est ça. La façon dont...on peut utiliser le condom et au bout du compte ça nous revenait au même prix...[le condom est leur moyen contraceptif. Est-ce que ça te dérange?] *Ça ne me dérange pas du tout. Lui non plus...*[La raison pour laquelle elle a arrêté:] *C'est deux choses différentes. C'est un peu le fait que je ne me sentais pas bien quand j'ai oublié, donc je n'étais pas si régulière. On est mieux de ne pas prendre de chances ... je me disais, rendue là, le condom est plus effic ace. Puis, donc dans ces conditions-là, et puis aussi que c'est quelque chose d'extérieur à moi. Ça veut dire que je prends ça à tous les jours, je me dis mon corps est capable de, je n'ai pas besoin de prendre un*

médicament qui va...je n'ai pas vraiment peur que ça soit pas bon pour ma santé, mais j'aimais autant ne pas avoir des moyens artificiels, chimiques comme ça."

Francine's words about the Pill being 'something exterior to me' are important. Like Guadalupe, she also refers to hesitations about putting something chemical in her body, but the fact that she took the Pill for six years and the fact that she states that she isn't particularly afraid that her health would be affected by the Pill indicate that her preoccupations about the Pill stem from a source other than health concerns. Having taken the Pill for six years and having lived within a regulated body, Francine decides to renegotiate the control that she has over her body. In stopping the Pill, she is taking a gamble, but she is doing so responsibly. She and her partner use condoms, a contraceptive method with which they are both comfortable, and stopping the Pill allows Francine room to explore the meanings of her body which have been hidden from her by her continued use of the Pill.

Age, maturity, and a certain level of experience clearly influence a woman's decision to continue to take or to stop taking the birth control pill. Throughout my interviews, a clear pattern of Pill attrition occurred among women around the age of 25, after they had taken the Pill for anywhere from three to eight years already. I refer to this category of Pill-takers as distinct from those who took the Pill for less than a year, who either had severe side effects which made taking the Pill so unpleasant as to be unacceptable, or had a philosophical and/or personal discomfort with the idea of taking the Pill, such that ceasing to take the

Pill became a form of resistance. For women around the age of 25 who have taken the Pill for an average of five years, a different mechanism is engaged.

If a woman has taken the Pill for several years previously, side effects or philosophical opposition to the Pill are ostensibly not central issues. If they had been motivating factors, the woman would have stopped taking the Pill earlier, whether in the case of physical illness, indicating the system's rejection of the Pill, or once she began to feel oppressed or controlled by the Pill. If the latter type of philosophical rejection occurs, it is usually early on in the Pill-taking process, not after three or more years. Although one might assume that if a woman has a deep-rooted philosophical opposition to the Pill that she would not take it in the first place, this does not seem to be the case if we examine the Pill-taking histories of the women in my Montreal sample.

Sometimes a woman's decision to stop taking the Pill is related to her beliefs about her fertility. This may means that she is concerned about the long-lasting effects of taking the Pill, revolving around the myth that taking the Pill for too long may cause infertility, or perhaps she has decided to attempt to get pregnant. Yet when either fertility concerns or the desire to get pregnant are not the prime motivations for ceasing to take the Pill, we enter a more ambiguous realm. The group of women who stop taking the Pill around the age of 25 have a different set of preoccupations.

In introducing a modicum of doubt into her bodily relationship with her fertility, that is, in relinquishing some of the control and certainty that she retains while she is on the Pill, a woman gains another type of bodily control which

comes with bodily knowledge. This type of exploration and investigation is not for everyone, certainly, since forsaking near-absolute control over one's fertility is a scary prospect. Yet for some women, the happenings of the natural body, not accidental pregnancy but rather the control of the body that comes with knowing one's cycles and body signs, is an exhilarating and empowering, even revelatory experience.

In discussing the various dimensions of body control invoked through discussions around the Pill, the complex nuances involved in the varying degrees of body consciousness and bodily forgetting emerge. Yet what does this all this mean for women, from a socio-cultural perspective, since the body has always been such a central issue?

There exists an historical philosophical tradition that devalorized the body, in hailing the more inspiring virtues of the mind. In the same vein of dualistic vision that Descartes, Plato and others pursued, Cioran addresses the conflict between the soul and the flesh.

However, Cioran focuses on the element of negation of the body that stems from a crisis of existence and the orientation of selfhood.[12] A dissatisfaction with the body "nous renvoie à l'inanité de notre être et à la nécessité d'une recherche du néant."[13]

Some of Cioran's ideas on human awareness and its conflictual / complementary relationship to the body are pertinent in light of the negation that

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[12] Quéran, Odile et Trarieux, Denis, eds. *Le discours du corps: une anthologie.* Paris: Agora Presses Pocket, 1993, p. 129.

some women express about their own bodies. He says, "Pour que la conscience atteigne à une certaine intensité, il faut que l'organisme pâtisse et même qu'il se désagrège: la conscience, à ses débuts, est conscience des organes. Bien portants, nous les ignorons; c'est la maladie qui nous les révèle, qui nous fait comprendre leur importance et leur fragilité, ainsi que notre dépendence à leur égard. L'insistance qu'elle met à nous rappeler à leur réalité a quelque chose d'inexorable; nous avons beau vouloir les oublier, elle ne nous le permet pas; cette impossibilité de l'oubli, où s'exprime le drame d'avoir un corps, remplit l'espace de nos veilles."

The stubborn insistence of the body to be reckoned with when it is sick does not apply to the women whom I interviewed, who are all young and in good health. However, the desire to ignore and forget the body to which Cioran refers recurs throughout a certain number of my interviews. Interestingly, Cioran insists that although we may try to forget the physical body, it will not permit us to, implying a certain resilience and stubborn power of the human body, which boils down to the "impossibility of forgetting" the body. This statement seems to contain undeniable elements of truth, that no matter how we try to subjugate the body, it will continue to speak and to be, despite our efforts to silence and ignore it.

Various Discourses Court the Pill

When I addressed issues related to the Pill with Montréal women, many told me that they had never had such a discussion before, and many talked as though with a sigh of relief, both to get these dilemmas off their chests and to voice their frustrations with the way such issues are culturally perceived, dealt with, and often avoided. For this reason, I wish to launch the discussion of the various, often conflictual, discourses about the Pill by first privileging the discussions of the Montréal women who talked about the Pill's position: in their bodies and lives, within the medical establishment, and as a cultural construct.

10.1 Women's Pill Perceptions

A. The Pill in the Body

Gloria talked about how the Pill affects her, both in terms of altering the chemical balance in her body and the sense of liberation that it may or may not promote for her as a woman. She also engaged some of the modern stereotypes of the Pill being women's liberator. When I asked Gloria about how taking the Pill affects the way a woman perceives her body, she responded in the following way: "[As] *Manipulable. But not entirely in a negative sense. Because in some ways it is a release, right? There is a certain freedom. I know some women who don't want to change the natural balance of things and have real hesitations about that. And I have a little bit of that. I think more about that than about the freedom it would bring, but maybe that's because I don't have a particular need for* [the Pill, because she is not currently sexually active]. *I don't really*

have a perception of women feeling really freed by the Pill. I don't know if that is because it is really status quo now. It seems to me that the burden is on the woman to deal with the birth control issue, even if it's condoms. No matter what it is. I don't see women perceiving themselves, say my friends or myself, as all of a sudden this 1960's 'Free to Be You and Me' thing. It's perceived as a certain kind of convenience, like something you might buy at the grocery store to make your chores easier. ...No, I don't think it is so liberating, because in the end, if you are having sex, you really need to be using something else as well [the condom], *unless you are in a long term thing. So there is a restriction on the freedom: it is not endless. It is a little less exciting than that. It is a little less exciting than freedom for women.*"

Janice talked in more concrete terms about her bodily experience on the Pill. She talked about the changes that happened in her thinking about what the Pill might be doing to her body and about physical changes that she saw herself going through. She gained 15 pounds after taking the Pill, which was very frustrating to her. When I talked to Janice about the moment at which she stopped taking the Pill, she explained, "*I was separated from my partner at that point. He spent a year abroad, going to Australia, and I really wanted to clean my body up and everything... I was just feeling like taking a Pill every day has got to affect you. It's got to sit in you somewhere. And so not only did I want to get back to my natural balance, but I felt like there must be residue happening, just taking this medication. That could be more of a symbolic thing instead a natural, physiological thing. I just didn't want to be regulated in the same way.*" She goes on to say: "*With the Pill you are supposed to feel all this sexual freedom, but boom, you feel awful about your body...you've just gained 15 pounds and you don't even feel sexy. So that was one of the*

big things. I really liked that it regulated my period, because I was having really heavy, heavy periods before that and they weren't always predictable, so this was nice because they were a lot shorter and always predictable. But I didn't feel good about myself." The way that the Pill affects a woman's body image has been developed in earlier chapters, but the doubts and feelings that the Pill must be doing something in there, a dubious invisible agent, are raw perceptions that are largely left unexplored within the medical discourse on the Pill.

B. The Medical Establishment

In discussing the medical establishment, when I asked women how they think doctors feel about prescribing the Pill, many women responded that doctors see the Pill as a given and as the only viable contraceptive method. Abigale has very violent side effects from the Pill. Although she has tried several different brands, she vomits every day when she takes the Pill. Such physical side effects to the Pill run in her family. Abigale told me that the Pill makes her sister "*either vomit, nose bleed or pass out.*" When we talked about her perceptions of the way that doctors feel about prescribing the Pill, she answered in the following way:

"*I think they don't even think about it. You want it? You got it. ... I think a large percentage of the medical population doesn't understand the correlation between the whole process of menstruating and all those internal organs and the rest of your body health. I think of a lot of it has to do with the separation of sex and how there is a big sex taboo and particularly a taboo on menstruating.*" Many women talked about menstrual

taboos, as they exist within the biomedical realm and in society at large, as a frustrating contradiction to the way that many women learn to experience their own cycle.

Cynthia elaborated on women's bodily cycles and about how menstruation is like a mini-death. She talked about how the medical perspective misconstrues this process, which she feels very positive about. Cynthia says about menstruation, "*There is an energy change; there is a leaving. There is a letting go. And often PMS is just all of those feelings that we have been having all month long that we've bottled up... It is a time to kind of honor our cycles and to just let that go. We're supposed to give 110% even when we are in this lull. And the lull is quite natural, but we've medicalized it. We've made it an illness when it's just a cycle.*" In this vein, she continues: "*The medical system is so focused on working with symptoms...Doctors are taught to treat the label, which are the symptoms. Culturally,* [menstruation] *is the curse.*"

Abigale expounded on the way that the medical model deconstructs the female body. She talked about the medical attitude towards the female body in the following way: "*I think the body is taken apart, basically. I think it is a combination of society's attitudes and the medical profession's attitudes, in that a woman's main concern should be that she is able to reproduce. Often people say things without realizing that they've said them, like 'it makes her a woman because she can have a child'*." I asked her how that fits in with the Pill? "*Well, if you are on the Pill, you obviously have the ability to have a child, you just choose not to at the moment... When we go on the Pill, we assume that we can have children, simply by virtue of being women, which is not always necessarily the truth. But [doctors] are not even going to bother to go there*." As Abigale

points out, cultural constructions of female identity contain such fixed models of women as mothers that the important question of whether a woman is indeed fertile is never raised before a medical practitioner prescribes the Pill. Yet faith is placed in the medical expert to know best about such issues.

C. Cultural Constructs

Cynthia elaborated on cultural ideas about the female body . She is a massage therapist and privileges the body in her work and in her thinking. Despite this, Cynthia talked about the struggles that she has faced with subconsciously implanted cultural standards about women, which she doesn't believe on one level, but which have wormed their way into how she is oriented. She talks about the body and sexuality in the following ways:

"*I have learned to be afraid of my body. I am afraid of my womb. 'You gotta get a hysterectomy' or 'you've got to get a DNC'. It is just something to be cleaned out. It is something to be concerned about as opposed to embraced... And we don't talk about sexuality. It's something dirty and hidden and it is something to be controlled. It has always been something to be controlled. The Pill is a wonderful way of controlling our moods and our cycle and everything.*"

Cynthia also talked about the way that, as a culture, we avoid educating our youth about sexuality. She finds disturbing the way that we, as a culture, avoid educating kids on issues surrounding the positive dimensions of sexuality and selfhood. Cynthia asks: "*What are we teaching? We're not teaching sexuality. We're teaching that that creative energy, that passion, is located in that other person. And it's located in you. And if we*

could be helping to teach [such messages to young people] *then maybe those 16 and 17 year olds wouldn't be looking so hard for someone to love them. We're not teaching self-esteem. We're just covering it up.*"

When I asked her about the beneficial effects of Pill, Cynthia responded: "*It's like the rest of our world. That's why we have McDonald's: Convenience. There's nothing wrong with convenience, but does convenience have to be so dangerous really? Or potentially dangerous? That's the difference for me, see. The word convenience makes sense on a rational level. If the head is separated from the body. ..The Pill makes sense in the head; it doesn't make sense in the body so much.*"

Others had similar things to say about the convenience of the Pill, in relation to what they see as their real priorities. For Janice, convenience is not so appealing, for she finds that taking the Pill is "*a high price to pay for spontaneity.*" Janice adds:

" [The dilemma] *is convenience versus liberation. Supposedly it is going to be more convenient, but I don't know how that is liberating. When you get right into it, how can you be liberated when you are taking a substance that comes out of a little plastic case and you have to go to the doctor every so often to get it? You have to remember to take it every morning. And most women don't have any idea what it is really doing to their body. They are just taking it...Getting to know your body and understand it and knowing what it is all about, that is where you are going to find the true liberation.*"

In contemporary culture, a woman often deals with her body as with a foreign object. This relationship occurs on myriad levels. First, physiologically, since the invisible and often empirically incomprehensible reproductive system can be

reconfigured to temporary inactivity. Secondly, Western culture is insistent that body weight and shape can be modified, which it can be, to some extent. The problems lies in the inordinate value that we place on that ability to lose weight. Finally, the image that a woman is taught to project can be negotiated and constantly updated to the latest social standards of desirability. The cultural meaning systems of young women are not static products, as Bibeau and Corin pointed out earlier, but that they are cooperatively created by culture. Meaning formation is a continuous process, and the contemporary model of the female body holds enormous power in our culture and in the lives of women.

Most women internalize the homogenized model of the body and consequently, woman becomes her own worst enemy, her body often incongruous with the image that she has of her self. "Homogenized images normalize – that is, they function as models against which the self continually measures, judges, 'disciplines', and 'corrects' itself."[1] Such bodily discipline is a crucial component in the dynamic of sexuality, self-worth, and desire for the Other.

10.2 Discourses of Social Control

Important to this context is Foucault's discussion of the structure of social control. In situations in which power works "from below," prevailing social and cultural standards are maintained, not through physical restraint or coercion, but through individual self-surveillance and self-correction to accepted norms. "There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by interiorizing to the point that he is his own

[1] Ibid, p. 25.

overseer, each individual thus exercising this surveillance over, and against himself."[2] From this perspective, the gaze emerges as a powerful restraining mechanism, as well as a powerful normalizing force. One woman whom I interviewed summed it up nicely when she said: *"[Women] have internalized all that negativity [about being a woman] and so we are our own best controllers."*

Another crucial element of Foucault's notion of social control is that power is not something possessed by a dominating group, wielding control over another group. Foucault envisions power as a dynamic relationship of non-centralized forces. The cohesion of these forces is not random; rather, these forces have particular histories and patterns of dominance, and they "configure to assume particular historical forms, within which certain groups and ideologies do have dominance."[3] Finally, this power is not asserted "from above," neither by force nor by the efforts or structures of a sovereign power, but through "multiple processes, of different origin and scattered location,"[4] creating a social control whose roots are invisible and difficult to untangle but deep and powerful nonetheless.

Bordo condenses this theory in the following way: "Following Foucault, we must first abandon the idea of power as something possessed by one group and leveled against another; we must instead think of the network of practices, institutions, and technologies that sustain positions of dominance and subordination in a particular domain."[5]

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[2] Foucault, Michel. "The Eye of Power" in *Power/Knowledge*, edited and translated C. Gordo. New York: Pantheon, 1977, p. 155.
[3] Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993, p. 25.
[4] Foucault, Michel. *Discipline and Punish*. New York: Vintage, 1979.
[5] Bordo, Susan. "The Body and the Reproduction of Femininity" in *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993, pp. 165-184.

This image of a series of decentralized influences which work together, if haphazardly, in forming a set of cultural norms and standards by which individuals must live disengages traditional ideas of hierarchical power structures, replacing this with a more ephemeral, disembodied web, consisting of the power of influences. In such a schema, outward consensus on body norms is not a necessary component, since in contemporary culture, the model of the docile body has been so fully incorporated into our system of beliefs about selfhood, femininity, masculinity and the way that the body is supposed to conform to fit these constructs.

If we understand the body as a medium of culture, we must also understand it in Bourdieu and Foucault's terms as a practical and direct locus of social control. [6] Through routines, rules, and daily practices, the body is trained; in Bourdieu's language, it is a "*made* body," shaped by habitual activity which renders reactions and attitudes automatic. In this way, the body is situated "beyond the grasp of consciousness...[untouchable] by voluntary, deliberate transformations."[7]

Both Bourdieu and Foucault insist on the primacy of practice over belief, so that ideology does not hold the prime place of influence in people's lives, but the organization of time and space in our daily lives does. If it be the case that habits engrave in the individual a certain truth pattern, by which an individual lives, the strong influence of cultural norms emerges as highly significant. Bodies are thus passive receptors of social training, and cultural norms and standard ways of regarding the social body are

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[6] Bordo, Susan. "The Body and the Reproduction of Femininity" in *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, p. 165-184.

inexorably stamped on the body. It is in this arena that cultural rules about women and men get translated to concrete standards for men and women's bodies.

An important factor to be contended with when engaging the Pill as a mechanism of social control is the way in which social and medical mandates advocating for the Pill, as well as general beliefs about the Pill, formulate and even necessitate belief in a passive model of the female body. Some women say that they are being proactive and responsible about their body when they take the Pill, and I am not arguing that this is not the case. I would assert however that women who are now in their 20's and 30's, who have grown up with the phenomenon and capability of bodily transformation and the tools for implementing such bodily changes (such as the Pill, breast implants, face lifts, nose jobs, fertility drugs, invitro fertilization, etc.), often feel ambivalent about the power that the Pill has over their bodies. Generally, this generation of women has learned to perceive the body as a malleable thing, often separate from and contradictory to the self. Cultural norms tend to promote silence around bodily matters, preferring to mystify the body by allowing visuals about the female body to dominate body discourse.

Many women consciously attempt to break away from the dissatisfaction, shame and frustration that they have learned to feel about their bodies, but for many it is a constant struggle. When asked how she feels about her body, Cynthia responded, "*Like most women. Critical. You know, too big here, too small there. I feel very, very critical. I catch myself and I try to work with that. I'm feeling that now: round. Women are round and I know that, and yet I feel shame. I have shame about those round parts of me. And I*

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[7] Bourdieu, Pierre. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press, 1977, p. 94. (Emphasis in original.)

find that incredible, how much I have embodied all that shame. And it's in me. I'm the one who's creating this belief, giving this belief power. And it's really hard to let go of."

10.3 The X Generation

The target age group for these interviews (roughly aged 23-38), and the group to whom I am generally referring has been called the X generation. In broadly defining this group, I would say that although the X Generation chronologically follows the Baby Boomers, the two groups differ radically in terms of priorities, orientations, and aesthetics. While this generation is an amorphous and diversified group, there exist some culturally-generated attributes which serve as commonalties. First, the X Generation are children of divorce, a sociocultural phenomenon which emerged in significant amplitude in North America in the 1970's and which resulted in an important normalized cultural shift to children growing up in single parent families or constantly moving back and forth between families. Such decentralized family structures are the norm for many in this age category, and such a situation alters the way that people envision relationships and families. Secondly, the X Generation grew up on the Pill. I have discussed at length ways in which the Pill reconfigures the way that women perceive their bodies, but clearly, this phenomenon affects the way both sexes understand human sexuality, responsibility and intimacy. Thirdly, the X Generation represents a highly privileged group in terms of educational opportunities and material comforts, yet for this generation of adults, 'job security' is part of the past, one result of a competitive and precarious global economic

structure. Such a situation introduces an altered temporality, and perhaps a certain skepticism, to the X Generation's world view. Furthermore, much of the X generation is apolitical, even politically anaesthetized, and does not participate in political or social debate. Perhaps in part due to this or to some lack of a sense of community, discussions about the Pill take place rarely, often surfacing only in women's groups, informally among friends, or with lovers and partners.

10.4 Historical Trends

In this vein, critical theory in medical anthropology delineates an historical trend regarding control of the female reproductive system. Over the course of the 16th to 18th centuries, contradictory views of the female body coexisted, yet a changing cultural setting progressively developed. In 16th century culture, for example, old women were believed to be able to control thunderstorms by barring their buttocks and menstruating virgins able to control weather by exposing their bleeding sex towards the sky. For a short period, such beliefs coexisted with the Church which condemned women's bodies as dirty, lustful, and sinful. Duden refers to the gradual transformation in cultural beliefs as "a persistent devaluation of the magic of the body, which was a part of popular culture."[8] In *La Peur en Occident*, Delumeau sites evidence that a fear of women grew from the 16th century forward and that "the female body took on an increasingly threatening form in the imagination"(27). A trend began in the seventeenth century whereby the power of the midwife was usurped by the male medical professional, reflecting a move away from female-centered knowledge about the female body, its

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[8] Duden, Barbara. *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*. Cambridge, Mass: Harvard University Press, 1991, p. 8.

rhythms and its reproductive system, towards a male-dominated biomedical control. Care of the female reproductive system had previously been taken by midwives, community professions who had both accrued and personal knowledge about treating women,[9] whether in childbirth, fertility control or menstrual pain, from the perspective that the female body is a sensitive and even magical thing.

Increasing, from the nineteenth century onward, the image of the body as a reparable machine underlies medical practice. As Emily Martin argues, in the context of reproduction, the uterus is the primary machine, and the doctor with his forceps is a mechanic who fixes it.[10] From the predominance of the medical model and a male-dominated biomedical system emerged the perspective of the female body as diseased and disruptive.[11] During the period of this transfer to a biomedical approach, the body is deconstructed and fragmented, viewed systematically in terms of its parts instead of as a whole unitary extension of the self. Clearly, the contemporary medical establishment has moved away from the overt portrayal of the female body as a diseased and necessarily dysfunctional system, having evolved from its earlier historical belief that female bodies are merely imperfect version of the ideal male body. Yet one could argue that the Scientific Revolution produced "a nature that is passive, inert, and obedient"[12] and within the scientific schema of biomedical 'truth', the body increasingly becomes a passive

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[9] Schiebinger, Londa. *The Mind Has No Sex? Women in the Origins of Modern Science.* Cambridge, Mass: Harvard University Press, 1989, pp. 104-112.
[10] Martin, Emily. *The Woman in the Body: A Cultural Analysis of Reproduction.* Boston: Beacon Press, 1992.
[11] Schiebinger, Londa. *Nature's Body: Gender in the Making of Modern Science.* Boston: Beacon Press, 1993.
[12] Duden, Barbara. *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany.* Cambridge, Mass: Harvard University Press, 1991, p. 21.

object.[13] Within the modern medical system, not only is meaning in illness suppressed (as Strathern points out), but further, illness is redefined: the body can now be medicated and reconfigured even when illness is not present.

10.5 Modern Medicine

Within the hierarchy of knowledge, there is an ever-enlarging schism in knowledge between the medical specialist and the ordinary person, now defined as 'the patient'. As Kirmayer underlines, "the real dualism in modern medicine is ...between the physician as active knower and the patient as passive known."[14] Finally, whereas Strathern focuses on the way in which 'disease', i.e. what is wrong with the biological machine, takes precedence over 'illness', i.e. the patient's phenomenological, felt reality (150), I would take this in another direction to stress that even where 'disease' does not exist, there is a biopsychosocial approach within the biomedical system which interprets and establishes certain social situations as 'diseases'. The prime example of such a social 'disease' is the uncontrolled female reproductive system and its propensity towards pregnancy: a disease which, it explains, is best dealt with through medical intervention, the easy chemical suppression of unruly bodily systems, specifically the early introduction of the Pill into female teenage bodies. Such a preemptive strategy is understood by the medical establishment as a means of remedying the social and economic ills which result from unwanted pregnancy: by modifying, reconfiguring, and

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[13] Strathern, Andrew. *Body Thoughts*. Ann Arbor: University of Michigan Press, 1996, p. 150.
[14] Kirmayer, Lawrence. Mind and body as metaphors: hidden values in biomedicine. In *Biomedicine Examined*, ed. M. Lock and D. Gordon, 57-94. Dordrecht: Kluwer Academic Publishers.

taming the female body within the medical arena, a discursive engagement of sexuality can be avoided within the social and educational realms of North America culture.

10.6 Culturalist Theories

Claudia Moscovici examines some of the central tenets of contemporary art criticism and scholarship which can also be applied to cultural perceptions of women's bodies. She points to a "strict correlation between the erotic and the aesthetic; a puzzling association between the erotic and the subversive; and the radical disassociation of the aesthetic from ideology."[15] In examining the aesthetic part of cultural production, we must investigate the teleological counterpoints which grant such power to the culturally-specific North American aesthetic. Moscovici raises questions about why the erotic is equated with the subversive, as well as about why the aesthetic is apolitical. She relies on Marxist and feminist analyses of gender and class power relations to look at ways that symbolic practices reinforce sexist stereotypes by "representing men as desiring and creative subjects and women as the beautiful, sometimes sadistically manipulated, images of the desiring male gaze."

As well, Griselda Pollock confronts representations of femininity and how women alternately devalorize themselves and resist conforming to the social dictates of feminine beauty when she says, "Women may and often do experience themselves through the images of women and ideas about women which are presented to us by the society in which we live. Woman in patriarchal culture is [generally] represented as the negative of man, the non-male, the mutilated other. But that does not make women castrated; nor

[15] Moscovici, Claudia. "The Field of Cultural Production: A Second Glance at the Erotic, the Aesthetic, and the Social" in *From Sex Objects to Sexual Subjects*. New York: Routledge, 1996, pp.62-74.

does it ensure that women see themselves only in those terms. Women have struggled against the given definitions of femininity, negotiating their various situations…They have resisted what is represented to them."[16] Such a struggle is present in the conflicting images of self, of the body, of what is sexy or beautiful. Women can know on an intellectual or conscious level that being obsessed about weight or exercising or not eating fat is counter-productive, but unfortunately, while many of us resist such socially-engrained impetuses, socially mandated beauty laws often infiltrate women's self-perceptions. Women "internalize in part the norms and discourses that demean them and strive to 'prove' themselves as 'equal' to the cultural elite by adopting their rules," as Moscovici aptly points out. This correlates with Bourdieu's formulation of self-perpetuating competition, which can also be applied to gender politics. "Competitive struggle is the form of class struggle which the dominated classes allow to be imposed on them when they accept the stakes offered by the dominant classes. It is an integrative struggle and, by virtue of the initial handicaps, a reproductive struggle, since those who enter this chase, in which they are beaten before they start, as the constancy of the gaps testifies, implicitly recognize the legitimacy of the goals pursued by those whom they pursue, by the mere fact of taking part."[17] Clearly, Bourdieu's statement about the mechanism of social domination being a reproductive struggle works as an unintended pun when it is applied to discourses surrounding the Pill, but it is essential to understand

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[16] Pollock, Griselda. *Vision and Difference: Femininity, Feminism, and the Histories of Art*. London: Routledge, 1988, p. 40.
[17] Bourdieu, Pierre. *Distinction: A Social Critique of the Judgment of Taste*. Translated by Richard Nice. Cambridge: Harvard University Press, 1984, p. 165.

the connection between the contradictory voices that women confront about their bodies and self-images and their decisions to take or not take the birth control pill.

Women often make distinctions about the contradictions involved in taking the Pill and about how normalized the whole process is, both in the cultivated ignorance about the body and the social assumption that a woman who is sexual will be on the Pill. When I asked Cynthia how she felt about the Pill when she first started taking it, she responded: "*Like a stranger. I was getting involved with something that was going to affect my body, and sexuality was that much closer. It just felt like letting somebody else in. The Pill is it's own energy too. Wow. I'm going to let something in. It is going to affect me…By giving the Pill, you deal with this whole issue of pregnancy* [and sexuality] *and it's done.* [My mother] *got me on it and we never talked about the feelings.*"

Some mothers teach their daughters that beginning to menstruate is an important and happy day, that this means that they are women, that this is a good thing to be, and that somehow being one you are part of a special tribe. Other mothers avoid the subjects of sexuality, menstruation, and the body altogether, embarrassed to talk about these things and assuming that the girl will find out on her own. Females are trained from a young age to focus on their bodies and to dedicate time to its maintenance. The mystique of the female body runs deep and the portrayal of female body values differs within various cultural subgroups. Whatever the particular family's attitude and approach to these issues, almost all Western women have been culturally trained to value, or at least to pay attention to, norms of femininity, fashion, weight, and their bodies. "[F]emale bodies become docile bodies – bodies whose forces and energies are habituated to

external regulation, subjection, transformation, 'improvement'. Through the exacting and normalizing disciplines of diet, makeup, and dress – central organizing principles of time and space in the day of many women – we are rendered less socially oriented and more centripetally focused on self-modification. Through these disciplines, we continue to memorize on our bodies the feel and conviction of lack, of insufficiency, of never being good enough."[18]

With modern technology has come the cultural transmission of increasingly standardized images of female bodies and rules of femininity. As a consequence, femininity has become a question of constructing "the appropriate surface presentation of the self."[19] Cultural standards of what women are supposed to look and act like are not communicated verbally as much as visually in our culture: thus "we learn the rules directly through bodily discourse: through images that tell us what clothes, body shape, facial expression, movements, and behavior are required."[20] One of the most normalized standards for contemporary women is to have a beautiful, thin body. As mentioned earlier, weight has become a North American obsession, and controlling the size and shape of one's body, by controlling one's hunger, is one of the supreme national focuses.

As Susan Bordo points out, in Western culture, "female slenderness has a wide range of sometimes contradictory meanings in contemporary representations, the image of the slender body suggesting powerlessness and contraction of female social space in

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[18] Bordo, Susan. "The Body and the Reproduction of Femininity" in *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993, p. 165-184.
[19] Goffman, Erving. *The Presentation of the Self in Everyday Life*. Garden City, NJ: Anchor Doubleday, 1959.
[20] Bordo, Susan. "The Body and the Reproduction of Femininity" in *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993, p.171.

one context, autonomy and freedom in the next."[21] I would suggest that the contradictory nature of female slenderness extends even further than this.

As Helena Mitchie's examination of nineteenth-century representations of women, appetite and eating suggests (in her book *The Flesh Made Word*), there has historically been a symbolic relationship drawn between female eating and female sexuality. Bordo also looks at the ways in which women talking disgustedly about their uncontrollable, lumpy, fleshy bodies can be read metaphorically for "anxiety about internal processes out of control – uncontained desire, unrestrained hunger, uncontrolled impulse."(189). Certainly, the parallel can be drawn between the forbidden nature of both sex and food that has existed for women for generations. In our contemporary culture, the taboos that previously clung to sexuality have somewhat dissipated, but those associated with food have not: women are taught to avoid fat and to regulate their consumption of food, which many women do almost religiously, dieting, exercising rigorously to burn off the food they have eaten, or simply feeling badly about the food they have eaten. Extremes of these situations manifest in anorexia and bulimia, disorders which seem to be far more common than it was previous realized.

The cultural condition of a woman needing to regulate her intake of food presents an interesting parallel with female sexuality. Since the advent of the Pill and the (so-called) Sexual Revolution of the 1960's and 1970's, it has ostensibly been more socially acceptable for a woman to be sexually-active and to present herself as a sexual entity.

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[21] Bordo, Susan. Introduction to *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, p. 26.

However, female sexuality remains a thorny patch of double standards and cultural contradictions for women. Books written by and for women in the early 60's, such as Helen Gurley Brown's *Sex and the Single Girl*, published in 1962, and *The Feminine Mystique* by Bette Friedan in 1963, praise the newly established sexual liberation available to women and explain the updated guidelines of acceptability within the realm of female sexuality. Certainly, the liberation discourse of the 1960's was vehemently circulated and adopted, whether in magazines like Cosmopolitan, light self-improvement manuals like Brown's work, or in cultural critique like Friedan's or de Beauvoir's. Permissibility standards for women's sexuality had altered somewhat, in that the Sexual Revolution's ideology "legitimized the sexual possibilities opening up to young, urban working women"[22] and glamorized the notion of sexual freedom. Women worked towards breaking down the construct of the 'nice girl' who does not engage in premarital sex or who generally does not enjoy sex.

Furthermore, the singles culture was becoming increasingly mainstream, and "in it casual sex was normal, acceptable, and in no way compromising to a woman's marital or career aspirations."[23] This adjusted perspective pertained most centrally to a public cultural discourse on women's social roles, which undeniably was a key step in the process of renegotiating women's sexuality. Although the birth control pill appeared on the market in the early 60's, relieving the fear and threat of pregnancy, many aspects of the sexual experience were not publicly renegotiated. Some of the unconfronted aspects of sex which the Pill's arrival inadvertently raised include: 1) the issue of how women

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[22] Ehrenreich, Barbara et al. *Remaking Love: The Feminization of Sex.* Garden City, NJ: Anchor Press/Doubleday, 1986, p. 59.

becoming more sexually-active and initiators in relationships affects the dynamic with the male partner, 2) issues of responsibility for contraception now that the 'solution' of the Pill was available to women, and 3) the fact that the Pill is not a viable option for many women (whether because the health risks of the Pill make a woman uncomfortable or scare her, it changes her body or her relationship with her body in a way that she doesn't like, or it makes her physically ill), thus necessitating an alternative contraceptive option. The medical institution does not provide or encourage contraceptive options other than the Pill because all other options are time-intensive (such as properly fitting a diaphragm) and would contradict the traditional structure of the medical encounter, aimed at moving patients quickly through the system. Exclusively endorsing the Pill assures more control over a woman's fertility and creates a constant economic relationship of dependence between the female patient, medical establishments, and the pharmaceutical industry.

Moreover, the Sexual Revolution said very little about sex itself, although the mystical *orgasm* was stressed as a mandatory part of the sex act. If women did not achieve orgasm, much of the literature suggested that they seek psychiatric consultation to assure that they were not frigid. Once again the medicalization of sexuality is proposed as the means of dealing with human, social communication issues. Thus, although the Sexual Revolution purported to exhume sexuality from the back of the closet, the moralistic climate (and puritan history) of North America has always tended towards leaving difficult matters unaddressed; silence, ignorance, and shame are easier to deal with than facing the human body and its sexual nature. In 1966, with the publication of

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[23] Ibid, p. 61.

Masters and Johnson's *The Human Sexual Response*, an alternative conceptualization of female sexuality was born, one of empirically-researched documentation of men and women's sexual response capabilities, that is, the science of sex. With Western culture's preferencing of the medical model and the truth value that it provides, Masters and Johnson's work served to efface some of the traditional conceptualizing of women's sexual role as that of passive receptor, as well as to contradict and defy some of the sacredness of Freudian psychoanalytic theory which indicated that clitoral orgasm was 'immature' as opposed to vaginal orgasm which more clearly involves the male partner.[24] On another level, however, while Masters and Johnson's work brought a certain mechanical aspect of human sexuality into the realm of public discourse, it encouraged the technicalizing of sexuality, leaving the psychosocial nuances at the borders. Ehrenreich calls this tendency "sexual reductionism," limiting sex to the physiological level. Finally, many of the underlying issues of women's bodies and the proliferation of beauty myths which prove subversive to women's self-esteem and self-image were breezed over, unphased by the initial proclamations of the progressiveness of the Sexual Revolution.

While sexual personae are constantly created and disseminated within the media, promoting both sexy role models and less rigid standards for women, there is and has always been a very strict borderline between what types of sexual expression are acceptable and how much is too much. The sexual double standard still remains in our culture which delineates that it is natural and acceptable for a man to have several

[24] Ibid, pp. 64-5.

partners, but a woman must remain monogamous; if they both have multiple sex partners, he is a stud while she is a slut. The assumption here is that a woman must regulate her desires and constantly remain within the perimeters of social acceptability, and that different standards exist for men and women. Clearly, in North American society, the slut/virgin, good girl/bad girl dichotomy remains firmly intact. This "false dualism of good and evil, saints and villains"[25] is a distortion that we, as a culture, still nourish.

In North America, women learn that they must control their desires. "Almost every society punishes its sluts. Right now ours pretends it does not."[26] Yet the desires that females are taught to squelch multiply and become dynamic, mobile and large in their hunger. For example, the urge towards female slenderness is often taken as a metaphor for the correct management of desire. Since slenderness is a gender-coded, overvalued aspect of the contemporary female beauty ideal, hungers and indulgences get lumped together as dangerous impulses that women should avoid. Bordo points out that bodily spontaneities, such as hunger, sexuality, and the emotions, have historically been culturally constructed and coded as female and seen as in need of control and containment.

Another related aspect of the food/sex dichotomy is the extent to which both have become morally embued in our culture. "Increasingly, the size and shape of the body have come to operate as a market of personal, internal order (or disorder) – as a symbol for the emotional, moral, or spiritual state of the individual."[27] If a person is overweight in

[25] Wolf, Naomi. "The Making of a Slut" in *Ms.* Vol. VII, No. 5, March/April 1997, 44-48.
[26] Wolf, Naomi. *Promiscuities: The Secret Struggle for Womanhood.* New York: Random House, 1997.
[27] Bordo, Susan. "Reading the Slender Body" in *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, pp.185-212.

North America, she is often publicly jeered, since fatness is understood to involve personal culpability, slovenliness, and being out of control. Weight is culturally constructed as a factor which can be easily mitigated with the right display of self-control and discipline. "The slender body codes the tantalizing ideal of a well-managed self in which all is kept in order despite the contradictions of consumer culture"(201).

Bordo notes that our era has experienced a transition from female beauty ideals, a shift from the 1950's hourglass figure to one that is androgynous, tall and thin. She suggests that perhaps the meaning behind this shift has to do with a liberation from a domestic, reproductive destiny(206). However, one could just as easily argue that a beauty ideal which posits lanky, shapeless women at the apex represents beauty goals that are impossible for most women to achieve, thereby creating a constantly dissatisfied and self-denigrating majority of women.

Today we have shifted into a technological era where the body is a malleable, plastic, flawed but reparable object. The discourse which accompanies the plastic surgeries, invitro pregnancies, and the Pill shifts the way that we think about our bodies. We may choose to call this new shape-changing body a postmodern body. "The postmodern body is the body of the mythological Trickster, the shape-shifter: 'of indeterminate sex and changeable gender…who continually alters her/his body, creates and recreates a personality…[and] floats across time' from period to period, place to place."[28] As many postmodern theorists have asserted, the notion of the unified subject is no longer viable, and the Trickster, the cyborg, or the modern women who can recreate

her own body to her own liking, urge us to " 'take pleasure' in (as Haraway puts it) the 'confusion of boundaries,' in the fragmentation and fraying of the edges of the self that have already taken place."[29]

The idea of bodily plasticity is a pertinent one in our age of technological capability in the realm of body alteration. Susan Bordo talks about plasticity as a postmodern paradigm and she states: "Gradually and surely, a technology that was first aimed at the replacement of malfunctioning parts has generated an industry and an ideology fueled by fantasies of rearranging, transforming, and correcting, an ideology of limitless improvement and change, defying the historicity, the mortality, and, the very materiality of the body."[30]

'Choice' has become one of the buzzwords of popular culture's version of feminism (and has always been part of the American credo): choice can refer to the reproductive choice associated with abortion rights or it can refer to the power that a woman is supposed to have over the appearance of her own body, in the sense that we can choose our own bodies, recreating and transforming them if we do not like how they are. Modern technology facilitates this potential, and popular North American culture encourages the desire for self-modification. Certainly women do have choice, but the way that superficial cosmetic bodily transformation is overvalorized in our culture serves as a distraction from other types of empowerment involving choice and female agency.

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[28] Smith-Rosenberg, Carol. *Disorderly Conduct: Visions of Gender in Victorian America.* Oxford: Oxford University Press, 1985, p. 291.
[29] Bordo, Susan. "Feminism, Postmodernism, Gender Skepticism" in *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, pp. 215-243.
[30] Bordo, Susan. "Material Girl: The Effacements of Postmodern Culture" in *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, pp. 245-275.

"[T]here are many who do see the body – both as a living cultural form and as a subject of scholarly theorizing – as a significant register of the fact that we are living in fragmented times. Our cultural attitudes toward the body are full of dissonances, expressive of the contradictions of our society. On the one hand, sex has become deadly; on the other hand, it continues to be advertised as the preeminent source of ecstasy, power, and self-fulfillment. Both on MTV and on daytime soaps, sobering messages about AIDS are broadcast back-to-back with video images of mindless abandon; the abandon – which by definition precludes attentiveness to such 'practical' considerations as condoms – is depicted as the essence and proof of erotic charge."[31]

10.7 The Natural Body

One key metaphor in the body/self schema is that of the 'natural body'. This is a commonly recurrent theme in discussions about reasons that women have stopped taking the Pill. Women who adhere to the 'natural body' metaphor often refer to "being in touch with" their body, or to the body "telling me something" about what is being put into it. A woman might also talk about "being aware" of her body and eating right to take care of it. While this could sound like a distanced attitude towards the body, as something to communicate with and take care of, in some ways separate from the self, in terms of meaning systems, the 'natural body' metaphor works to convey a message of enlightenment, sensitivity and spirituality, the idea that one is at once grounded in the body and looking both there and elsewhere for meaning.

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[31] Bordo, Susan "Postmodern Subjects, Postmodern Bodies, Postmodern Resistance" in *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press, 1993, pp. 277-300.

Cynthia speaks from a 'natural body' perspective. She tells me about being in Greece for a summer, where there wasn't electrical lighting. She told me about her menstrual cycle shifting, so that she was "*bleeding with the cycle of the moon.*" She describes it as a very empowering experience. "*I really believe that our wombs, in healing language, are the sacral center, sacred, sacral, that's where the reproductive* [organs are] *and there is a lot of creative energy around here... Menstruation is a very powerful thing.*"

I asked her how she thinks about her fertility, and she responds: "*I'm getting to see that fertility is about, one woman said that some women are the mothers of children and some women are the mothers of projects and plans. It is a tremendous creative energy, however we choose to manifest it. Being able to create a child, but that's not all it means. I feel it in my whole being. I feel it in my fingers and my hands and my heart. And I really feel that more and more....It is power and it's from the womb. It's not just because it's a womb, but it is this fertility.*"

Cynthia uses a New Age lingo within which exist buzzwords which evoke particular meaning to those who identify with this belief system. This language focuses on healing and centering, on creativity and balance. The natural body is a central theme, and in many ways, the body becomes the center, the individual's own temple. New Age philosophy adopts certain elements of the scientific discourse, incorporating terms and ideas based loosely on physics, such as 'energy flow' and 'movement'. One symbol that Cynthia mentioned as a good symbol for the body was the hologram, where "*the whole is contained in all of its parts. As above, so below.*"

Others refer to their bodies as a familiar and crucially stable element in their lives. For example, Janice has extremely painful and unpleasant menstrual symptoms, which were almost entirely relieved by taking the Pill. Despite this, she chose to stop taking the Pill because it alters her body in ways that she does not feel comfortable with. She says, "*my period, in a lot of ways it is a total pain: diarrhea and vomiting at the early stages when I first get my period.* [That happens every month?] *Yeah…And I get constipated at a certain time and then I have diarrhea afterwards. But then on the Pill: Nothing. I got some cramps, a little bit of nausea maybe. So that part of the Pill I was really attracted to. But at the same time, I was suspicious: if my body is doing this, it's doing it for a reason. So if I am taking the Pill and* [my body] *is not doing it, I questioned why it is not doing it.* [So why is it not doing it?] *I would believe that it is because of the regulation. There is this foreign substance that is regulating my body.* [How do you feel about that? When the monthly cycle is painful or if not terribly painful at least a drag--are you reconciled with that? Vomiting and diarrhea: is it something that you are just used to? Because once a month is pretty often.] *Yeah, it is something that I'm used to though. It is a drag and it is a pain, but at the same time, it is familiar and so that was fine. At the time, if I was up all night, I would just hate it, but there was something. I would rather take an aspirin or an Advil. There is something that says that one* [tablet] *is better than 30. Or one that you might not have to take instead of 30 that you have to take everyday.*"

Janice is explicit about her discomfort with putting foreign substances into her body. This too is a metaphor which reappears in many women's explanations about why they stopped taking the Pill. Janice's case is significant: her natural cycle is consistently

painful and unpleasant, involving constipation, diarrhea and vomiting, which are monthly conditions which would be unacceptable to many women. Nonetheless, she prefers to live with these familiar negatives than to take Pill. She is not taking the convenient route in controlling her fertility, yet she is very conscientious about birth control. She talks about the importance of her "natural rhythm, the rhythm that was mine and not because of the Pill." Like Cynthia, Janice refers to being "aware of her body," and both women remarked that this happened as they got older. "I started thinking differently about my body. I must have felt that I was just becoming more aware of my body anyway, so a lot of that has to do with my own maturity." The 'natural body' metaphor clearly emerges as an important association in why women stop taking the Pill.

The ensemble of these discourse theories: from women's views on these issues; to theories of social control; to the culturalist perspective; to historical versus modern medical means of delimiting truth about women's bodies; to notions of the natural body; all of these elements come together to constitute a complex and informed dynamic on the female body and the birth control pill.

Couple Dancing

The gendered body struggle, closely connected to female bodily discontentment, is further complicated with the addition of the Other in the schema of desire. The relational dynamic invoked by the Pill is a frenetic and complex one. As investigated in the previous chapter, various conflictual discourses about and relationships with the Pill make taking the Pill plenty complicated for the individual woman, but with the additional dynamics of a lover, the plot thickens. Taking the Pill evokes discourses of proactive female agency and self-determination, discussed previously, yet such issues do not begin to engage the complex dynamics of being with another person, at whatever stage of intimacy that may entail. Sexual relations often push both partners into the insecure, fledgling realms of intimacy, the erotic, and the confusing sphere of desire.

Desire is a tricky business. Desire is constantly battling with the restraint of that desire. As Lawrence Kirmayer states, "The tension between desire and restraint is expressed in our ambivalent attitudes toward the body, its passions and appetites."[1] Furthermore, he points out the cultural construction of desire as bound by the rules that culture ascribes to it, when he sites Gellner as saying "desire is not only instinctual (à la Freud); it is equally learned, manufactured or prescribed by the same civilization that seeks to channel or constrain it."

In Western culture, the promotion of desire is an activity that women learn to cultivate. Social constructs and beliefs about sexuality come into play; hence, both women and men enter relationships with a hefty set of social, cultural, and historical

luggage to contend with. For most women, desirability is closely related to how we look, and in this context, the gaze has enormous power.

Since modern media is in the business of producing desire by typesetting ideals, beauty norms prey on and distort women's self-perceptions. Hence, the reproduced 'male' gaze (male in the sense that such a gaze is purported to suggest to women what men **want**) is not only consuming, in its overpriviledging of the visible female body, but once these standards are internalized by women, the gaze becomes consumptive, the invisible gnawing of impossible whispers, urging towards perfection. Desire is tied up in the gaze, and on a superficial level, it can be a tool for women to feel powerful or for boosting self-esteem. But desire is much larger than its superficial attributes: it is extremely contentious and evocative.

Desire and eroticism can be gigantic and discombobulating forces, not at all Disney-esque or sweetly romantic. Bataille talks about eroticism as "le déséquilibre dans lequel l'être se met lui-même en question, consciemment. En un sens, l'être se perd objectivement, mais alors le sujet s'identifie avec l'objet qui se perd."[2]

Bataille talks about this consciously precarious state of imbalance, which the individual throws herself into by choice when she is involved in the erotic act, as exemplifying the state of passion. Bataille describes the erotic as similar to poetry in that it induces a skewing or refocusing of that which previously seemed mundane or stable: "La poésie mène au même point que chaque forme de l'érotisme, à l'indistinction, à la confusion des objets distincts. Elle nous mène à l'éternité, elle nous mène à la mort, et par la mort, à la continuité: la poésie est *l'éternité. C'est la mer allée avec le soleil*" (32).

Bataille examines the mystical experience as well, but while the mystical and the erotic experiences share some commonalties, the mystical is marked by an absence of an object, whereas the erotic is usually largely concentrated on the object. Such a state can be ambiguous, ecstatic or painful, depending on the nature of the interaction, but within the passionate moment, so much is invested in the Other and in the seldom explored reaches of the self that interactions can be volatile and highly emotional. "La passion nous engage ainsi dans la souffrance, puisqu'elle est, au fond, la recherche d'un impossible et, superficiellement, toujours celle d'un accord dépendant de conditions aléatoires" (27) While Bataille's description sounds extreme --- passion as suffering, since one makes oneself dependent on uncertain conditions --- the unleashed sexuality and intense emotions evoked by passion and the erotic do expose both partners to uncertainty and vulnerability. Bataille refers to the erotic as a process of dissolving, a passage from the normal to a place of discontinuous order(24). As well, desire and passion pull the self into the presence of the body, exposing and recreating quotidian images of both the self and the Other in the light of bodies.

Within the erotic moment, the mundane is instinctively cast away, and thus, in many ways it is to be expected that contraceptive issues are awkward and unwelcome at such times. This is precisely why the Pill has been viewed as liberating, because it allows passion to play out undisrupted. While this sounds ideal, many women point out limitations to such a mechanism.

When I asked Cynthia how taking the Pill affects the way that a woman relates to her lover, she responded: "*It's almost like a mask or a way for some part of you not to*

have to be present. Not just part of you, but literally part of him too. We play it down, but [sex] *is an incredible act.* [The Pill gives] *the illusion that some part of us doesn't have to be present.*" Cynthia also talked about the way that the Pill affects the level of engagement in the relationship. She said, "*It's like some part doesn't have to be present. There is some part that we are hiding. There is something, some part of who we are, some part of the dynamics, some part of the expression* [that does not have to be there]."

So while the spontaneity of the sexual encounter is preserved with the Pill, some women feel that intimacy is sacrificed and that a certain level of honesty does not have to be negotiated. Tonia mentioned the Pill limiting the interaction as well, when she said, "*The Pill takes away the need for communication.*"

In this same vein, women talked about how since they quit using the Pill and now use other forms of contraception, a better and closer relationship has developed with the partner. Cynthia says that using other birth control methods "*has been a wonderful opportunity for my partner and I to get more intimate. Even when I was trying to get pregnant, I didn't want to get pregnant every time. In terms of conceiving, I have wanted to be clear: this is what I want. And when I wasn't clear, I would use birth control. And it would be something we discussed and created together, this space. And so I find it an opportunity to get more intimate. Which is scary also. Intimacy is wonderful, but it is also something that most of us are terrified of doing....And you can work with it. You can work with your partner. And I don't know that the Pill is something that encourages that.*"

Janice mentioned some of the contradictory pros and cons of taking the Pill, in terms of how it make a woman feel differently about her sexuality. "*The whole notion that you can regulate your sexuality, definitely* [factors in]. *But the pros and cons would be, but I am sure it makes you feel differently about your whole cycle and what is going on inside you. And the way that you have sex, not having that embarrassing moment.* [But]*It is a foreign substance that you are bringing into this relationship. But I guess that there are a lot of people who have never had it any other way. As soon as they start having sex, they get on the Pill, so that is all that they know… Sex is about not having babies, avoiding having babies. That's what it was for me. We really want to do this, but we don't want to get pregnant. That's the issue.*"

Janice's phrase referring to the Pill as 'a foreign substance that you are bringing into th[e] relationship' is a key summation of all these women's descriptions of the subtle alteration that the Pill introduces into a relationship. In direct contradiction to the Pill's reputation as a liberator, here women see it as a limiting force within their couple.

Decisions around contraception set in motion issues about self and Other. Issues around who should be responsible for contraception expose only the very tip of the iceberg. Clearly, these are not straightforward issues in the early stages of most relationships. Yet most women feel that when they take the Pill, contraceptive responsibility becomes exclusively theirs, and many women resent this.

About this issue, Cynthia stated: "*Generally speaking, if the Pill is the way, it is your responsibility. He doesn't have to. It's there for* me *to think about.*" Abigail said, "*In a male/female relationship, the male has no responsibility at all. He doesn't have to*

remember anything, take anything." Finally, Janice echoed the same thing about responsibility for contraception within the relationship: "*Definitely it is on the woman. Definitely. It is something that she has got to be up on. She has got to go to the doctor. She has got to get the prescription. A condom you can both go buy it.*"

Cynthia talked about how contraception is always a girl's responsibility, in terms of the way that it is taught in sexual education classes. She says, "*It's the girl* [in terms of responsibility]. *And the Pill just reinforces that. And when somebody does* [have sex], *well, there is the Pill. Why didn't she take the Pill? ...Sammy Sperm and Irma Egg. It is how to stop that Sammy Sperm. It is your job to stop runaway sperm.*" While Cythia's statement is comic, it reflects the cultural norm about birth control: contraception is a woman's problem. Every woman in this study echoed this sentiment unanimously and felt that, generally, woman assume almost full responsibility for contraception, with the exception of condoms, which both partners can buy.

Furthermore, times have changed in terms of the public health threat of AIDS. A big issue for many women revolves around the obsolete nature of the Pill in our current context where AIDS is intimately implicated in any sexual encounter. As previously mentioned, I was shocked to note that the emergence of AIDS as a general health issue has not drastically changed doctors prescription habits of the Pill, nor do most doctors make a concerted effort to emphasize the need to use a condom in addition to the Pill. Many doctors feel that women have the information already and that this is not their domain. I strongly object to such a policy, since continuing to prescribe the Pill without supplementary information about AIDS risks, and the consequent need to use a condom, prioritizes a problematic women's health agenda. By continuing to push the Pill, the

message to women is that the number one priority is pregnancy avoidance and that self-protection in terms of AIDS follows second. Such a medical attitude maintains a silence around AIDS and, especially in young women, promotes a false impression that the disease aims only at specific groups of people and that they are untouchable. I was relieved to see that two clinics that I visited seriously stressed the necessity of using a condom and were very proactive about teaching women techniques of condom negotiation and empowering women to take initiative in getting men to use a condom.

As a response to cultural attitudes about condom use, three women spoke about the possibility of not telling the lover about being on the Pill as a means of coping with the potential conflict between men and women about men using a condom. Many women believe that if a man knows that a woman is on the Pill, he will refuse to use a condom. Consequently, some women choose not to mention being on the Pill, as a self-protective device. Abigail stated hypothetically, "*The last time I was on the Pill, if I had had a male partner, I don't even know if I would have told him I was on the Pill, because we would have used condoms for sure. Because my awareness had grown of how close to everybody's homes* [AIDS] *it really is*." The last time that Abigail took the Pill was to curb the possible spread of ovarian cysts that she had, not for contraceptive reasons. When I asked about what she thinks of women who don't tell the man they're on the Pill, she responded: "*I think that is great*." Two other women told me about single friends of theirs who do not mention taking the Pill to their lovers.

For most women with whom I spoke, attitudes about the Pill and about sexuality in general have changed since AIDS has become a reality. However, this is not the case for all women. When I asked women if new knowledge and attitudes about AIDS have

evoked changes in usage patterns of the Pill, reactions were mixed. Cynthia said: "*Yes and no. People are afraid of it: fear again. If you have sex, you could die. But at the same time, it is too much for the psyche to deal with, because it is natural to have sexual desires, so people don't deal with it....The Pill is about pregnancy and the condom is about protection. It's like an afterthought.*"

Some attitudes about sexuality have clearly changed since the AIDS epidemic emerged. Yet behaviors often change more slowly. In 1987, in a Hite Report about sexual patterns, 91% of single women said that men rarely asked about birth control before intercourse, and that only 15% of men were offering condoms, presumably as protection from AIDS. "If asked later, men say they assumed the woman was 'protected'—and that 'if she had AIDS, she would have said so'."[3] One would hope that attitudes and beliefs have changed in the past 10 years since that naive statement emerged, but it is difficult to gauge social attitudes about sexuality issues when they are rarely publicly revealed.

Desire and desirability are constant destabilizing factors. Sexuality is a murky field and often goes unexamined. Furthermore, the way in which the Pill enters into women's contraceptive strategies in the age of AIDS is complex and creates contested zones of the need for self-protection and privacy, impulses which often run counter to sexual desire and intimacy. Yet generally, the Pill is a loaded symbolic sign. Gloria talked about not wanting to take the Pill because of factors that other women hadn't previously mentioned. She said, "*I guess it's kind of an emotional thing.* [Since I am] *not involved with someone on a regular basis*, [taking the Pill] *creates a kind of loneliness or something.*" Such a statement points to the symbolic complexity of the Pill and indicates just how many factors are involved in such a dainty little tablet.

Finally, when I was interviewing Janice at her house, the 20 year old nanny who baby-sits for Janice while she is in class, was sitting nearby, listening. Towards the end of our interview, the nanny, Tonia, spoke up. The three of us talked about the way that taking the Pill makes a woman feel about her sexuality and about perceptions of the Pill. Tonia made a very important statement, which is key in addressing the contradictory discourses around the Pill. She says: "*The whole word liberation: it's a liberation in that you can have sex without thinking about it. But within a woman's body, it is also an imprisonment too because you can't try to have a connection with a man because of your body. To be really liberated would be to have a relationship open to* [discussion] *and able to learn and see and get information and clues about what is going on with you. That is really liberation.*"

The intense and complex nuances of human sexuality obviously enter into the acts of sex and desire. Couple dynamics are infinite and sometimes complicated, and the frankness, honesty, and generosity that the women in my sample exhibited in discussing these tender and private subjects is remarkable.

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[1] Kirmayer, Lawrence. "Psychotherapy and the Cultural Concept of the Person" pp. 241-270.
[2] Bataille, Georges. *L'Erotisme.* Paris: Les Editions de Minuit. 1957, p. 37.
[3] Hite, Shere. *Women and Love: A Cultural Revolution in Progress.* New York: Alfred A. Knopf, Inc. 1987, p. 181.

New Conclusion

"Without question, we were all nervous, and terrified of losing control of our own bodies,"[1] says Banana Yoshimoto. Even seeping through the pores of contemporary fiction, our modern-day malaise and distrust of the body reappear continually. The dilemma of the locus of control over the body looms large and remains problematic for many women. As we have explored throughout this work, an historically rooted notion of female passivity emerges frequently in North American culture.

The 'passive female body' manifests itself on many fronts. First, social norms predicate gender roles that reflect the traditional dichotomy of male aggressiveness /female passivity. In the workplace, contradictory images of woman in the roles of mother versus professional versus sexual entity can often be confining and limiting, since none of these roles is completely valorizing for women. As well, we have seen how beauty norms shape a woman's perception of her body and her self worth.

Clearly, beauty standards affect girls from a young age, and through acculturation, women learn to model themselves on what is perceived as desirable to the Other. As discussed in preceding chapters, such a forced consciousness about appearance creates a strange situation for women: we look at ourselves critically from outside, while inhabiting an interior self. This subject self is often mollified by the critical exterior vision of the self's body, which is often perceived as entirely inadequate and incongruous with social standards of beauty and desirability. "Standards of beauty describe in precise terms the relationship that an individual will have to her own body... In our culture, not

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[1] Yoshimoto, Banana. *N.P.* New York: Grove Press, 1990.

one part of a woman's body is left untouched, unaltered. No feature or extremity is spared the art, or pain, of improvement."[2] The three-way relationship of a woman's subject self, her body, and society requires a delicate equilibrium, which is not always easy to maintain.

Endemic to standards of female beauty is the idea that we have control, the ability to master and shape our body to fit the ideal. The North American beauty ideal is a homogenized image of beauty with clearly set perimeters.[3] With the idea of control comes the implication of an ability to dominate the body, a process that involves the construction and maintenance of power structures. Biomedical technology has facilitated the move towards a placated, controlled body which removes a woman's control of her own body. The motivation to reformulate and remake the body raises issues of where the real locus of control over the female body lies.

In Western society, a vibrant cultural and intellectual currency exists, in terms of the movement and exchange of ideas across seemingly unrelated domains. A constant reciprocity operates between medicine and the experimental sciences on one hand and social, moral, and political ideas on the other. While biomedical discourses are informed by technological developments, they also change according to social movements. Despite this constant exchange between scientific and cultural realms, science is often understood according to a positivist model, stipulating that it describes the world as it really is, that it is a truth model, a definitive version of reality. However, constructivist approaches in the

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[2] Dworkin, Andrea. *Woman Hating.* New York: Dutton, 1974, pp. 113-114.
[3] Bordo, Susan. *Unbearable Weight: Feminism, Western Culture, and the Body.* Berkeley: University of California Press, 1993, pp. 24-26.

social sciences have criticized the positivist model, asserting that scientists do not discover reality but rather create realities. "Scientists do not operate independently or outside a social or political context. They actively select and create the contexts in which their claims may be made relevant."[4] In this way, we must not underestimate the transformative power that biomedicine has over perceptions of the body. Culture and medical science influence each other in interactive ways, and each asserts, through its different mechanisms, the need to control and manage the body.

Questions of cultural or institutional control of the body launch quickly into the political arena. Much of the political realm in North America relies on positioning, on what is politically correct, and on that which corresponds to and confirms socially endorsed political affiliations. For many women who saw themselves as feminists in the 1960's and 1970's, biomedical control over female fertility represented an important liberation from many of the sociocultural roles which had been previously determinant of women's sexuality, which was defined as integrally linked to childbearing and motherhood rather than to desire. However, I would assert that the next generation of women raised on the Pill has questioned whether the Pill is really the elixir that women have been assured it is. While the Pill ostensibly allows us to have sex with wild abandon, in reality we know that too many factors come into play, complicating things, to make this feasible. Yet our feminist foremothers and our doctors have taught us that the Pill will allow us to become sexual beings without getting into trouble.

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[4] Oudshoorn, Nelly. *Beyond the Natural Body: an archeology of sex hormones.* London: Routledge, 1994, p.113.

Later feminist discourse of the late 1970's and 1980's asserted that the Pill is yet another mechanism of patriarchal control over women, making women sexually available to men, beyond dangers of pregnancy and commitment. Within this schema, women are liberated from social taboos limiting their access to sex, but they remain sexual objects, not subjects. Furthermore, the easy solution of the Pill in resolving the pregnancy component of sex obliviates and consequently dismisses all other issues involved in sexual intimacy. The unfortunate reality of much feminist discourse around sex and the Pill is that it gets distilled to pithy statements which do not adequately represent the real concerns of women who face the contradictory elements, the pros and cons, of the Pill.

The idea of a malleable, female body is deeply embedded in notions of Western culture, modernity, and science, which allow for a fragmentary conception of the real. The impetus towards body construction is an important element of North American culture. We have previously discussed the imposing presence of the media and the predominance that the visual holds in our culture. These factors have been essential parameters in analyzing the construction of the body within its cultural context.

One of the primary purposes of media publicity is to create and manifest an illusion, which presents itself as truth or reality. Obviously, desire enters into this dynamic, but such manipulation of reality is subtle, because we usually think of desire as originating with the self. Yet the way that cultural representation influences the 'real', including the conception of self, is a realm of constant flux. Because the media has such presence in our lives, it has a normative influence on how we perceive the body, as well as the power we feel we have over it. Our consciousness and prioritization of the visual

creates a fixation on the physical body. This complex dynamic creates an acute need for control over the body.

Control constitutes an important element of the issue of body denial that was dealt with earlier, in terms of forgetting the body. The dilemma that several women talked about, of the desire to renounce their bodies, to make it disappear, reflects a significant impulse of control and regimentation. Of the women who talked about wanting to forget their bodies, all were Pill-takers, and it would seem that a connection exists between the need for a feeling of freedom or escape from the body and the resolute sense of control over fertility that the Pill offers.

Certain ideas are central in establishing an interactive discourse about the body, specifically ideas of power, resistance, and agency. Such notions anchor the body to cultural or political forces, a situation that indicates that the body is reactive and proactive within its environment. When understood as an interactive force, the body is not limited to a symbolic role but rather, it is active, in its causative capacity, in its own power to evoke meaning, both for the individual and for society.

The body is at once a container for the self, the vehicle of identity, and the outward image of the self. As such, in its multiple roles, the body is charged with meaning. Within this schema cohabitate elements of agency and the constant displacement of self, vacillating between subjectivity and objectivity. Yet within this strange game of positioning, the body takes on a central place as a tool of potential action. The body cannot be seen as a passive site. Bodily agency translates into effective power, but inversely, political, cultural, or social forces create bodily meaning that is influential over an individual's sense of her own power.

On a social or collective level, woman is culturally and historically inscribed in the realm of the family, and she is represented as responsible for reproduction. Yet while fertility constitutes an integral part of a woman's physical body, it may not be part of her personal identity. As an individual, she is free to profit from or reject her fertility, in the latter case, specifically with the Pill. The female body serves as an agent, either of reproduction or of resistance to her fertility. The result of such resistance may be formulated as a taking control of the body. However, from the biomedical perspective that has been the object of reflection throughout this work, we distinguish a problematic dimension of female fertility, which is that the biomedical domain has appropriated this resistance to pregnancy through medicalized control, in the form of the Pill. Through this process, personal power is implicitly renegotiated and on some levels transferred to the domain of biomedicine. Issues of subjectivity and objectivity are continually engaged with the question of female fertility, since it depends entirely on a particular woman's perspective. A woman's personal perspective determines whether she sees the Pill as a positive means of contraception, an empowering way of engaging positive agency over her fertility, or whether the Pill is perceived as a medical means of bodily oppression.

Within the narratives of the Montreal women I interviewed, there are large variances of beliefs and attitudes towards the Pill. Contradictory discourses about the Pill and its effect on the female body emerge through women's thoughts, ideas, and lived experiences. At one end of the spectrum, certain women find the Pill liberating: it gives a woman a visceral impression of her own will and power. Women who feel this way believe that the Pill offers a privileged place for both desire and life's priorities, without there being a need to confront possible confusion between the two. At the other end of the

spectrum, some women see the Pill as invasive and as a source of alienation from their own bodies, which is a very disturbing and disorienting feeling for some women. While on one side, women want to be able to forget what they see as bodily constraints, on the other side, some prefer to explore the nuances of the female body and its internal cycles. Needless to say, many of the women I interviewed lie between these two extremes, and many fluctuate between the two ways of feeling about the Pill, since the relationship that a woman maintains with her body constitutes a constantly shifting dynamic. The women with whom I spoke are exploring and challenging the meanings of structures in place in North American culture and by doing so, they stretch and enlarge the boundaries within which we live.

The female body is a contested body, and the contradictory nature of this contested body fluctuates wildly. Symbolically, the body becomes a shape shifter, replete with multiple meanings. And because notions of choice and empowerment are particular central and salient in our culture, especially for women, the body becomes a vehicle of identity. The body thereby takes an important role in perceptions of self for many women. The meaning that the body is allotted plays out in a variety of metaphoric and symbolic language systems, which are combinations of identity models and body metaphors curled around each other.

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Annex One. Subject List

THE WOMEN

Students

1. **Linda**, graduate student in social sciences, no longer takes Pill, francophone
2. **Bertrande**, graduate student, no longer takes Pill, francophone (**)
3. **Caroline**, undergraduate student, Pill taker, francophone
4. **Marilyn**, graduate student, Pill taker, anglophone
5. **Clarisse**, undergraduate student, Pill taker, francophone (**)
6. **Blanche**, graduate student, Pill taker, francophone
7. **Janice**, graduate student, no longer takes Pill, anglophone (**)
8. **Isadora**, graduate student, Pill taker, anglophone (**)
9. **Abigail**, undergraduate student, no longer takes Pill, anglophone (**)
10. **Norma**, undergraduate student, has never taken Pill, anglophone

Professionals

11. **Guadalupe**, teacher, no longer takes Pill, francophone (**)
12. **Georgette**, dancer, no longer takes Pill, francophone (**)
13. **Gilliane**, cinema design, Pill taker, francophone (**)
14. **Francine**, engineer, no longer takes Pill, francophone (**)
15. **Esperanza**, actress, no longer takes Pill, francophone (**)
16. **Katherine**, engineer, no longer takes Pill, francophone
17. **Patricia**, social worker, no longer takes Pill, francophone (**)
18. **Natasha**, nurse for pharmaceutical company, Pill taker, francophone
19. **Teresa**, social worker, Pill taker, francophone
20. **Cynthia**, massage therapist & naturopath, no longer takes Pill, anglophone (**)
21. **Gloria**, newspaper editor, Pill taker, anglophone (**)
22. **Carla**, estetician, no longer takes the Pill, franco & anglo & italophone (**)
23. **Elisabeth**, nonprofit organizer, Pill taker, anglophone
24. **Shauna**, radio script writer and editor, no longer takes Pill, francophone (**)
25. **Hu Long**, freelance in production, has never taken Pill, anglophone (**)
26. **Yolanda**, computer consultant, Pill taker, anglophone (**)
27. **Becca**, manager, Pill taker, anglophone
28. **Marion**, intervention consultant, no longer takes Pill, francophone (**)
29. **Genvieve**, financial specialist, Pill taker, francophone
30. **Ana**, consultant, no longer takes Pill, anglophone

THE PRACTITIONERS

1. **Dr. Saute**, gynocologist
2. **Marion**, nurse practitioner at a local women's clinic
3. **Dr. Orlo**, family practice doctor
4. **Dr. Corbeau**, family practice doctor, runs an adolescent clinic (**)
5. **Dr. Voyier,** family practice doctor
6. **Dr. Martin,** GP doctor
7. **Agnes Griano,** coordinator of university health services
8. **Dr. Larmes,** GP doctor at a CLSC
9. **Cynthia,** nurse at community health clinic (**)
10. **Dr. Four,** GP doctor (**)

ANNEX TWO

Women's Interview Questionnaire – Grille d`entrevue des femmes

Section ethnographique -- Ethnographic Section

(name, age, current address, work status)

Questions directive -- Directive questions

Est-ce que vous prenez la pilule anovulante? -- Do you use the birth control pill?

Si **Oui,**

1) Depuis combien de temps? -- How long have you taken the Pill?

2) Quand est-ce que vous avez commencé à la prendre et dans quelles circonstances? -- When did you begin taking the Pill and under what circumstances? How did it come about?

3) Est-ce que vous aviez des raisons précises pour commencer à la prendre? Est-ce que vos raisons sont toujours les même? -- What were your motives for taking the Pill? Are your reasons still the same?

4) Est-ce que la pilule a des effets secondaires sur vous? -- Does taking the Pill produce side effects when you take it?

Sinon,

1) Est-ce que vous avez déjà pris la pilule? -- Have you ever taken the Pill?

2) Pourquoi avez-vous arrêté? Ou Pourquoi pas? (selon la réponse) -- What made you stop? Or Why not? (depending on response)

3) Qu'est-ce que vous utilisez comme alternative en guise de contraceptif? -- What do you use as an alternative for birth control purposes?

4) Est-ce que vous pouvez décrire les raisons qui ont motivé votre choix? -- Can you describe the reasons for your choice?

Les effets secondaires ou à long termes -- Side effects or Longterm effects

1) Est-ce que votre médecin vous a expliqué ce qu'elle fait, la pilule? -- Did your doctor explain to you what the Pill does?

2) Est-ce qu'il y a des effets secondaires ou à long terme qui pourraient être imputés à la pilule? Comme quoi, par exemple? -- Are there side-effects or long term effects of taking the Pill? What are they?

3) Est-ce que vous avez senti des effets bénéfique de la pilule? Comme quoi, par exemple? -- Have you experienced beneficial secondard effects from the Pill? Like what?

4) Qu'est-ce que vous savez sur les effets que la pilule apporte sur la santé? Qu'est-ce que vous pensez des informations médicales au sujet de la pilule? -- What have you heard about the health effects of the Pill? What do you think about medical reports regarding the Pill?

5) Quelles informations est-ce que votre médecin vous a données au sujet de la pilule? -- What information did your doctor give you about the Pill?

IV. Rapport avec le médecin -- Contact with the doctor

1) Comment était votre expérience chez le médecin quand vous avez commencé à prendre la pilule? Qu'est ce qui s'est passé? -- When you first began taking the Pill, what was your experience with the doctor? What happened during the course of the office visit?
2) Quel était votre sentiment vis-à-vis de la rencontre avec le gynécologue? -- How did you feel about your encounter with the gynecologist?
3) Quel était votre impression de l'attitude du médecin quant à l'idée que vous prendriez la pilule? -- What was your impression of the doctor's attitude about your getting on the Pill?
4) Vous a-t-on proposé d'autres options ou d'autres suggestions? -- Were you offered other options or suggestions?
5) Au début, quand vous avez commencé à la prendre, quel était votre sentiment vis-à-vis de la pilule? -- When you first started taking the Pill, how did you feel about it?

V. L'éducation sexuelle -- Sexual Education

1) Comment est-ce que vous avez abordé la sexualité? Quels était vos sources d'informations? -- How did you first learn about sex? What were your information sources?
2) À l'école, est-ce que l'on parlait de sexualité? Est-ce qu'il y avait un cours spécifique sur la sexualité ou une conférence donnée par une infirmière? -- How was sex dealt

with at your school? Did you have a course on sexuality or was there a lecture by a nurse?

3) Est-ce qu'un nombre important de vos amies prenaient la pilule quand vous avez commencé à la prendre? -- Did a significant number of your friends take the Pill around the time that you started taking it?

4) À l'epoque où vous avez commencé à prendre la pilule, est-ce que vous avez discuté cela avec des membres de votre famille? Comment est-ce que le fait était reçu? -- When you started taking the Pill, did you discuss it with any members of your family? How was the news received?

VI. L'institution médicale -- The Medical Institution

1) Quel est à votre avis l'attitude ou le rapport que les institutions médicales entretiennent avec la prescription de la pilule anovulante? -- What is the medical institution's attitude to and relationship with the prescription of the Pill?

2) Comment est-ce que la fertilité féminine est perçu et dépeinte par l'institution médicale? -- How is female fertility portrayed and understood by medical institutions?

VII. La fertilité -- Fertility Issues

1) Comment est-ce que vous considérez votre fertilité, le fait que, en tant que femme, vous avez la capacité d'avoir un enfant? -- How do you think about your fertility, the fact that as a female, you can have a child?

2) Quelle est votre réaction envers cette possibilité? Est-ce que votre fertilité est un fait positif ou négatif pour vous? -- How do you feel about this potential? Is your fertility a positive or a negative factor for you?

3) Qu'est-ce que ça représente pour vous, votre fertilité? -- What does your fertility mean for you?

4) Est-ce que vous avez envie de faire un enfant un jour? -- Do you want to have a child one day?

5) Comment est-ce que vos proches réagissent à la question de reproduction? -- How do those who are close to you react to the question of reproduction?

VIII. Le corps -- The Body

1) Comment est-ce que vous vivez votre corps? -- How do you feel about your body?

2) Comment diriez-vous que le fait de prendre la pilule agit sur la façon dont la femme perçoit son propre corps? -- How does taking the Pill affect the way a woman feels about her body?

IX. La sexualité -- Sexuality

1) Est-ce que le fait de prendre la pilule a un effet sur le rapport d'une femme avec son amant? Comment? Pourquoi? -- Does taking the Pill affect the way that a woman relates to her lover? How so? Why?

2) Comment est-ce que le fait de prendre la pilule agit sur la responsabilité que chaque partenaire prend dans le couple? -- How does the taking of the Pill affect the amount of responsibility that each partner assumes in the couple?

3) Comment est-ce que le SIDA entre dans vos réflexions sur la contraception et sur la protection de vous même vis-à-vis de votre sexualité? Est-ce que votre opinion a changé depuis que vous avez commencé à prendre la pilule? -- How does AIDS affect the way that you think about contraception and your protection of yourself in relation to your sexuality? Has your opinion changed since you first started taking the Pill?

4) Est-ce que le fait de prendre la pilule transforme la façon dont vous vivez votre sexualité? -- Does taking the Pill make you feel differently about your sexuality?

Practitioner's Interview Questionnaire – Grille d`entrevue des practiciens

I. La formation -- Education

1) Où est-ce que vous avez obtenu votre formation médicale? -- Where did you get your medical training?

2) Est-ce qu'il y avait des cours spécifiques concernant la contraception? -- Were there specific courses designed to address contraceptive issues?

3) Quelles étaient les la orientation de ces cours? -- What were the orientations of such courses?

II. Pratique actuelle -- Experience

1) Depuis combien de temps est-ce que vous faites de la médecine? -- How long have you been practicing medicine?
2) Quelle est votre position professionnelle pour prescrire des contraceptifs, spécifiquement sur la pilule? -- What is your professional attitude or position on prescribing contraceptives, specifically the Pill?
3) Est-ce que vos convictions professionnelles et personnelles sur la pilule anovulante diffèrent l'un de l'autre? Qu'est-ce vous pensez? -- Do your professional and personal feelings about the birth control pill differ? What do you think?
4) Est-ce que vos suggestions à une cliente diffèrent selon la cliente? Sur ses besoins individuels ou des facteurs comme son âge ou sa situation économique? Est-ce que vous pouvez m'expliquer votre position dans différents cas? -- Do your suggestions to a client differ depending on the client? Such as on her individual needs, her age, or her economic situation? Can you explain what you might propose in different cases?
5) Est-ce que vous êtes en contact avec des compagnies pharmaceutiques ici à Montréal? -- Are you in contact with pharmaceutical companies here in Montreal?
6) Si oui, est-ce que vous prescrivez leurs produits? Sinon, est-ce qu'ils sollicitent votre participation dans des discussions qui traitent des risques et des bénéfices de la pilule? -- If so, do you prescribe their products? If not, do they solicit your participation in discussions adressing the health risks and benefits of the Pill?

7) Comment est-ce que vous prenez vos decisions sur la pilule à prescrire quand il y en a tant sur le marché? -- How do you make your decision about which pill to prescribe when there are so many on the market?

8) Certains gens disent que les recherches effectuées sur les effets à long terme de la pillule sont inadéquates. Qu'est-ce que vous en pensez? -- Some people argue that inadequate research is done on the long-term effects of the Pill. What do you think about this?

9) Quels sont les bénéfices de la pilule? -- What are the benefits of the Pill?

10) Quels sont les risques de la pilule? -- What risks does the Pill pose?

11) Dans quelle mesure informez-vous vos patientes en détail des risques associés à la prise de la pilule? -- To what extent do you inform your patients in detail of the risks associated with taking the Pill?

12) Qu'est-ce que vous dites à vos patientes sur qu'est-ce qu'elle fait, la pilule, au niveau hormonal? -- What do you tell your patients about what the Pill does on a hormonal level?

13) Qu'est ce que vous dites à vos clientes au sujet des effets secondaires ou à long terme de la pilule? -- What do you tell your patients regarding the secondary and long term effects of the Pill?

14) Est-ce que votre attitude envers la prescription de la pilule a changé depuis l'épidémie du SIDA? Est-ce que le SIDA a changé vos politiques pour prescrire la pilule? -- Has your attitude towards prescribing the Pill changed since the AIDS outbreak? How has this changed your politics for prescribing the Pill?

15) D’un point de vue médical, comment est-ce que la fécondité féminine est affectée par la pilule à long terme? Est-ce qu’il y a des liens entre les problèmes d’infertilité et la pilule? -- From a medical standpoint, how is female fertility affected in the long term by the Pill? Are there connections between the growing modern problem of infertility and the birth control pill?

16) Est-ce que les facteurs économiques entrent souvent en compte dans la décision d’une femme de prendre la pilule? -- How often do economic factors come into a woman’s decision to take the Pill?

17) Quels sont les raisons pour que les femmes arrêtent la pilule? -- What are the reasons that women stop taking the Pill?