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CHIEF EDITOR'S INTRODUCTION

FEMINIST ENCOUNTERS: A JOURNAL OF CRITICAL STUDIES IN CULTURE AND POLITICS

Founded in 2017, Feminist Encounters is a journal committed to argument and debate, in the tradition of historical feminist movements.

In the wake of the growing rise of the Right across the world, openly neo-fascist national sentiments, and rising conservative populism, we feminists all over the world are needing to remobilise our energies to protect and advance gender rights.

Feminist Encounters provides a forum for feminist theorists, scholars, and activists to communicate with each other, to better educate ourselves on international issues and thus promote more global understanding, and to enhance our critical tools for fighting for human rights.

Feminism is an intellectual apparatus, a political agenda, and a programme for social change. Critical analysis of how gender discourses produce cultural identities and social practices within diverse lived realities is key to this change. We need to think more sharply in order to strategise well: as the discourses of conservatism renew and invigorate themselves, so we as feminist scholars need to be refining our amazonic swords in order not just to respond effectively but also to innovate our own ideas for equality and social justice.

We are, of course, committed to intersectionality, a vital lens through which to see the contours of race/ethnicity, class, sexuality, age/ability, and explore how gendered scripts get lived, and filtered through these specificities of cultural organisation. Lived experience is never codified in terms of gender alone, and so our research will always be sensitive to the nexus of lived oppressions.

The journal has a large editorial board and journal team, consisting of over forty scholars in twenty countries. This is deliberately inclusive in order that we can promote diversity and engage with different concerns from across the world. Our aim is not to simply talk to ourselves, reconfirming our localised assumptions, but to generate feminist encounters across regions, even if this is sometimes uncomfortable. Globalisation has been a triumph of neoliberalism, but digital technologies have also flattened and reduced the distance between us in dramatic ways, so that now we can talk to each other with unanticipated ease.

This new access to each others' voices has also brought challenges to the way we think and do things, so that being a feminist today might be quite a different prospect to a person living in China, Iran, Norway, South Africa or the UK. Second Wave Feminism used the idea of 'sisterhood' to invoke solidarity between women. I've always rather liked Andrea Dworkin's claim, though, that: "Feminism is a political practice of fighting male supremacy in behalf of women as a class, including all the women you don't like, including all the women you don't want to be around, including all the women who used to be your best friends whom you don't want anything to do with anymore." The notion of sisterhood was challenged by Black feminists in the 1980s as being too conceptually white, thus bell hooks' trenchant critique that: "the idea of 'common oppression' was a false and corrupt platform disguising and mystifying the true nature of women's varied and complex social reality". In the 1990s and 2000s it has been fair to say that feminist theory and Feminist Studies since have engaged more intentionally and deliberately with intersectionality - though Jennifer Baumgardner did caution us that: "Sisterhood was never about everybody agreeing ....".

For our journal, sisterhood must expand and embrace our transgender allies and our men friends, reminding us that sibling relationships are rarely straightforward or inevitably blessed by golden moments of total affinity. Thus, **Feminist Encounters** welcomes the opportunity for new kinds of international discussions in the spirit of collaboration and critical intellectual enquiry. We hope for productive agreement and disagreement, and the shared struggle of fighting gender oppression, with our minds, hearts, and bodies, as the times demand.

Sally R Munt, University of Sussex
Founding Editor

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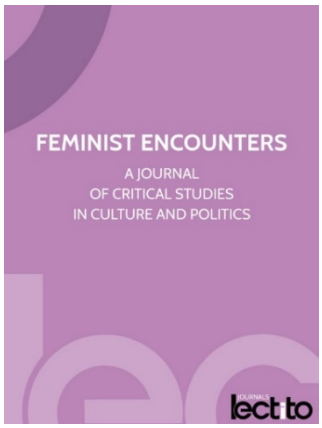

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Feminist Encounters with the Medical Humanities

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EDITORIAL

Feminist Encounters with the Medical Humanities

Sherri L. Foster [1], Jana Funke [2*]

Published: September 27, 2018

INTRODUCTION

This special issue of *Feminist Encounters* invites scholars from different disciplines and countries to explore the relationship between feminism and the medical humanities. Broadly speaking, the medical humanities seek to create dialogues between the humanities and biomedical research and practice. Feminism, in its intellectual and political commitments, has long informed this endeavour. Feminist approaches have made it possible to challenge modes of oppression inscribed in biomedical sciences. They have helped to develop alternative understandings of health, illness, and the body, and to identify intersections between the humanities and biomedicine. Whereas some scholars in the medical humanities have explicitly acknowledged their debts to feminism (e.g. Fitzgerald and Callard, 2016; Whitehead and Wood, 2016), this issue offers the first targeted exploration of connections between both fields.

This is a timely and necessary project. The medical humanities are not new, as Jo Winning reminds us in her article in this issue: the term was first used in 1947, and the different interventions subsumed under this banner have even longer histories. Yet, this special issue is published at a time in which degree courses, research institutes, funding streams, job posts, and publications dedicated to the field continue to proliferate in the US, the UK and other European countries. Related areas of inquiry, such as the medical and health humanities, are emerging in South Africa, as discussed by Carla Tsampiras and Alex Müller in this issue. As such, this special issue addresses questions that are currently being asked with an increasing sense of 'urgency' (Whitehead and Woods, 2016: 14) and self-reflexivity (e.g. Atkinson et al., 2015; Hurwitz, 2013; Shapiro, 2012).

As editors of this special issue, we encouraged authors to articulate a wide range of responses to these debates. Since we are located on two different continents (Foster in the US and Funke in the UK), we are well aware that developments in the medical humanities have taken different shape across the Atlantic: in the US, programmes are based largely in medical education, while in the UK there has been a move towards a more expansive vision of the field, as we shall explore. Given the international remit of the journal, *Feminist Encounters,* we were interested in seeing how international contributors would engage with these developments. When working with the authors, who are located in Canada, Finland, the UK, and South Africa, we stressed that we were not looking for a specific definition of the medical humanities. We did, however, ask them to discuss how their feminist scholarship resonated with current debates in and about the field. This Introduction identifies some of the key ways in which the authors of the first seven articles in this issue articulate their feminist encounters with the medical humanities.

Over the last two decades, scholars have increasingly sought to move away from the idea that the humanities should act as a 'supportive friend' (Brody, 2011) or passive 'handmaiden' to medicine (Bleakley, 2015: 2). As early as 2000, Jane MacNaughton argued against a 'use value' model of the humanities, insisting that the humanities have an 'intrinsic *value* in their own right' (24) and are not merely a tool to train more empathetic doctors. Efforts to reframe the relationship between the humanities and biomedicine have found expression in the development of the 'critical medical humanities', spearheaded by academics in the UK (Viney et al., 2015; Whitehead and Woods, 2016). In their introduction to the *Edinburgh Companion to the Critical Medical Humanities,* editors Ann Whitehead and Angela Woods call on scholars to move beyond the 'primal scene' (2016: 2) of the clinical encounter between doctor and patient. They present a model that encompasses medical education and clinical practice, but also explores 'new scenes and sites that may be equally important to our understandings of health and illness' (2016: 2). This approach opens up a broader understanding of the field that includes far-reaching theorisations of illness, health, the body, materiality, and the human.

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One way in which feminism has shaped these debates is by challenging forms of bias and intersectional oppression implicated in biomedicine (e.g. Fausto-Sterling, 2000; Jordan-Young, 2011; Longino and Doell, 1983; Tiefer, 1995). The alleged objectivity of the biomedical sciences and their supposed freedom from contextual values have been contested by feminist science studies scholars among others (e.g. Alcoff and Potter, 1993; Antony and Witt, 1993; Code, 1991 and 2006). Several authors in this special issue mobilise feminist sensibilities for these purposes. Bee Hughes, in her article 'Challenging Menstrual Norms in Online Medical Advice: Deconstructing Stigma Through Entangled Art Practice', reveals the limitations of online medical advice concerning menstruation, which fails to do justice to the diverse ways in which women, non-binary, and trans people experience menstruation. Situating her work in the context of menstrual activism, Hughes combines her critical analysis of medical online advice with a discussion of her own autobiographically informed creative practice as an artist. Hughes's article demonstrates how feminist approaches can reveal oversights inherent in some biomedical accounts of the body. It also stands in the feminist tradition of championing alternative modes of expression, including the creative arts, to understand embodied experience.

The struggles involved in challenging conventional notions of expertise to make space for seemingly illegitimate forms of knowledge, connect feminism and the medical humanities (Pattison, 2003). This is shown by Carla Tsampiras and Alex Müller in their article 'Overcoming "Minimal Objectivity" and "Inherent Bias": Ethics and Understandings of Feminist Research in a Health Sciences Faculty in South Africa'. The co-authors, a cross-disciplinary team of feminist researchers at a South African university, reflect upon the problems they faced when trying to obtain ethical approval for a new module on intersectional identities aimed at medical students. Because the module blurred traditional divisions between theory, research and creative practice, it was seen by the university ethics committee to lack 'minimal objectivity' and display 'inherent bias'. Tsampiras and Müller discuss how they responded to this challenge in order to create a space for 'disciplinary curiosity' and 'epistemic generosity'. The article speaks powerfully to the personal and professional frustrations that arise when creating counter-cultures of knowledge. It further shows that conversations need to take place between scholars in feminist studies and the medical humanities to understand the forms of labour and risk-taking involved in pushing against conventional epistemological traditions (Callard and Fitzgerald, 2015: 112-128; Viney et al., 2015).

Concerns about illegitimate knowledges and practices are also central to Ben Kasstan's and Sarah Crook's article 'Reproductive Rebellions in Great Britain and the Republic of Ireland: Contemporary and Past Abortion Activism and Alternative Sites of Care'. Combining historical and anthropological perspectives, the co-authors offer a comparative discussion of feminist protest movements against abortion legislation in 1970s and 1980s Britain and present-day Ireland. The article draws attention to the ways in which state legislation regulates women's access to medical care. Kasstan and Crook explore women's 'reproductive rebellions' against state domination, showing how women claimed self-governance of their bodies through unorthodox knowledges and practices of care. The article is explicitly presented as a 'provocation for the medical humanities to intervene in global health debates around sexual and reproductive rights'. This raises important questions: what counts as legitimate means of conducting research to achieve change? How is research that might be classified as a form of protest or activism judged? Answers to these questions will differ depending on scholars' disciplinary affiliations and the epistemic values inherent in them. Feminist work on interestedness and partiality (e.g. Collins, 1990; Harding, 1993 and 2004; Wylie, 2012) should play a crucial role in shaping these debates. Such scholarship can also inform research that seeks to break down conventional notions of expertise, for instance, by producing collaborative or co-produced research with non-academic partners (Ellis, 2017; Hinchliffe et al., 2017; Palmer et al., 2018).

If feminism has played an integral role in enabling scholars to challenge allegedly objective or apolitical forms of knowledge, especially with regard to biomedical science, feminists have also developed alternative stances to engage more constructively with science and medicine. Material feminists maintain that the strong focus on language and culture within much Western feminist thought has created an impasse that 'makes it nearly impossible for feminism to engage with medicine or science in innovative, productive, or affirmative ways' (Alaimo and Hekman, 2008: 4; see also Squier and Littlefield, 2004; Hird, 2004). To address this problem, feminist science scholars like Lynda Birke (2000), Karen Barad (2007), Donna Haraway (2004) and Elizabeth A. Wilson (2015) have developed approaches that incorporate insights from science and medicine to investigate embodiment and materiality. The refusal to separate language and culture from the biomedical sciences provides an understanding of 'the human, nonhuman, technological, and natural as agents that jointly construct the parameters of our common world' (Alamo and Hekman, 2008: 5). For Haraway, the 'material-discursive' (2004) and 'natureculture' (2003) cannot be separated. Barad offers the term 'intra-action' to capture '*the mutual constitution of entangled agencies',* recognising 'that distinct agencies do not precede, but rather emerge through, their intra-action*'* (2007: 33). As feminist scholars have argued for years, nature and culture, human and nonhuman, discourse and materiality do not simply interact as separate entities, but are mutually dependent from the very start.

As Barad suggests, this approach makes it possible to 'foster constructive engagements across (and a reworking of) disciplinary boundaries' (2007: 25). It is not surprising, then, that material feminism in general, and Barad's

concept of 'entanglement' in particular, have become key to the critical medical humanities (e.g. Fitzgerald and Callard, 2016; Viney et al., 2015). These feminist intellectual traditions have offered a different starting point for critical investigations and have helped scholars to move beyond antagonistic stances that pit the humanities against the biomedical sciences (Viney et al., 2015: 3). Several authors in this special issue engage with Haraway and Barad and draw on Felicity Callard's and Des Fitzgerald's (2016) theorisation of entanglement. Their work is central to Venla Oikkonen's article on 'Partial Immunities: Rethinking Communities and Belonging Through Viral Memories of Influenza', for example. Through an examination of biomedical, political and cultural debates around influenza vaccines, Oikkonen puts pressure on the notion of immunity, which is often associated with personal strength, bodily autonomy and health. Instead, she uses the concept of *partial* immunities to demonstrate that immunity is never fully achievable. Moreover, partial immunities are only produced as a result of past infections, which further calls into question binary understandings of health and illness. The ways in which influenza moves across human and non-human bodies, communities, and spaces (past and present) reveals complex entanglements that require a self-reflexive engagement with the humanities and the biomedical sciences.

Related questions regarding the human subject cut across various feminist projects and offer another site of productive exchange with the medical humanities. Different branches of feminist thought (including black, postcolonial, queer and posthumanist feminisms) have troubled conceptions of the autonomous humanist subject and have provided alternative conceptions of key philosophical categories including subjectivity, agency, resistance, or willfulness (e.g. Ahmed, 2014; Braidotti, 1994; Butler, 1990; Spivak, 1988). Such feminist scholarship speaks to a range of issues central to the medical humanities, including patient agency, the constitutive power of diagnostic categories, and the regulatory and enabling function of treatment regimes. It is also relevant to ongoing debates in narrative medicine. This subfield has sought to improve clinical practice by training doctors in narrative competence, a skill that is meant to allow clinicians to understand better patients' experiences of illness and to articulate their own experiences of caring for the sick (e.g. Charon, 2006; Frank, 1995; Greenhalgh and Hurwitz, 1998). Woods has influentially argued against the associated valorisation of narrative and the uncritical assumption of a humanist subject capable of expressing their experiences through narrative. She challenges the idea that 'narrative is necessarily coextensive with (…) subjective experience, (…) psychological health and indeed (…) humanity' (2011: 1). These important issues are taken up by Sophie Jones in her article 'The Biodrag of Genre: History and Resistance in Paul B. Preciado's *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*'. In *Testo Junkie,* Preciado gives an account of his self-experiments with synthetic testosterone. He draws attention to the ways in which gendered and sexual subjectivities are materially produced through technologies, especially drugs and pornography. Engaging with queer theory and trans feminism, Jones analyses the juxtapositions of genre in *Testo Junkie.* She argues that the text's revolutionary rhetoric relies on a reductive understanding of agency and resistance, since the revolutionary future it hails is achieved by a disconnect from the 'temporal drag' of the past. Jones demonstrates how closer attention to genre can add greater complexity to investigations of narrative in the medical humanities: generic conventions play a significant role in determining strategies of self-representation, as is evident in regard to trans healthcare protocols. These often require trans people to present rigid narratives of gender coherence in clinical contexts. In addition, however, Jones argues that the possibility to transform genre also means that narrative can serve to unravel stable conceptions of the human, calling into question who counts as a subject and what registers as agency or resistance in the first place.

While Jones shows how these broader questions relate to clinical practice, some voices have argued that wide-ranging theorisations of the human, the body, and agency are too far removed from a *practical* focus on clinical experience and potentially too difficult to communicate to medical students and practitioners (Downie, 2016). Jo Winning takes up these concerns in her article 'Learning to Think With: Feminist Epistemology and the Practice-Based Medical Humanities'. Winning engages directly with current contestations around the expansion of the medical humanities beyond the the clinical encounter. She argues that it is unhelpful to ask whether scholarship in the field should speak directly to medical culture or not, since this question is based on a problematic separation between theory (associated with the humanities) and practice (associated with medicine). Feminism can help to reframe this debate, because feminist thinkers have developed important tools to reconceptualise the division between theory and practice. Drawing on the work of Vinciane Despret, Haraway and Isabelle Stengers, Winning demonstrates how feminism – in its emphasis on the embodied, the corporeal, and the material – can open up an alternative practice-based conceptualisation of the medical humanities that resists the very distinction between thought and practice. The article mobilises this approach to work through the recent case of Dr. Hadiza Bawa-Garba in the UK. It demonstrates how feminist thought can open up a 'reflexive praxis' that refocuses attention on clinical practice.

In contrast, other contributors explicitly welcome the broadening out of the medical humanities beyond the clinical. Whereas Winning argues that feminist scholarship reinvigorates interest in clinical practice, Annmarie Adams, in her article 'Encountering Maude Abbot', makes the equally convincing case that feminist scholars need to call into question what counts as a 'medical site' (Whitehead and Woods, 2016: 22) and step outside the confines

of the hospital. This, Adams suggests, can offer important opportunities to explore links between feminist history, feminist life writing and the medical humanities. Her article revises existing biographical accounts of late nineteenth- and early twentieth-century Canadian cardiologist Maude Abbott by combining insights drawn from material culture studies, feminist art history, and architectural history. Adams demonstrates how these methods allow scholars to explore new sites and objects of inquiry, including the medical museum and material artefacts. This is of particular relevance for the feminist medical humanities, since it is a means to discover non-traditional spaces and forms of expertise that were central to the lives of women like Adams. In this regard, moving beyond the clinical sphere can be seen as a feminist endeavour in and of itself.

Collectively, the seven articles in this special journal issue demonstrate the far-reaching contributions feminism has made to the medical humanities so far. They also show how feminist approaches can intervene in intensifying debates about the scope and purpose of the field. As such, we hope that the articles will inspire further academics, activists, artists, and healthcare providers to seek their own feminist encounters with the medical humanities.

The articles edited by Funke and Foster are published together with two articles on Japanese sexualities that appear in the final section of the journal. Rika Tsjuji's article 'Sexless Marriage in Japan as Women's Political Resistance' investigates why Japanese women choose not to have sex in heterosexual marriage. Drawing on the work of Judith Butler, Tsjuji argues that this choice needs to be seen as a political act of resistance against historically enshrined heterosexual gender roles. Through an analysis of these historical traditions, the article demonstrates that refusing to have sex allows Japanese women to assert agency. This refusal serves to expand conventional ideals of heterosexual femininity in Japanese society. The second article, 'Mishima Yukio and the Homoeroticisation of the Emperor of Japan' by Kazuyoshi Kawasaka, explores queer homoerotic politics in the works of twentieth-century Japanese author and actor Mishima Yukio. Kawasaka challenges existing accounts of Mishima's life and art, which display homophobic bias and have failed to situate his work in wider social and historical contexts. In contrast, the article investigates Mishima's far-right politics and engagement with the Japanese emperor system. It argues that Mishima appropriated the figure of the emperor to create a space for male homoerotic desires within Japanese national politics. Together, these two articles offer new insights into feminist and queer strategies of resistance that are central to the emergence of alternative sexualities in Japan.

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Challenging Menstrual Norms in Online Medical Advice: Deconstructing Stigma through Entangled Art Practice

Bee Hughes [1,2*]

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ABSTRACT

This article analyses three examples of online medical advice provided by UK based health websites on the topic of menstruation, and reflects on my artistic practice as a critical response to notions of menstrual normativity. The article considers to what extent these online platforms — now part of the cultural fabric of contemporary healthcare advice — sustain dominant Western cultural perceptions of menstruation. Through thematic and comparative analysis, the article explores how these texts reflect cultural discourses around menstruation through reinforcing cis and heteronormative standards, presenting menstruation as failed pregnancy, and as a largely problematic rather than positive experience. The article also reflects upon autobiographical and performative artworks as spaces developed alongside the analysis of the online medical advice texts, which propose and explore resistance to the social stigma still associated with menstruating.

Keywords: autobiographical art, menstrual normativity, practice-led research, menstruation, gender

INTRODUCTION

This article considers three examples of online health advice available in 2018 aimed at a UK audience — *NHS Choices*, *Patient.info* and *Boots WebMD* — from a socio-cultural perspective. The analysis is presented within the context of my ongoing artistic practice, which is also discussed. The chosen example texts are from established reputable sources with direct links to sources of medical authority. While operational, *Boots WebMD* was a collaboration between the well-established USA health website *WebMD* and the UK pharmacy chain Boots, designed to provide basic information on health and wellbeing[1]. *Patient.info* is owned by Egton Medical Information Systems Ltd provides IT systems to UK General Practices. *NHS Choices* is published by the UK National Health Service and has UK Government Information Standard accreditation, and with 'more than 48 million visits per month' (NHS, 2015) has become the most visited UK health website (ibid). *Patient.info* differs from the other examples as it features two distinct strands of content, both authored and reviewed by medical professionals, but aimed at distinct user groups. For the purposes of this research, the analysis will be focussed on the 'Conditions' page, which is explicitly aimed at a lay audience as opposed to a clinical reader, in alignment with the other examples which are also produced with a general audience in mind. Artistic explorations have existed alongside and within menstrual activism since the 1970s (Bobel, 2007, 2010; Fahs, 2016; Johnston-Robledo and Chrisler, 2011) in addition to other forms of feminist art which have actively challenged the pervasive double-standards of sexism and misogyny (for example Jones, 1998, 2005; Rees, 2013). My research interest in menstruation stems from the development of an autobiographical artistic practice exploring my own experience of menstruating alongside theoretical enquiry into menstruation in everyday culture. Following the analysis of the example texts, I reflect upon my artistic practice as a method through which to deconstruct attitudes towards menstruation and to wilfully break the conventions of what Karen Houppert has called 'menstrual etiquette' (Houppert, 2000: 2). First, I explore notions of menstrual normativity through performative printmaking in my visual work, *Cycles* (2016-17), where I documented my menstrual cycle through body printing for six months. Second, I present an example of cut-up

[1] *Boots WebMD* remained live through the earlier research and drafting of this article. Since the initial submission, *Web MD* and Boots have ended their partnership, with little to no reporting or press information. The website can now be viewed via *The Internet Archive,* with the last 'live' snapshot saved to the archive's *Way Back Machine* on May 10th 2018.

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poetry, composed with — and as a challenge to — online texts such as those analysed in the first part of the article. Finally, I reflect upon translating poetic responses into collaborative soundworks, a process of re-embodying my emotional responses to the online medical advice explored. Following Rachel Allen's analysis of radical performance art in the context of critical medical humanities, the performative body explored in my visual work and fragmented text/voice of poetic experiments moves towards an image of the body 'hinged between nature and culture, 'the personal as political', objecthood and subjecthood, the biological and the psychical' (Allen, 2016: 195).

The selected online health resources are everyday medical texts, as they are *specialised* — dealing with specific areas of life, health and well-being — but are not *specialist* in that lay readers should be able to understand their content, they exist as part of everyday culture. The article explores how these texts reflect Western cultural experiences of menstruation, particularly considering how they might uphold deep-rooted cultural notions surrounding menstruation. *Boots WebMD, NHS Choices* and *Patient.info*, in their role as medical reference resources, are situated within a medical model of menstruation. However, as internet resources they sit outside the traditional boundaries of medical authority — for example the physical spaces of the consulting room or the intellectual space medical textbooks or research publications — and are a part of the fabric of our everyday interactions with the online world. The increasing use of online health advice (Smart and Burling, 2001) reflects the ubiquity of such technologies in every realm of everyday life and the impact of neoliberal ideology on therapeutic culture (Rose, 1999) and personal healthcare. As part of the cultural fabric of contemporary healthcare advice, it is pertinent to consider to what extent these platforms reflect the ongoing cultural discourses surrounding menstruation rather than to accept them at face value as objective medical texts.

A recent systematic review of the impact of the use of seeking medical advice from the internet on the patient-physician relationship sheds light on the positive role online medical advice can have on the patient experience. The report proposed that 'patients used the information found on the Internet to help them prepare for their visit, ask better questions, and understand what the physicians told them' (Tan and Goonawardene, 2016). This suggests that online medical advice has become a fully integrated part of contemporary healthcare, and has the potential to partially democratise the clinical encounter, providing a baseline of information common to both patient and physician. These sources are also particularly useful as they are clearly set apart from often sensationalist narratives of the media or commercially driven platforms (MacCabe and Hull, 2014). However, it is important to note that while these sources provide some information, they are quite limited and lack a recognition of the broad variety of experience of menstruation. All three examples discussed below are authored and / or medically reviewed by qualified medical doctors, but they tend not to provide reference to wider research or external information. Rather, they uphold the clinician as the primary recognised source of authority rather than acting as gateways to information that might engender potential conflict between patient and clinician in a small number of cases (Tan and Goonawardene, 2016).

FRAMING MENSTRUATION IN ONLINE MEDICAL ADVICE

All three articles are relatively short and written in an accessible style, and the analysis includes only the main text of the article. Additional content, such as advertisements — which were present on *Boots WebMD* and *Patient.info* — and other website content were omitted from the sample. The articles varied slightly in length and format, the *NHS Choices* piece being shortest at 906 words over a single web page. The *Boots WebMD* article was presented over three click-through pages, with the main body of the text totalling 1477 words. The article available on *Patient.info* is the longest of the three examples, with the main text of the article totalling 1767 words over a single page. In order to identify similarities and divergences between the three example articles, a combination of quantitative and qualitative analysis was used. This includes a thematic analysis of all results returned under the search term *menstruation* from the home page of each selected platform and initially coded according to the categories provided by each individual platform. *Boots WebMD* returned seventy-eight results, fifty-three of which were categorised as medical reference articles. The largest group of results returned by the *NHS Choices* search was the 'uncategorised' group, at twenty-five of the forty-seven total search results. *Patient.info* returned by far the greatest number of results — 475 — however the majority of these were user-generated topics from the platform's discussion forum. This user-generated content was omitted from the analysis in this article, which concentrates solely on the main authored editorial articles from each website on the topic of menstruation. However, user generated content generated a significant amount of discussion by the platforms users that could be fruitfully explored in further research. Of the remaining eighty-one results returned by the search conducted on *Patient.info*, sixty-four are aimed at medical professionals and the remaining seventeen at a general lay audience. *Patient.info* is the only website which has two defined streams of content — one for medical professionals, the other for lay readers.

Table 1. Frequency and percentage of coded categories found in search results for menstruation on *Boots WebMD, NHS Choices and Patient.info*. Percentages are rounded to two decimal places, and therefore do not equal 100

THEME	Boots WebMD	NHS Choices	Patient.info
neutral	13 (16.67%)	4 (8.51%)	2 (2.47%)
problems	19 (24.36%)	12 (25.53%)	10 (12.35%)
hormones & contraceptives	4 (5.13%)	5 (10.63%)	11 (13.58%)
menopause	5 (6.41%)	5 (10.63%)	4 (4.94%)
pregnancy	8 (10.26%)	9 (19.15%)	4 (4.94%)
puberty	8 (10.26%)	4 (8.51%)	0
other	21 (26.92%)	7 (14.9%)	50 (61.73%)

This initial analysis illustrates the broad similarities and differences across the three platforms, for example it reveals that *Boots WebMD* is the only one that presents sponsored advertorial alongside its medically reviewed content. The majority of the content across all three websites relates to reference articles providing some form of medical information. To gain a thematic overview, the search results were coded under the following broad themes: *neutral information on menstruation; problems relating to menstruation; hormones and contraception; menopause; pregnancy and related conditions; puberty or growing up; other*. The search results grouped under the theme *other* include articles on connected but not necessarily directly related topics such as 'Headaches basics' from *Boots WebMD*, 'Do I have an anxiety disorder?' from *NHS Choices,* and 'Cold Sores' from the *Patient.info* website. *Other* is the largest thematic grouping for *Boots WebMD* and *Patient.info*, in the latter case being a greater proportion than all the other themes combined.

In two cases — *Boots WebMD* and *NHS Choices* — the next largest thematic category (after *other)* is *problems,* with *Patient.info* presenting slightly more articles on the theme of *hormones and contraceptives*. Overall, fewer articles were coded *neutral*, — which includes articles that provide general information on anatomy and physical processes such as the menstrual cycle, than as *problems*, with the lowest number and proportion of *neutral* articles appearing on the *Patient.info* website. This is perhaps not surprising if we consider that advice is more likely to be sought to explain anomalous or negative experiences rather than to confirm a positive one. *Patient.info* is the only platform where I found no article titles that directly reference puberty and growing up, reflecting perhaps the medical focus of this resource, as it caters to both medical professionals and lay readers, with nearly 80% of the articles returned under the *menstruation* search being directed specifically towards their professional user base. The analysis of the menstruation-related content across the search results and the detailed analysis of specific articles from the three platforms suggested three key narratives through which menstruation is framed. These are: menstrual normativity[2]; pregnancy and menstruation as failed fertilisation within a heteronormative framework; and positive versus problematic periods. There are multiple discourses surrounding menstruation in Western culture which have overlapped and influenced each other. For example, late eighteenth and early nineteenth century medical views on menstruation were heavily informed by moralistic Christian ideologies (Lander, 1988: 10-25), and nineteenth-century medical narratives often characterised menstruation as traumatic and debilitating (Martin, 2001: 35). In contrast, third-wave feminist activists have strongly resisted the tendency of medicalised models to view menstruation as a 'problem in need of a solution' (Bobel, 2010: 7). This is reflected in the contemporary framing of menstruation simultaneously as a biological and social phenomenon (Lander, 1988) which 'symbolizes both reproductive and sexual potential' (Lee, 1994: 360) of the menstruating body. Menstruation has only begun to emerge from a culture of silence and shame relatively recently, not helped by the sex-segregation of topics such as puberty in the classroom which means that boys (and therefore adult men) have rarely benefitted from menstrual education at school. As stated by UK Member of Parliament, Paula Sherriff, menstrual education for children of all genders is crucial as many 'boys will go on to be husbands, fathers, teachers or doctors' (House of Commons, 2017: c175WH).

In order to identify themes within each article a keyword search was conducted (see **Table 2**). Keywords were selected to search for established notions of menstrual norms and further keywords were added — such as *childbearing* and *men* — as they emerged from an initial reading of each of the articles. A number of keywords yielded no results in the three selected articles — these were terms relating to gender-neutral language, specifically negative terms relating to stigmatisation, and alternative menstrual products.

The analysis illustrates that while menstrual activism and contemporary feminist discourse discuss menstruation without constraining it to any single gender identity, these everyday medical texts continue to utilise a traditional binary gender framework. Within the selected articles, the words *woman* or *women* appeared 21 times [see **Table 2**], and *girls* appeared four times. The more scientific word, *female,* referring to biological sex was utilised infrequently — appearing most in the *Patient.info* article — demonstrating that while these texts have roots in medico-scientific language, their language is heavily influenced by more cultural constructions of gender. No gender-neutral terms such as *menstruator* appear across the material reviewed in any of the articles. This also reinforces traditional binary

[2] Josefin Persdotter uses the term *menstrunormativity* in the forthcoming publication 'Introducing Menstrunormativity' (forthcoming 2019).

Table 2. Keyword frequency within the *Boots WebMD*, *NHS Choices*, and *Patient.info* articles on menstruation

KEYWORD	BOOTS WEBMD	NHS CHOICES	PATIENT. INFO	TOTAL
period(s)	21	34	64	140
you(r)	3	53	78	134
menstrual cycle / menstrual period	26	2	11	39
woman / women	14	7	9	30
pain / painful	6	1	14	21
tampon	3	10	8	21
pregnant / pregnancy	8	7	5	20
normal	11	0	7	18
change(s/d)	3	3	9	15
girl(s)	3	6	5	14
sanitary pad	2	7	2	11
average	3	2	3	8
female	1	0	7	8
premenstrual	1	3	3	7
abnormal / abnormalities	0	1	4	5
menstrual cup	0	4	1	5
vary(ing) / varies	3	0	2	5
emotion(al)	3	1	0	4
PMS / PMT	0	4	0	4
baby	3	0	0	3
typical(ly)	2	1	0	3
childbearing	1	0	0	1
dirty	0	0	1	1
man / men	1	0	0	1
mood	0	1	0	1
childbirth	1	0	0	1

understandings of gender that codifies menstruation as a strictly biological phenomenon that happens to cis women, and leaving non-binary and/or trans menstruators out of discussion. It is interesting to note that while none of the articles contain words that explicitly reference stigma, no explicitly positive words are used to describe menstruation either. The articles reinforce a narrative of menstruation that is personal and private, referring only to medical professionals — or a man who might provide sperm to fertilise an egg — other than the reader, assumed to be a woman or girl.

MENSTRUAL NORMATIVITY

Emily Martin (2001) contrasts prevailing medical metaphors used to describe menstruation, pregnancy and menopause in terms of mechanical production with the oral testimonies of the lived experience of these phenomena of women from different class and racial backgrounds. She states that 'in the current medical model, regular periodicity between well-defined limits is considered normal' (Martin, 2001: xi), and that while 'regularity is normal, good, and valued; irregularity is abnormal and negatively valued' (ibid). She goes on to draw on scholarship from heart health and epidemiological research which suggests that increased flexibility and variance might actually suggest a greater ability to adapt to the various stresses of life such as changing environments or life circumstances (Martin, 2001: xii). The influence of medicine on broader understandings of menstruation is underscored in Lander's analysis of menstruation as 'simultaneously a biological event and a cultural event' (Lander, 1988: 9) which has often been presented to women through the lens of 'medical ideology, reflecting social ideology' (ibid). The cultural representation of menstruation has been explored in different forms, with researchers exploring areas from menstrual activism (Bobel, 2010), to art and literature (Bobel and Kissling, 2011), to print culture and advertising (Houppert, 2000; Røstvik, 2018). What emerges from this body of literature on the subject of menstruation and the many other recorded accounts of the phenomenological experience of menstruation from people who menstruate, that menstruation is a highly individual and varied experience. From the physical experience of menstruating through to attitudes informed by the differing intersections of class, gender, culture, racial and socio-economic identity, for all the physiological things menstruators might have in common, there are many other aspects — physical and social — that might differ considerably.

Of the three selected main articles on menstruation, *Boots WebMD* uses the term *normal* most frequently (11 times in total), while the *NHS Choices* article does not use it at all. The *Boots WebMD* article is titled 'Normal menstrual cycle and periods' (Boots WebMD, 2016: 1), with the term repeated in the first subtitle: 'what happened during a normal menstrual cycle?' (ibid). The doubling of the term *normal* at the opening of the article reinforces

the notion of a normative menstrual experience, which in this particular text is presented almost exclusively in relation to pregnancy:

> During a woman's childbearing years, her body will usually experience a menstrual cycle: a complicated cycle controlled by hormones to prepare her body for pregnancy. (Boots WebMD, 2016: 1)

The first sentence of the article firmly situates menstruation in a context of 'childbearing' and 'pregnancy', alienating those menstruators who do not associate their menstrual cycle and flow with a desire — or are unable — to become pregnant. The sentence also constructs a dichotomy between the menstruating person and their body. The subject — in this instance the woman — and her body are alienated by a process that is described as controlled and experienced outside the menstruator. The rest of the article echoes this oddly detached language referring to 'a woman' or 'a girl' and 'her body', or to the reproductive organs and gametes as though they are independent entities instead of parts of one whole. This reinforces the notion that the process of menstruating is something unpleasant and unnatural that should be kept at arm's length. The framing here contrasts starkly with both the *NHS Choices* and *Patient.info* articles which both use the terms *you/yours* frequently, and develop a more individualised, and perhaps patient-conscious tone and description of menstrual experience.

Instead of describing or qualifying menstruation itself as something with a normal standard, *Patient.info* refers to 'the common variations which are normal' (Patient.info, 2017), as well as 'some common problems' (ibid). This is a small but significant difference in the conceptualisation of menstruation presented across the three examples: instead of establishing a description of menstruation that is itself normative, variation is framed as the norm. It is especially important that sources of information with some perceived form of medical authority are careful to establish variation as a key feature of menstruation, and to clearly define ranges of expected experience that are not considered to be pathological. In contrast, *Boots WebMD* cites a vague cycle length of 'around 28 days' (Boots WebMD, 2016: 1) which 'varies from woman to woman' (ibid). None of the advice provided across the three articles establishes clearly how much variation outside twenty-eight days a menstruator might experience before needing to seek further advice from a primary care provider, other than to suggest they should take a pregnancy test. As Rees notes, in socio-cultural terms, 'the tyranny of the notion of a bodily norm means that, in the act of being human, our very humanity — our age, weight, ability — sets us up to fail' (Rees, 2017: 7). In my experience this is no less true for menstruation: it is an event that varies greatly between — and for — individuals, but has often been framed as an unchanging, regularly cyclical and predictable event.

PREGNANCY AND MENSTRUATION AS FAILED FERTILISATION

Fertility and reproduction are central to contemporary Western debates on gender, and as Cordelia Fine observes, we are 'spellbound' (Fine, 2017: 14) by debates surrounding hormones and the contested ground of reproductive evolutionary divergences between the two traditionally recognised biological sexes (ibid). Menstruation — and its absence — are powerful signs and sources of anxiety for people who are trying to conceive, or are worried they may be facing an unwanted pregnancy. Despite my own experience of severe dysmenorrhoea[3], there have been times when the arrival of my period has been a huge relief. I can only begin to imagine the depth of grief that might accompany starting your period if you are hoping to become pregnant. While the absence of menstruation due to pregnancy may be good news for some, and it is entirely reasonable to discuss fertility in the context of the menstrual cycle, it is also important to consider that not all people who menstruate want to become pregnant at all. For example, a report by NHS Digital states that 79% of women attending Sexual and Reproductive Health Services (SRH) in England in 2016-17 were visiting to start or maintain contraception methods (NHS Digital, 2017: 10). Additionally, use of Long Acting Reversible Contraceptives increased from 18% in 2002-3 to 31% of women accessing SRHs in England (Health and Social Care Information Centre, 2014: 6). Martin's (2001) examination of the language of medical textbooks revealed that many described menstruation negatively as the result of a failed fertilisation process. It is striking that over thirty years later this narrative is still evident in the way *Boots WebMD* frames its discussion of menstruation overwhelmingly through the lens of 'childbearing' (Boots WebMD, 2016: 1).

To frame menstruation entirely through a reproductive lens assumes that the menstruator desires pregnancy, and reduces the potential of their bodies to be and be seen only as vessels for carrying babies. As Janet Lee notes, the onset of menstruation 'signifies both emerging sexual availability and reproductive potential' (Lee 1994: 344) which in a Western patriarchal society is often understood through heteronormative desires. This perspective designates the post-menarche body as reaching adulthood, and therefore ready to fulfil the dual roles of object of sexual desire and mother (e.g. Lee, 1994; Haug et al., 1987; Young, 1990).

[3] Dysmenorrhoea is the medical term for period pain.

Of the three articles analysed, *Boots WebMD* presents a model of menstruation that emphasises pregnancy. Words relating to pregnancy are used more frequently in the *Boots WebMD* article (see **Table 2**) than either of the other texts, reinforcing the sexualisation of menstruators within a heteronormative narrative of sex for reproduction. *Patient.info* and *NHS Choices* briefly discuss pregnancy within the broader context of the menstrual cycle, foregrounding individual experience and cyclicity rather than fertility, going some way towards decentring traditional gendered childbearing roles and heteronormative expectations from the cultural construction and understanding of menstruation.

Patient.info frames menstruation as a cycle of hormonally mediated bodily changes. It makes very little mention of pregnancy at all until its explanation of the phases of the menstrual cycle, noting that it is possible to become pregnant if 'you have recently had sex and there are sperm in your womb' (Patient.info, 2017) during the first half of the menstrual cycle. *NHS Choices* takes a similar approach and tone, restricting the discussion of pregnancy to a discrete section within the article, and places fertility within the broader context of the menstrual cycle and contraception through providing links to these topics. Both of these platforms describe menstruation as an internally regulated process that is affected by fluctuating hormones within the individual menstruator.

In contrast, *Boots WebMD* presents menstruation in terms of not becoming pregnant. The article presents an unnecessary tautology of a 'man's sperm' (Boots WebMD, 2016: 2) fertilising the passive egg, noting that if that does not happen then menstruation begins. Instead of emphasising menstruation as a cyclic process, it presents the interaction of an external factor as the core agent of influence in the process. *Patient.info* and *NHS Choices* discuss pregnancy in a comparatively clinical and neutral tone, and while both mention sperm, neither of these articles mention men. While their discussion of sexual intercourse and pregnancy draws on scientific definitions of biological sex in the context of reproduction, they do not explicitly frame this within a heteronormative narrative of sex to the same extent that *Boots WebMD* does.

Furthermore, the topic of pregnancy is threaded throughout the *Boots WebMD* article, bookending the advice from the first paragraph to the final section sensitively titled 'How many eggs does a woman have?' (Boots WebMD, 2016: 3). While all three examples contain sections that address related conditions and problems which might impact the menstrual cycle, *Boots WebMD* names pregnancy first and foremost (ibid). This may be true in the sense that being pregnant stops periods, but there are many other factors that impact the menstrual cycle. The article does list other factors, but only after a short paragraph detailing pregnancy as a separate and overriding condition. Even in the list of other conditions that might affect menstruation, emotional stress is linked directly to pregnancy — even though it seems reasonable to assume that any number of different areas in the life of anyone that menstruates could induce stress. It demonstrates the depth of the investment in the model of menstruation as failed pregnancy, and the overarching outdated and sexist model which emphasises the woman-as-mother role, defined by heterosexual relationships and a pre-supposed normative desire to produce babies.

This approach seems out-of-step with changing contemporary cultural attitudes towards childbearing. For example, recent data from the UK's Office for National Statistics (ONS) reveals three significant trends: in England and Wales, fewer children are being born than in previous generations; more women are delaying their pregnancies until later than they did in previous generations; and the number of women remaining childless is also rising (ONS, 2017). By foregrounding pregnancy as the most central issue relating to menstruation consistently through the advice, the proprietors of *Boots WebMD* seem clearly invested in a traditional ideological view of women in society, with the female body bounded by a rigid definition as a reproductive vessel.

The framing of menstruation as failed pregnancy is alienating to cis women who do not want to have children. It is also an insensitive and unnecessary reminder to those who would like to become pregnant but cannot, especially as it draws on fertility anxieties, detailing in the closing of the article that 'the vast majority of eggs within the ovaries steadily die' (Boots WebMD, 2016: 3). It is also alienating to cis and trans and/or non-binary menstruators who experience physical and/or psychological difficulties relating to menstruation and further reinforces traditional binary gender roles. For example, a poem by menstrual activist Cass Bliss Clemmer illustrates this poignantly. The piece, posted to their recently launched website, *Bleeding While Trans,* describes menstrual bleeding as experiencing 'another day I shed my gender' (Clemmer, 2018).

Highly gendered and binary representations of menstruation are exclusionary, forcing the definition of women as menstruators, and menstruators as women in a rigid and damaging way. To continue to frame menstruation in the terms of failed reproduction is both a failure to recognise that cultural norms have started to shift away from the patriarchal binaries of gender, and is a stubborn continuation of traditional roles that represent a diminishing section of culture. That two of the three cases studied are able to discuss menstruation without emphasising pregnancy suggests that there may be an ideological agenda at play in the *Boots WebMD* resource. This might be fruitfully explored further in light of the recent and ongoing campaign from the British Pregnancy Advisory Service (BPAS), which has lobbied the senior management of Boots to reduce the price of emergency contraception in line with other retailers (BPAS, 2017).

POSITIVE VERSUS PROBLEMATIC PERIODS

As well as constructing and reflecting notions of menstrual normativity to different degrees, the articles present menstruation as positive or problematic in varying ways. The overall framing of menstruation across all three articles is overwhelmingly as problematic, with only one of the articles making any positive statement about menstruation. Menstruation is discussed in each of the texts as an experience that has to be coped with in two key areas: dealing with unwanted physical and emotional side-effects and the management of menstrual flow.

Patient.info provides the closest thing to a positive statement regarding menstruation in all three examples, answering its heading that questions whether there is a need to change your behaviour while bleeding:

> No. Carry on as normal. If you find the periods painful, regular exercise sometimes helps. Periods are not dirty; they are a normal part of a woman's life. You can go swimming, have a bath, etc. You may prefer to use tampons if you enjoy swimming. (Patient.info, 2017)

To state that menstruating is not unclean falls quite far short of positive affirmation, but to go even go this far is more than we see in the other selected texts. The enduring influence of conservative Christian values on UK menstrual culture is reflected in the continued encouragement of modesty and silence to ensure that menstruation remains hidden. While menstruators have been segregated from their communities (or have possibly chosen to be sequestered away during menstruation) across many religions and societies, Victoria Newton observes that in a contemporary UK context 'we have witnessed a historical shift from the invisible menstruating woman to invisible menstruation' (Newton, 2016: 183). The hesitant positivity presented by *Patient.info* is barely a cause for celebration, the rest of the paragraph is far from innocuous. Directing menstruators to exercise their pain away and to 'carry on as normal' is paternalistic and dismissive of both the deeply ingrained shame that accompanies menstruating, as well as the reality that according to the National Institute for Health and Care Excellence (NICE) anywhere between 50 and 90 per cent of menstruators in the UK are affected by dysmenorrhoea (NICE, 2014). Beyond the prevalence of dysmenorrhoea among menstruators, this instruction towards stoicism falls within the gender biases that are well documented across different areas of medicine (Holdcroft, 2007; Hamberg, 2008; Samulowitz et al., 2018). The research in this area points towards a culture of disbelief of women's pain and their ability to report their own experiences accurately (for example see Fassler, 2015; Fillingim et al., 2009; Hoffmann and Tarzian, 2008).

Simple changes to the framing of menstruation at points in the text such as this could be made to acknowledge the broad variety of menstrual experience and menstruating individuals. For example, stating that exercise *and* painkillers can provide relief or instead of ring-fencing menstruation as being a normal part of women's lives, it would be far more inclusive to state they are *a normal part of life*. This would include trans and/or non-binary menstruators, as well as acknowledging that menstruation is part of life for everybody to some degree — even people who do not menstruate might have family members, partners, or friends that do menstruate and it should be framed and promoted as a normal part of their lives too.

Menstrual management is discussed in all three texts. On the one hand these sections provide (limited) practical information on what to do while bleeding. On the other hand, other than the single example noted above the articles frame menstruation as something unclean that needs to be cleaned up and disposed of, particularly through the use of the term *sanitary* rather than *menstrual* products in the *Patient.info* and *NHS Choices* articles. Feminist scholars and activists have criticised the term *feminine hygiene product* (e.g. Fahs, 2016; Quint, 2017), though *sanitary product* seems to have elicited less robust critique. As Breanne Fahs states:

> The phrase *feminine hygiene* [original emphasis] implies "products to keep the unkempt, unruly, unhygienic, dirty, unsanitary, bloody vagina in check" rather than simply stating the actual terms for what women use. (Fahs, 2016: 48)

While *sanitary product* avoids 'needlessly gender[ing]' (ibid) products as the term *feminine hygiene product* does, it still maintains the notion that menstruation — and therefore people who are menstruating — are fundamentally unclean. The term *sanitary product* also continues to shroud menstruation in euphemism, reinforcing the 'private, personal nature of bleeding' (Houppert, 2000: 81). While *Patient.info* and *NHS Choices* do at least provide sub-sections specifically addressing menstrual products — even if the terminology used is problematic — the *Boots WebMD* article provides no general practical advice for what to do while bleeding.

Perhaps most perplexing — and worrying — is that menstrual management is only mentioned by the *Boots WebMD* article in the context of problems relating to menstruation. Instead of providing practical advice or menstrual product suggestions, the article only refers to tampons in relation to Toxic Shock Syndrome (TSS). Furthermore, while alerting readers to the danger of contracting TSS additional information, explanation or context is subtly signposted by an embedded text hyperlink. This reflects the lasting cultural association between tampon

use and TSS following the emergence of menstrual toxic shock syndrome as 'a public health threat to women of reproductive age' (Hajjeh, Reingold et al., 1999: 807) following the full commercial launch of the super-absorbent Rely tampon developed (and later discontinued) by Procter and Gamble (Bobel, 2010: 53; Houppert, 2000: 26). However following the introduction of guidance for proper use of tampons and changes to the manufacturing of tampons, cases of TSS have greatly reduced and now most UK cases of TSS are not related to menstruation (Sharma et al., 2018). *Boots WebMD* only otherwise mentions menstrual pads and tampons in relation to using a large number of pads for a heavy flow. Both of these instances provide very little practical everyday advice, and without further research from the reader could potentially cause considerable alarm. It is particularly irksome to find that an article supposedly about menstruation provides much more information and advice on pregnancy and fertility than it does how to manage periods on a day-to-day basis.

The types of menstrual products mentioned in each article are largely restricted to disposable, commercial products. This reflects the significant influence — including promoting and upholding menstrual taboo — major brands have had over menstrual management (Røstvik, 2018) and menstrual education (Houppert, 2000: 60-74). All three articles mention pads and tampons. The only alternative, reusable method suggested — menstrual cups — is noted by *Patient.info* and *NHS Choices*. None of the articles mention products such as period underwear or reusable cloth pads and none enter into any discussion of the positive and negative aspects — such as personal comfort, initial or long-term cost, or environmental considerations — of the methods mentioned other than how they collect or absorb the blood or that tampons might be 'more convenient' (Patient.info, 2017). This is another area where cis-normativity might be productively countered through basic information, as menstrual products have emerged in recent years — such as absorbent boxer shorts — that break gender binaries and the gendered expectations that are deeply ingrained in the use of and marketing of traditional menstrual products. Non-conventional products such as menstrual cups or absorbent period underwear in a variety of styles other than traditionally feminine styles — are crucial for trans and/or non-binary menstruators who might be at risk of violence if found to be menstruating, as Fahs describes the experience of one of her psychotherapy clients:

> Nash spent his entire menstrual cycle hoping not to bleed through, and he constantly feared that other men would hurt or even kill him if they discovered him as FTM [female-to-male]. Menstruation felt like a lethal form of "outing" him as a trans man. (Fahs, 2016: 82)

Providing a greater range of information is crucial to enable all menstruators to find methods that are most suitable to their individual situation — from environmental or health concerns, to serious issues surrounding personal safety — and alternatives to disposable menstrual products should be more comprehensively incorporated into medical advice and information resources.

The final aspect of the three articles to compare is the information presented on the physical and emotional symptoms associated with premenstrual syndrome (PMS) and other problems such as painful, irregular, heavy or absent periods. The quantitative analysis suggests that *Patient.info* places most emphasis on physical symptoms of PMS; it has by far the most instances of the word *pain* (see **Table 2**). However, a close comparative reading of the three articles provides a more nuanced picture of their presentation of negative premenstrual symptoms.

Patient.info and *NHS Choices* provide links to further information on PMS whereas *Boots WebMD* does not, linking only to general pages relating to some premenstrual symptoms — such as bloating, depression and headaches — rather than providing further information in the specific context of the menstrual cycle. *Boots WebMD* lists the most premenstrual symptoms of all three articles — ten in total — including a broader range of emotional and physical complaints, such as trouble sleeping or concentrating and feeling upset or depressed. The broader list of potential negative premenstrual symptoms presented is one of the most positive aspects of the *Boots WebMD* article. Listing a range of symptoms, rather than hiding most behind a click-through link, gives a more detailed and accessible understanding for the reader and normalises a broader range of symptoms overall. It is also worth noting that *Boots WebMD* is the only of the three articles to refer to premenstrual symptoms, rather than using the medical terms PMS, PMT (premenstrual tension) and PMD (premenstrual disorder). This perhaps reflects a more individualised and emotive approach — also expressed in the framing of menstruation around pregnancy — by this resource, in contrast to the more straightforwardly medical tone and content presented by *Patient.info* and *NHS Choices* which are both directly associated with the medical profession in the UK.

Amongst the description of negative aspects of menstruation the *Patient.info* article notes that 'you may feel irritable before a period' (Patient.info, 2017), that such symptoms are 'normal' (ibid) and that if you experience more 'severe' (ibid) symptoms then you may be experiencing PMS. There is no indication of what constitutes a normal or severe level of discomfort, which on the one hand may encourage menstruators to consider what is normal for them, but on the other provides no frame of reference to suggest what sort of pain should warrant further investigation. Moreover, the only emotional impact mentioned is that you might 'feel irritable' (ibid). This is a vague and reductive description which plays into the stereotypical and stigmatising view of premenstrual people as potentially 'violent, irrational, emotionally labile, out-of-control, and physically or mentally ill' (Johnston-

Robledo and Chrisler, 2011). Adverse physical symptoms such as period pain and heavy periods are afforded more detailed and reassuring advice, reiterating that experiences vary: 'some women have more pain that others' (Patient.info, 2017). The weighting of the advice towards physical symptoms reflects ongoing public, political — e.g. the equality4mentalhealth.uk campaign launched in 2015 (Wax, 2016) — and clinical debates (Millard and Wessely, 2014) surrounding the lack of parity between physical and mental health care in the UK.

NHS Choices places very little emphasis on menstrual problems such as pain and excessive bleeding, instead providing links to these related conditions at the end of the first section of the article. Unlike the other examples, which frame periods in terms of related problems or through establishing normal menstruation in their titles, the *NHS Choices* article is neutrally titled as 'Periods'. This neutral framing is carried through the article, which though quite generalised and brief provides ample links to related pages and notes that menstruation is a varied experience. The article neither dwells on nor dismisses unwelcome physical conditions such as dysmenorrhea, and along with the neutral title this potentially creates a more neutral space for readers to construct their own meanings around menstruation. While possible related physical conditions are given little attention, PMS is afforded its own sub-headed section. This provides a link to a more detailed page, and while it adds 'mood swings' (NHS Choices, 2016) to the list of possible symptoms, the only other emotional affect named is 'feeling irritable' and 'loss of interest in sex' (ibid). While a much broader range of symptoms appears on the linked page on PMS, it would it would be useful to include a broader range of possible emotional symptoms within the main article in order to reassure those affected and promote a more nuanced understanding of PMS overall.

In the first part of the article, I have explored the largely problematic ways in which menstruation is framed in a selection of everyday medical texts published online and how this might inform and / or reflect contemporary understandings of menstruation. I will now discuss the practice-led research that was the main catalyst for the above analysis, and my use of performative artistic techniques to develop alternative personal understandings of my own experience of menstruation.

DECONSTRUCTING MENSTRUAL STIGMA THROUGH ENTANGLED AUTOBIOGRAPHICAL ART PRACTICE

My artmaking is an exploration of the continued rippling effect of encountering menstruation — both my own and the representation of menstruation generally — stuck between medicalisation and the languages of advertising built upon maintaining the secrecy of the event of menstruation. As Jennifer Weiss-Wolf observes, to sell menstrual products for much of their history 'the message was always the same. No leaks, no stains. No pain. No problem' (Weiss-Wolf, 2017: 14). Against a backdrop of pervasive cultural messaging, the experience of menstruating has become aestheticised, commodified, and open to comparison with the normative experiences portrayed, however caricatured they may be. My work joins others who present menstruation on their own terms, as a form of menstrual activism which Bobel and Kissling describe as revealing:

> how women internalize destructive messages about womanhood including notions of our bodies as messy, unruly things (yes, things) that need to be tidied up, medicated, plucked, smoothed, and trimmed. (Bobel and Kissling, 2011: 123).

It is perhaps not stated often enough that these messages are not only internalised by cis women — they are available to and internalised by everyone, giving rise to anxiety for those who menstruate and reinforcing harmful, misogynistic expectations of female bodies in others. Chris Bobel (2007: 87) describes menstrual activism as growing from the 1970s women's health, environmental and punk movements with 'a scathing critique of the dominant Western cultural narrative of menstruation, resisting the framing of menstruation as dirty, shameful, and something best hidden' (ibid), and to challenge the binary view of gender that 'equates menstruation with womanhood' (Bobel, 2006: 89). Bobel has also noted that the broad range of activities undertaken over decades 'reveal[s] the diverse ways menstrual activism has responded to shifting temporal, political, and social contexts' (Bobel, 2008: 739). Fahs (2016: 96-97) outlines in detail the important work menstrual activists have undertaken to challenge the proliferation of commercial menstrual products, resist the pathologisation of menstruation, and encourage more positive relationships to bleeding for menstruators and non-menstruators alike. She also points to different strategies that could be adopted by menstrual activists that go beyond the traditional focus on commercial menstrual products (Fahs, 2016: 104). These strategies include 'rebelling against the culture of secrecy and shame around menstruation' (ibid) and 'adopting radical postures of "outing" oneself as menstruating women' (ibid).

In my visual artwork, I deploy my menstruating body in a performative gesture that both 'outs' me as a menstruator and illustrates a menstrual cycle that does not fit the *normal* descriptors provided by medical texts, such as those analysed above. *Cycles* (2016-2017) (see **Figure 1**) is a series of 3 metre long hand stitched scrolls, each divided into 28 sections — sometimes a few more or less — by a knotted red stitch. I began the work as a

Figure 1. Bee Hughes, *Cycles*, 2016-2017. Acrylic and menstrual fluid on hand stitched linen scrolls, installation size variable

way to confront my painful, inconsistent menstrual cycle, making a single print each evening over a six month period by applying paint to my vulva with a small brush or my fingers. Once inked, I carefully press the linen against my vulva, transferring the paint and any body fluids present to the cloth. I refer to my practice as *performative printmaking*, as it goes beyond traditional printmaking techniques that utilise mechanical apparatus to create images. Instead, I utilise my body as printing plate and press, with the resulting serialised images forming a material document of the gesture. The artworks form a documented performance of my irregular and changing menstrual cycle, a direct and public challenge to the 'stigma of menstruation' (Johnston-Robledo and Chrisler, 2011: 9).

The white scrolls with carefully divided sections are intended to evoke notions of the sanitary, suggesting both the clinical setting and the private sphere: white sheets; white pads and tampons; white cotton knickers; the dread of staining any of them. In her analysis of menstrual stains in relation to Kristeva's (1982) exploration on the abject, Fah's notes that if a menstruator has bled through their clothing, they have '*bled through* [original emphasis] not only their literal underwear and pants but also transformed the boundary between public/private, self/other, and animal/human' (Fahs, 2016: 38). The ink and blood left on the scrolls are a direct retort to a persistent 'emphasis on the private, personal nature of bleeding' (Houppert, 2000: 81) and a standardised rather than individualised idea of the menstrual cycle. Furthermore, in exposing the variations in my own cycle through the *Cycles* prints, alongside my other works in poetry and in talking openly about my periods in relation to these works, I aim to counter this normalised period and present a personalised account of a menstruating body. The reiterative process of making the prints, and the repetition in my other works, are my attempt — to paraphrase Sara Ahmed — of not reproducing the grammar of patriarchy (2017: 4) which underpins the narrative of menstrual taboo. Judith Butler refers to 'a recurrent moment […] when we grasp that we are in the midst of reiterating a norm, even that a norm has entered into a basic sense of who we are, and start to deviate […] from that more obedient sense of repetition.' (Butler in Ahmed 2016: 484). My artistic practice begins with and stays with a realisation that for most of my adolescent and adult life I too had been reiterating the norm of period taboos.

To make these works is to fall out of alignment — to borrow Ahmed's term (2017: 55) — with what is expected: silence, shame and deference to taboo and to recalibrate the way in which I act out my period, both at a personal level and as an artist facing an outside audience.

At the core of the *Cycles* project is a desire to de-mystify menstruation and bodies that menstruate as distinct from the norm, as a phenomenon that affects most of the population in some way — directly as menstruators, or indirectly as the partners, friends or relatives of menstruators. That vulvas and vaginas — and images of them — exist outside the erotic, the sensational, the medical and the abject. I aim to present the everyday-ness of

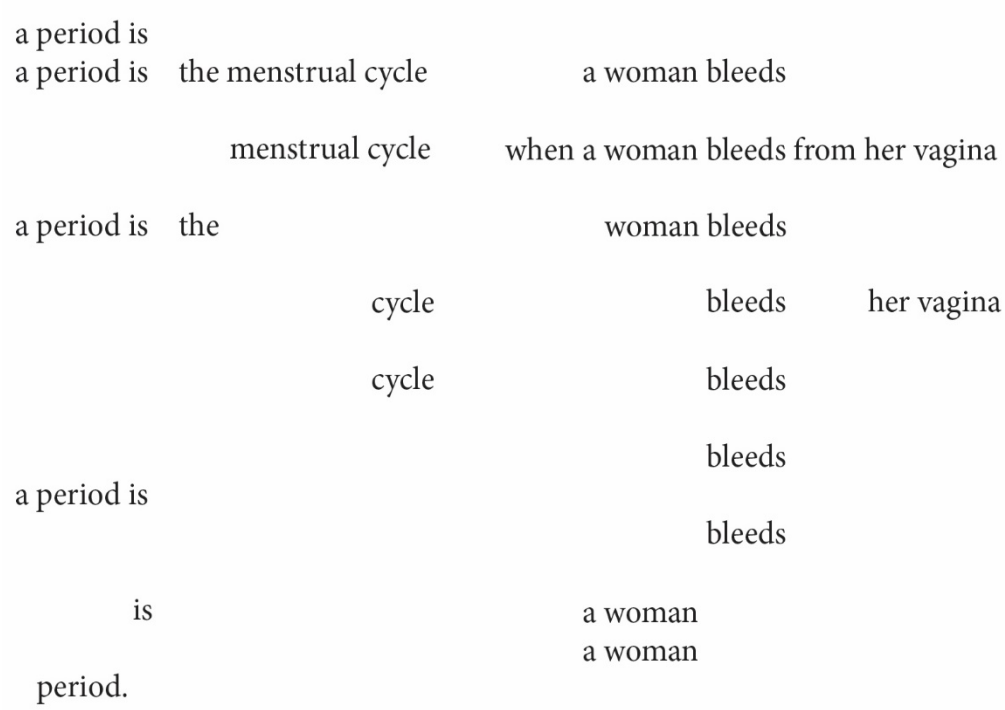

Figure 2. Bee Hughes, *a period is...*, 2016, visual poem

menstruation, and suggest the ever-changing and fluctuating nature of the human body as no two vulva prints are the same. These works are at once intensely personal and present a fragmented and incomplete picture of myself as the artist, which can only be understood within my biography with access to further discussion, gallery presentation, additional writings such as this article, or oral presentations. Though my work presents an alternative image of menstruation, when read alongside the online medical advice, it becomes apparent that neither art nor medicine can provide a complete picture alone. Both medical and 'vernacular knowledge and belief' (Newton, 2016: 1) which inform the overarching cultural constructions of menstruation outlined above are incomplete. Reading cultural, medical and artistic articulations through each other offers the potential to entangle everyday 'folk' (Newton, 2016) meanings, medical knowledge and personal experience towards surfacing empowered, nuanced understandings of menstruating bodies made accessible through the dissemination of artworks and autobiographical context in multiple forms.

Alongside and intertwined with the visual work are poetic experiments which began as written and visual poems, later developed into soundworks. My poems are composed by cutting-up or redacting and permuting phrases from online advice pages — such as those analysed above — and stem from a desire to explore my experience of not feeling accounted for and listened to in my ongoing encounters with medical professionals regarding my own menstruation. In the tradition of cut-up writing, the source text is re-appropriated into a radically different context. Miles writes of William Burroughs (one of the earliest and most well-known cut-up writers) and his analogy of language as a virus that the only way neutralise the power of those in control 'is to destroy their means of control: their language' (Miles, 2010: 126). While the poems are collaged from found words that are themselves divorced from any single subjective experience, they hold an emotional resonance. Through permuting and repeating phrases and words, I attempt to recreate the feeling of searching for medical advice online, skimming texts and finding little reassurance. The poem *a period is…* (2016) appropriates text from the *NHS Choices* website, intertwining words of medical authority with personal experience and emotion. This intervention aims to deconstruct and complicate the language of menstruation I found while consulting everyday medical resources online. I enmesh my embodied experience with these texts as a personal means of questioning and reconfiguring the way menstruation and menstruating bodies are understood by moving the text from its assumed original context as medical to a more explicitly cultural space. Through these experiments there is a potential to highlight the complex entanglement of culture and medicine in the understanding of menstruation that has been so well-articulated by many of the scholars cited here. Through exposing and entangling the medical with the cultural in this way, this research aims to underscore the extra-clinical space of online medical advice as part of everyday experience, as a cultural medical hybrid text rather than a strictly specialist part medical authority that is traditionally inaccessible to lay audiences.

Figure 3. Installation image of *Comfort Zones* exhibition at Liverpool School of Art & Design, 2017. Photograph: Bee Hughes. Pictured: Eva Petersen, *Yes, I am Looking Straight at You*, 2017, photographic prints. Bee Hughes, *Infinite Cycles*, 2017, multimedia installation.

In the poem I aim to mirror the feeling of frustration that arose while reading online advice which presents little space for variation, outliers or non-conforming bodies and cycles. For example, in *a period is…* (2016), the repetition of *a woman* and *bleeds* reflects irritation that the original text described bleeding categorically as something women do. The exasperation was twofold: first, there was the implication that womanhood should be defined by the ability to menstruate; second was the idea that only cis women menstruated. In the reiteration and fragmentation of these phrases, I am opening this orthodoxy up to question rather than reinforcing it as hard fact — by repeating the words until they lose their meaning and their power to define menstrual experience.

This sentiment carried through into my poems as they are translated into soundworks. This process of returning the words to the body through my voice reflects the performative form of the visual works. *Un-voiced* (Hughes and Petersen, 2017a) combines a spoken word poem composed by redacting the same advice used for *a period is…*(2016) with non-vocal breathing sounds composed and performed by Eva Petersen. The piece plays on the expectations of a performance, and the expectation of silence that surrounds the social stigmatisation of menstruation. Petersen is a vocal artist whose entire performance for the piece is comprised of pre-vocal breathing exercises. In contrast, a clear voice dispassionately reads words pulled from the medical text: the pronouns used in the text — *you, woman, girl* — and the words *period* and *vagina* emerge from the breathing. The tension between the intimate breathing sounds and the disjointed, context-free words alludes to the various ways contemporary culture tends to silence or homogenise individual experiences. When played on a loop — as in the collaborative exhibition *Comfort Zones* (Hughes and Petersen, 2017b), alongside close-up self-portraits of Petersen's mouth taken whilst singing and the *Cycles* prints — the repetitive, fragmented phrases echo (sonically as well as metaphorically) the growing sense of frustration associated with my ongoing exploration of everyday medical texts and traditional ideologies and attitudes surrounding menstruation.

CONCLUSIONS

My artistic practice is a work-in-progress which will continue to develop and respond as this research evolves. Preliminary findings of this practice-led research have enabled me to situate my practice as alongside menstrual activism, as it continues to evolve as a method through which to question and challenge socio-cultural stigma and normative assumptions constructed through sources of medical and cultural authority. My practice has become a space of personal resistance to normative constructions of menstruation, and through its dissemination I hope to contribute to ongoing discussions that erode the norm of menstrual taboo. In the re-appropriation of medical texts and re-embodiment of my work through sound — as in *Un-Voiced* (2017) —I aim to continue to develop my own voice and understanding of menstruation, particularly investigating sites of tension where my own work might further deconstruct or become complicit in normative ideas and practices of menstruation in wider culture.

Depicting menstruation that conforms to neither contemporary ideals — the regular or the regulated — as an everyday rather than pathologised occurrence, complicates the traditionally assumed binaries of 'health/disease, whole/broken, normal/abnormal' (Price and Shildrick, 1998: 4) often attached to biomedicine. Though these binaries have been eroded through the turn towards a reinstatement of the 'materiality of the body' (ibid: 7) in feminist critical theory, this turn has also been criticised for remaining 'highly abstract' (ibid). The practice of art-making, particularly autobiographically entangled, visceral and phenomenologically produced through the body has the potential to foreground — literally and figuratively — 'the material body in the very acts of academic production' (ibid) and anchor theoretical explorations in tangible, relatable situations.

This developing body of work began as a highly personal method of claiming control over my irregular menstrual cycle. It has shifted towards what may be described as an artistic practice not developed 'in service or opposition to the clinical and life sciences, but as productively entangled with a 'biomedical culture'' (Viney et al., 2005: 2). It is produced in the context of a broadened notion of the medical 'beyond the primal scene of the clinical encounter' (ibid) through engagement with online medical texts utilised outside (as well as within, in some cases) the clinic. *Cycles* presents an embodied experience that falls between and outside the intertwined medical and vernacular ideals of menstruation. Modified by hormonal contraceptives, my body presents neither a normative ideal 28-day cycle reinforced by now widespread use of the contraceptive pill (Oudshoorn, 1994) — nor fulfils the further promise of a cycle fully under control and rendered invisible through the cessation of menstrual flow achieved through a form of 'technological manipulation' (Balsamo, 1996) provided by hormonal contraceptive developments.

My analysis of the examples websites reflect that these examples of health advice remain grounded in traditional binary conceptions of gender and focus specifically on menstruation as a phenomenon that happens to cis women. *Boots WebMD*, *NHS Choices* and *Patient.info* present menstruation in relation to problems, yet offer limited practical advice on managing or coping with the experience of bleeding and any other related symptoms. I found limited positive framing of menstruation in the suggestion across all three studied sources that variation between individual experiences is normal. However, there remains an emphasis on defining and reinforcing normative notions of menstruation, and a limited potential for democratising medical knowledge between patients and physicians. Instead of providing a clear measure by which to understand whether your experience is medically normal, the construction of menstrual normativity has obscured, ignored or minimised difficulties experienced by non-normative menstruators.

Framing menstruation around pregnancy is particularly problematic in terms of younger readers seeking practical advice via this familiar and seemingly authoritative platform, and receiving only messages about their bodies in relation to pregnancy, presented as a cis-heteronormative and passive account of the body. The example texts form a bridge between medical practitioners and everyday life, presenting an outward impression of objectivity, trustworthiness and medical authority. They lack room for nuance, present limited practical advice and reinforce a highly binary and essentialist view of womanhood, constructed as dependent on the ability to menstruate and bear children.

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Overcoming 'Minimal Objectivity' and 'Inherent Bias': Ethics and Understandings of Feminist Research in a Health Sciences Faculty in South Africa

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ABSTRACT

One day, three feminist academics from different disciplinary backgrounds met over coffee on a health sciences campus. Keen to work collectively with medical students, they devised a four-week special study module (SSM) called 'Intersecting Identities' that combined a variation of Photovoice, a participatory action research method, with seminars on gender, 'race', class, sexual orientation, and other identities. The end results would include a photo exhibition open to the university community, and a portfolio of student's work. Inherent in the SSM were tenets of feminist research and disciplinary curiosity encouraged by the field of medical and health humanities (MHH). In seeking ethics approval for the SSM, the shared challenges linked to feminist research and cross-disciplinary work in MHH was revealed. The ethics committee suggested that the SSM was 'inherently biased' and that there was 'evidence of minimal objectivity, which is not what research demands'. This article contextualises the SSM in relation to the medical curriculum and the nascent field of MHH and then analyses the committee's objections and the authors' replies to them. A discourse analysis and examination of this correspondence provides insights into a case study of inherent epistemic disciplinary violence, pedagogical clashes, notions of 'risk' in research, and the long road towards epistemic generosity and reciprocity.

Keywords: ethics, epistemic violence, epistemic generosity, medical humanities, Photovoice

DISRUPTING THE USUAL USE OF SPACE AND PLACE

On an evening in 2016, the usually earnest atmosphere of an academic meeting and lecture venue was transformed by the sound of chatter, laughter, and exclamation, as people examined sketches of bones displayed on pin boards and observed, with varying degrees of interest, a group of students demonstrating a version of *surya namaskar*, the sun salutation, practised in yoga. On a table, copies of booklets containing poems and stories held the attention of those who stopped to read them. As the crowd made their way down to the lecture theatre to listen to music, singing, poetry, and spoken word pieces, they passed an exhibition of photos. Some participants cast a quick eye over the images, others stopped and looked, and read the captions underneath. The creators of these images engaged in conversations with the viewers – some of which were serious and some light-hearted. A similar scene – one that disrupted the usual use of space and place – had occurred in 2015 in another venue where other images addressing the experiences of being medical students in the Faculty of Health Sciences at the University of Cape Town (UCT), in South Africa, were exhibited (**Figures 1** & **2**).

The writing, drawings, yoga, music, and photographs were all part of evenings showcasing month-long special study modules facilitated by the Primary Health Care Directorate and undertaken by second year medical students registered for the Bachelor of Medicine, Bachelor of Surgery (MBChB) degree. These special study modules were linked either to the field of Medical and Health Humanities (MHH); or feminisms as politics, pedagogy, and practice; or both.

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Figure 1. Out of Place…by "Race"?' 2016. Photo and description by SSM participant: 'This is an image of a medical student, who is seen to be playing with his shoe … and his body language is closed, this is to emphasise his discomfort….his head is down, which further drives the fact that he feels like he does not belong there. This is in contrast to the white coat that he is wearing which is associated with authority and power and here in the image, is a disempowered medical student, uncomfortable just because of the social space he finds himself a part of'.

The exhibitions of photographs - and the processes that led to their creation and display – almost never happened. Attempts to draw on the inter- and transdisciplinary nature of the field of MHH and feminist research and teaching sensibilities (those that unashamedly focus on addressing gender and other identities, subjectivities, power, hierarchies and privilege) and cultivate co-operative rather than competitive ways of learning, were met with a combination of disciplinary policing, fundamental disagreements about what research *is* and *does*; and a lack of epistemic generosity that, we argue, resulted in a form of epistemic violence.

Having provided a description of events that occurred as a direct result of wider interest in MHH, this article will now provide a brief historical overview of the state of MHH at the university, and explain the nature and purpose of the special study module on Intersecting Identities that resulted in the exhibition. The article then turns specifically to an analysis of the exchange of correspondence between ourselves (as convenors of the special study module) and the Faculty's research ethics committee, and uses this case study to explore the responses indicated above. Finally, the article reflects critically on existing and emerging connections and intersections between feminist methodologies and MHH.

Medical and Health Humanities as Field and Part of the Faculty of Health Sciences' Curricula

Medical Humanities (MH), called Medical and Health Humanities (MHH) in South Africa, is a nascent field in the country. While there are people in academia, the creative arts, health care, and activist spaces whose work and practice may embody MHH, the formal use of the term and organising around it is a recent phenomenon. The founding group who initiated MHH came from three different universities in South Africa, and included an anthropologist, an historian, and a physician.

Figure 2. 'Polished Claws', 2015. Photo and description by SSM participant: 'Nature has been forced into social constructs. The entire photo aims to indicate the contrast between nature (bark) and societal constructs (gender binary indicated by the blue and pink nail polish)'.

In 2013 the largest public funding body, the National Research Foundation, recognised MHH as a 'new knowledge field' and provided seed funding for it to develop further. Conferences around MHH have been held in South Africa, special interest groups on health professions education have been formed, and in 2017 the first conference in the region outside of South Africa, 'Medical Humanities in Africa' was held in Malawi. In late 2014 the first Senior Lecturer in Medical Humanities was appointed in the Primary Health Care Directorate at UCT, and in 2015 'Medicine and the Arts' - a Massive Open Online Course (MOOC) - was launched by two of the founding network members.[1]

Two informal networks have been established as a way of connecting people interested in MHH: Medical and Health Humanities Africa and the Malawi Medical Humanities Network.[2] Much of the administration and labour behind these networks (and indeed behind the entire field) is done on a voluntary basis and is dependent on people having sufficient energy and time outside of their existing work to contribute to the development of the field.

In conversations and conferences, the intellectual considerations and orientations of the field, its development in English-speaking countries, and the relevance (or otherwise) of its emergence in South Africa and on the continent in relation to knowledge and other hierarchies, have been debated and considered. Some of these discussions, along with examples of MHH in practice, form part of a special issue (SI) of the *British Medical Journal*'s *Medical Humanities Journal* to be published at the end of 2018. With contributors from South Africa, Malawi, Kenya, and Nigeria, the SI is concerned with MHH in Africa as an emerging field and its relationship to issues of social justice, access, and inclusion. MHH is also evident in inter- and transdisciplinary research projects and creative processes that are underway in the region, and in interventions in health sciences education.

In the Faculty of Health Sciences at UCT efforts to introduce students to ideas of trans- and interdisciplinary work with a strong feminist bent, and the potential for reimagining how health (and concerns related to health) are understood and could potentially be reimagined, occur primarily at the undergraduate level. In the undergraduate

[1] For more on the MOOC see the FutureLearn website at www.futurelearn.com/courses/medicine-and-the-arts. (Accessed March 2018).
[2] Medical and Health Humanities Africa at https://medicalandhealthhumanitiesafrica.wordpress.com and Malawi Medical Humanities Network at https://malawimedhumsnetwork.wordpress.com (Accessed March 2018).

medical curriculum and in a third-year course in Physiotherapy, one of the authors runs a component called Critical Health Humanities that addresses issues of power, privilege, identities, the climate crises, and social (in)justice. The courses provide students with a very basic introduction to identity categories such as 'race', class, gender, sexuality and sexual orientation, and political issues such as structural violence, witnessing, and feminism.[3]

Part of the undergraduate curriculum includes a month-long special study module, and it was the idea to work collectively on such a module that brought the three academics together over coffee. Our disciplinary backgrounds and experiences include history, social work, sociology, medicine, Non-Governmental Organisation work, activism, and academia, and are all shaped by interests in social justice, feminisms, and anti-racism. We have been part of the faculty for different lengths of time but share a concern about the lack of space in the curricula for students to think about and engage with theories linked to identity politics. Our plans to address this concern emerged just before, and overlapped with, the emergence of the #RhodesMustFall movement and at a time when the rumblings of what would become the #FeesMustFall movement were increasingly audible.[4]

A special study module that combined our skills, knowledge, and interests, and made use of a creative methodology that would allow students to create and apply knowledge in multiple formats, seemed like a good idea and an interesting teaching and learning opportunity. By exploring ways of seeing, being, and reading and enabling the use of photographic images, we wanted to facilitate a process in which theory, thought, and creativity would be brought together to allow students to make sense of their personal experiences on campus. MHH, with its specific encouragement of inter- and transdisciplinarity, and the embracing of more creative expressions alongside more standard academic work, provided a broad field from which we could draw inspiration, whilst feminist research methods were central to our academic practice, and to what we wanted students to experience.

Medical Health Humanities, Feminist Research, and Feminist Researchers

In working through and making sense of what MHH could look like on our campus, and what we could potentially create, we have drawn from existing discussions and ideas about medical humanities. While we are currently a long way from achieving it, Pattison's vision of medical humanities as 'a loose, porous, ill defined and inclusive movement of individuals and groups, practitioners, performers, analysts, and theorists, with different backgrounds, skills, perspectives, and interests *on all matters to do with being human and being healthy*' (Pattison 2003: 33) speaks to our longer term ambitions for MHH.

We share too, Pattison's ideas that MHH would value diversity and multiple epistemologies and actively ensure that 'bridges are built and conversations occur that reveal things to participants that they could not have learned within their own original limits and worldviews' (Pattison 2003: 34). Our discussions as friends and colleagues have allowed us to experience the richness of such interactions and we wanted to see if they could be recreated in the special study module.

Our personal and collective teaching and research practices bear similarities to Viney et al.'s (2015) ideas of critical medical humanities that embraces entanglement and risk-taking. They also stand in 'resistance to positivist biomedical 'reductionism' and understand MHH as:

> a powerful tool through which to address not only the meaning and historico-cultural *contexts* of health and illness, but their very production, concrescence and dispersal across the precarious, unequal and environmentally degraded societies in which we live'. (Viney et al. 2015: 2)

This understanding speaks to ideals of social justice inherent in our work and thinking. In South Africa, current inequities and inequality are directly linked to histories predicated on the creation and reinforcement of hierarchical identity politics linked to, amongst other things, 'race', class, gender, and sexual orientation.

In relation particularly to what our experiences and disciplinary backgrounds allow us to offer in terms of pedagogy and epistemologies, we concur with Macnaughton's analysis, and call, for recognising the 'non-instrumental value of humanities' (Macnaughton 2000) and, we would add, the value of experiences outside of

[3] For more details of MHH in the Faculty of Health Sciences' curricula see Tsampiras, C. (forthcoming December 2018). Walking up hills, through history, and in-between disciplines: MHH and health sciences education at the tip of Africa. *Medical Humanities Journal.*

[4] The #RhodesMustFall (#RMF) movement began in March 2015 and was initially directed against the statue of arch imperialist Cecil John Rhodes on UCT's upper campus and was concerned more broadly with racism and patriarchy on campus. For more on the movement see the #RMF social media page at www.facebook.com/RhodesMustFall/. The UCT Rhodes Must Fall Mission Statement is available on the social media page and also at Johannesburg Workshop in Theory and Criticism website at www.jwtc.org.za/resources/docs/salon-volume-9/RMF_Combined.pdf *(accessed April 2018). The #Fees Must Fall (#FMF) movement was a larger country-wide student-led protest movement fighting for free higher education and the decolonising of university curricula and institutional cultures. The movement gained momentum in late 2015 and students shut down campuses across the country in 2016. Student protests were met with the militarisation of campuses and the presence of police and private security. For more on the national #FMF movement see the social media page* www.facebook.com/NationalFMF*, for the UCT movement see* www.facebook.com/uctfeesmustfall2017 *(accessed April 2018). For academic work on #FMF* see the special issues of *Agenda.* (2017). Feminisms and women's resistance within contemporary African student movements. *Agenda*, 31 and Booysen, S (ed). (2016). *Fees Must Fall: Student Revolt, Decolonisation and Governance in South Africa.* Johannesburg, Wits University Press.

academia. The primary 'value' that humanities, arts, social sciences, and experiences outside of academia bring to health sciences training and health care practices are, as Macnaughton argues

> education [as] a process, not a single objective' that facilitates 'personal development' by allowing students to 'consider different ways of perceiving the world' and thus 'encourage(s) a critical and questioning attitude' (Macnaughton 2000: 25, 26).

Of particular relevance in our context is the ability of these broad disciplinary fields and practices to create 'the opportunity for students to step outside the pervasive ethos of the medical world and experience a kind of "counter culture"' (Macnaughton 2000: 25).

The current (ill)health landscape in South Africa (and the region more generally) is mediated by identity hierarchies and privileges that have continually been brought to the fore. The aspects of critical MHH articulated above link directly to our interests in identities and resonate with our feminist research practices. Traditionally, feminist research is associated with qualitative methodology. In early discussions of feminist research, quantitative research methods were sharply criticised as masculinist and positivist, asserting an incontestable and objective 'truth' (Keller 1985). Feminist researchers rejected the idea that any knowledge (no matter through which method it has been asserted) can be objective, as historical, social and political contexts always shape the method itself and the interpretation of its findings. In more recent years, feminist researchers have acknowledged that feminist research can use both quantitative and qualitative techniques, and that both have the potential to be consistent with feminist epistemologies and politics (Campbell and Wasco 2000).

The commonality of 'feminist research', regardless of its methodology, is its ideology of undertaking research that recognises and challenges systemic gender disparities, is participant-focused, and centres upon an ethics of care. Thus, there are principles of feminist research – what makes feminist research 'feminist' – underlying all forms of feminist research and knowledge creation (Kim 1997). These include paying attention to the importance of gender as a central element of social life and oppression; challenging the norm of objectivity to incorporate subjectivity into research; the reflexivity of the researcher throughout the research process, which includes an awareness and negotiation of the potential power imbalances between researcher and research participants; avoiding harm or exploitation of those who are the 'subjects' and 'objects' of knowledge; and a commitment to gendered empowerment or emancipation through feminist research (Bourke et al. 2009; Cook and Fonow 1986; DeVault, 1996).

Feminist research frameworks in health sciences research, whether they be qualitative, quantitative or a mix of both methods, focus on how health sciences research can benefit marginalised communities, as well as challenge unequal power and knowledge dynamics. The latter specifically includes a commitment to reducing the unequal power relationships between researchers and the 'researched' (best exemplified in the widely used term 'research subjects', which implies that as mere subjects, people participating in research have no history, agency or emotions). Key feminist strategies to reduce this power imbalance include the participation of research participants in data collection, and the interpretation of findings and implementation of research results (Cook and Fonow 1986). This acknowledges the inherent knowledges that participants can bring to research processes, and thus erases the 'neat boundary' between researcher and research participants that is so often seen as a requirement for 'objective', quantitative research (Gunaratnam and Hamilton 2017).

Regardless of the disciplinary backgrounds that the three of us were trained in, and the topics we have written on, we share an understanding of the practices of feminist research consistent with the aforementioned characteristics. Our varying feminisms have framed our individual research and teaching and provided a point of connection between us as friends, and as colleagues. We were keen to work together on a collective project linked to health sciences education that would bring our individual interests, disciplinary expertise, and engagement with campus politics together while also contributing to the development of MHH on the campus.

WAYS OF SEEING AND MAKING SENSE

Out of our discussions emerged the 'Intersecting Identities' special study module, subtitled 'the dynamics of negotiating the institutional context of UCT's Faculty of Health Sciences as Second Year Medical Students'. For the modules, the 250-260 undergraduate medical students indicate their preferred choices from over 100 different offerings. The size of a module is determined by the convenors and can range from one or two students to several dozen (over the two years that we ran the module we had nine students in total take part in the process). The aims of the special study modules are to give students a chance to explore specialist interests; experience lab work; and/or develop research, report writing and literature review skills. While each module has to have a written component and all assessed work is marked using standard rubrics, the special study module provides one of the most flexible spaces in the curriculum for course content and teaching and learning styles.

In devising the module, we combined teaching and learning practices from humanities and creative arts, but adapted them to support students exposed to a predominantly positivist engagement with subject matter. This positivist engagement is part of the hegemonic scientific discourse that underpins the experience and pedagogy of medical education in the Faculty (Müller and Crawford-Browne 2013). Through our discussions with students and assessments of academic tasks designed to encourage basic critical reading and critical analysis, it appeared to us that the dominant pedagogy in the undergraduate curriculum impeded students' abilities to understand, deconstruct, and make sense of their experiences on a socially complex campus influenced by the histories of oppression that have shaped South Africa's socio-economic and political realities.

Our special study module required students to read for and participate in a weekly, themed seminar; keep a journal in which they reflected on the experiences of being part of the module; undertake an historical 'walking tour' to key museums and sites of historical importance in the city; write a report responding to a set question relating to identities; take and discuss at least five photographs weekly; and, lastly, select five images to be part of a public exhibition. Students were required to lead one seminar and engage fully in others. The first seminar was modelled for students with one convenor leading the seminar and the others asking questions or raising discussion points and encouraging students to participate. The convenors also provided suggestions on how to prepare for seminars and engage with arguments put forward in the readings by discussing techniques such as mind-mapping and basic presentation skills. In addition to the seminars, students participated in a photography workshop and were provided with digital cameras. Each week the students took images that captured the theme under discussion in the seminar, and presented them to the group who discussed them. The discussions included comments on the contents of the photographs, but also the feelings they invoked, the multiple interpretations they suggested to different members of the group, and how they related to the readings that had formed the foundation of the seminar.

The methodology we used for the special study module is an adaptation of the Photovoice research method. Photovoice is a community-based participatory action research methodology that has increasingly been used in health science research as a qualitative approach to engage with people's experiences of social environments (Catalani and Minkler 2010). The early designers of Photovoice as a research methodology, Caroline Wang and Mary Ann Burris, identified the methodology as having three goals, '1) to enable people to record and reflect their community's strengths and concerns, 2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs, and 3) to reach policy makers' (Wang and Burris 1997: 369). One of the key advantages of Photovoice is that it allows the participant's voices and visualisations to come through with minimal interpretation from the researchers and therefore foregrounds participants' understandings, engagements, and analysis of concerns and strengths.

Our interests in the special study module aligned primarily with the first two goals – recording and reflecting the strengths and concerns of a particular group of students on a health sciences campus, and promoting critical dialogue and knowledge about important issues relating to identities and institutional culture at the Faculty. In relation to the third goal, our intention was to reach staff and other managerial decision-makers in the Faculty in order to increase awareness about students' experiences, but it was not directly linked to policy transformation *per se*.

We chose to focus the module on intersecting identities that built on the basic introductions to 'race', class, gender, and sexuality that we had included in Critical Health Humanities as part of the main curriculum. This ensured that students who were interested in exploring identity politics further had an opportunity to build on this academic foundation. Students added identity-related concerns that were importance to them, including body image, dress codes, accents, mental health, and appearing 'professional'. The participants were given a specific question to think about and return to in the seminars and in the sharing of photos: 'How have intersecting social structures of 'race', gender, class, sexual orientation, ability, and profession shaped second-year medical students' experiences of the UCT's Faculty of Health Sciences?' Students were invited to narrow this question down to the intersecting identities they were most interested in, but were required to engage in some way with the listed identities through the sharing of photos. The combination of activities allowed for new ways of seeing, knowing, and making sense of lived experiences, to occur.

The readings and running of seminars supported critical reading, analysis, and discussion. The taking of photographs allowed for creativity and imagination to enter the process while the discussions of the photographs supported the development of visual literacy and analysis. By acknowledging the subjective experiences linked to taking and viewing images and discussing the emotional responses that images evoked, participants were able to use the images to talk through and about experiences that may not otherwise have been discussed in the curriculum. By guiding the discussions gently back to the readings and working together to see how the visual images, lived experiences and theories related to each other, we created bridges into humanities discourses. Significantly, students' feelings of anger and hurt could be raised and discussed in the safety of the smaller group discussions

and, if students' chose too, also held up in appropriate forms of public witnessing through the images selected for the exhibition.

The Photovoice research method was used both to explore students' experiences of medical education and to enable students to apply the theories and ideas they had previously been exposed to directly to their lived experiences as students. As one participant, who defined themselves as a 'black woman', noted:

> While using Photovoice to show my experiences and relating it to what other authors and researchers have said in my Reflective Journal, I started to realise that I was thinking about identities more critically. The entire SSM made me realise that as long as I ignored the discrimination and oppression of other identities that I did not consider myself being part of, I would passively become the type of person who participates [in] oppressive acts.[5]

The special study module and the use of reading, talking, and creating images allowed participants to explore concepts of identity; objectivity and subjectivity within research; the influence of identity and hegemonic practices in the research endeavour; and the sensitivity of placing personal experience within the public domain. All of these aspects are valuable learning processes for future health care professionals and the special study module provided an example of what might be possible in feminist and MHH-inspired teaching spaces. Such spaces, however, are incredibly difficult to open, as we discovered when the module was almost cancelled.

'MINIMAL OBJECTIVITY AND INHERENT BIAS' – THE ETHICS COMMITTEE WRITES AND THE FEMINISTS RESPOND

To run the module, we needed to apply for ethics approval from the Faculty of Health Sciences Human Research Ethics Committee, which is composed of academic researchers and healthcare professionals based mainly in the Faculty. Not all submitted proposals are reviewed by the full committee: proposals that meet certain criteria can be considered for 'expedited review' – which means that they are reviewed by one or two anonymous reviewers, who are based in the wider health sciences faculty. These reviewers' comments are then reviewed and evaluated by the executive committee, who makes the final decision on approval.

In our case, approval was particularly required if any research related to the special study module was planned. We applied for an expedited review process, which required the completion of a synopsis of the study, a more extensive application, guarantees about permissions and protection of the identities of photo subjects, the provision of background information about why the study was being suggested, and the completion of different forms including the undergraduate student research protocol.

The extensive application included information on the study design; characteristics of the study population (in this case the participants in the module); the recruitment process; research procedures and data collection methods; data safety and analysis; descriptions of potential risks and benefits; checks on ensuring consent, privacy and confidentiality; emergency care plans; information on expectations at the end of the study; and a list of references. In addition, we included the abstract that students used to select the special study module, the course outline, and examples of the consent forms for both participants in the module and for any people who agreed to pose for photographs in a way that made them identifiable. The additional information was provided to ensure transparency regarding the information participants had available to them when choosing to take part in the process; to indicate how the special study module was structured; and to show clearly how the seminars, photography, readings, and report writing components fitted together.

The ethics committee is the only available mechanism in the faculty that can provide ethics approval for research involving people and, where students are involved, initial permission from the committee has to be obtained and submitted with additional forms to the university's Department of Student Affairs. In total (excluding acknowledgement and basic administrative emails), our correspondence with the committee involved the initial submission, the initial response letter from the committee, our response to that letter, and the final committee approval letter, some 50-odd pages of correspondence and forms.

The committee's two-page response to our application reveals a number of crucial issues that are important for feminist and/or MHH research in health sciences faculties. Before granting approval for the module to go ahead the committee requested that we respond to a series of issues. Some of these issues were administrative requirements that were easily resolved, while others reveal a fundamental clash of pedagogies; a central disagreement about what research is (or can be) and what research can or cannot do; and a lack of epistemic generosity that resulted in a form of epistemic (disciplinary) violence. The committee's primary concerns were

[5] The quotes from participants used in this article are derived from the following sources: transcripts of focus groups done with participants; voluntary and required comments and reflections submitted by participants, explanations of photos provided by participants, and anonymous written course evaluations.

linked to what constituted recognisable research; ideas about objectivity, bias, and 'risk'; choice of methodologies; and the validity of creating and sharing (uncomfortable) findings more broadly, using visual images. As we will show in the next sections, these concerns are also examples of the 'ethics creep' that Kevin Haggerty (2004) has outlined. 'Ethics creep' is a process through which:

> the regulatory structure of the ethics bureaucracy is expanding outward, colonizing new groups, practices, and institutions, while at the same time intensifying the regulation of practices deemed to fall within its official ambit (Haggerty 2004: 394).

Objectivity and Bias in Recognisable Research

The first instance of framing research and pedagogy being policed, rather than supervised, by the ethics committee came at the beginning of the reply when the committee questioned whether the submitted protocol was research-related, noted that its content was unusual for a course in the faculty, and asked us to provide more clarity about the protocol's purpose. The ethics committee is not tasked with commenting on either course content or on defining what constitutes 'recognisable research' yet the reply suggested that it is. Furthermore, it is unclear how, why, or in relation to which other course contents, a special study module that focused on identities and identity politics was unusual.

In the first part of our six-page response to the committee, we restated the original intention of the proposal – to ensure that the most appropriate levels of professional ethics should be followed as we were working with students. We reiterated too that the committee was the *only* option available to us if research on the content and pedagogy of the special study module was to be published. We also referred to the mission statement of the university's Centre for Higher Education Development to draw attention to the University's commitment to support staff 'engaging in teaching which contributes to the development of scholarship in relevant education fields' and argued that considering the discussions on transformation that were taking place across campus, the work was also socially relevant.[6]

The comment relating to 'recognisable research' raised numerous questions for us – who were the arbiters of 'recognisable research' and what methodological, epistemological, and pedagogical understandings were they using to frame 'research'? Why were the inclusion of references to peer-reviewed articles (one of the 'outcomes' of recognisable research) that provided evidence for our statements not sufficiently identifiable to the reviewers? Did they not provide the roadmaps that could make the research recognisable? Why were the professional qualifications, publication records, and extensive teaching experiences of the staff members who drew up the protocol (and did recognise what was being undertaken as research) disregarded?

The next concern raised by the ethics committee revealed a direct clash of epistemologies and pedagogy. Referring exclusively to the protocol form and not to any of the supporting documentation or more detailed application forms, the 'Evaluation of minimal risk' section of the form became the section through which positivist understandings of knowledge became most evident. The letter questioned whether our protocol met the criteria for research, as it lacked sufficient objectivity.

By way of example, the letter referred to a line we had used in providing context related to our evaluation of minimal risk in undergraduate research. We were required to indicate if group vulnerability associated with the proposed participant groups was 'low', 'medium' or 'high' and to explain the group vulnerability and justify the need for research in this group of participants. We evaluated involvement in the special study module as having low minimal risk and justified the need for the research in relation to concerns that had been raised about institutional culture at a Faculty Assembly in April 2015.

At this Assembly, students had articulated that they felt alienated and excluded and had witnessed or experienced prejudices linked to various identities. We noted in our research protocol that the Assembly 'identified that students do not feel that the Faculty has sufficiently engaged with issues of transformation…' and went on to indicate that participation in the special study module would allow students to become increasingly aware of the complexity of issues related to social power.

The ethics committee's response did not engage with our complete application form but focussed on our use of the term 'feel'. After declaring that there was 'evidence of minimal objectivity' the ethics committee's letter turned to a comment we had used about students' feelings, and asked whether it was all, or only some students, who felt alienated and excluded. The committee stated that this difference was significant, because, in their opinion, unless we had established that all students felt excluded, and unless the students' feelings of exclusion had been proven 'as fact', we were operating on perceptions and assumptions. Because of this, the committee felt that our suggested research was not a 'credible' piece of research.

[6] CHED website at www.ched.uct.ac.za/ched/chedmission. (Accessed April 2018).

Attached to the notion of research being 'objective' were contentions about research being 'unbiased', and the relationship between feelings and research. The next component linked to minimal risk evaluation in the protocol required us to declare the likelihood of any research risk associated with the research. We indicated that the risks were low but acknowledged that through participating, students could potentially become aware of everyday exclusions or discrimination; and that any publication of their work that included their names could result in prejudicial comments or harassment. To mitigate this risk, we reaffirmed that the choice to present work publically, and the inclusion of names or other identifiers, would always remain with the students. We noted, however, that it was unlikely that any experiences of exclusion or discrimination would be more than what students were currently experiencing on a daily basis. Furthermore, the special study module and engagement with theories that would help to make sense of hierarchies and privilege would allow students to develop awareness and skills for managing such situations and therefore enable students to better deal with daily racism, sexism, and homophobia. The ethics committee response to this part of the protocol focussed on the statement linked to a potential increase of awareness about everyday exclusions or discrimination. The committee was concerned that our research protocol was 'inherently biased', because we did not consider the students' feelings of exclusion to be 'perceptions' – 'perceptions' that the committee thought might be 'misinterpretations' or 'misunderstandings' – rather than exclusion based on students' identities.

Challenging the 'accusation' of 'inherent bias' and 'minimal objectivity' required us to bring to the fore and name what we considered to be disciplinary differences in understanding aspects of research and an undermining of our professional capacities. We noted our intellectual alliance with the work of numerous academics interested in feminism and science (including, but not limited to, Haraway 1988 and Hubbard 1989), intellectual histories (Dubow 1995, 2000, 2006), and theories of power and knowledge (Foucault 1994), and declared that 'none of the convenors would, or could, in good conscience ever describe any research work that they were involved in as 'objective". We explained that our epistemologies of knowledge, based on such work, meant that we 'reject the notion that research can ever be completely objective'. Referring specifically to any research related to the content of the special study module we reiterated that it '[could not], ever, be objective and we would never make claims to such'. We also referred to the work of one of the convenors who has looked specifically at the impact of ideas of 'objectivity' and a lack of bias on early research into HIV and AIDS in South Africa (Tsampiras, 2008; 2015). In replying to concerns about 'minimal objectivity' and the context of what was said at the student assembly, we had to directly engage with the fiction- presented-as-fact of an idealised researcher working in absolutes and coming to the 'right' answer. This required us to insert comments about the importance of reflexivity in research practices and the importance of awareness of the subject positioning of researchers and 'researched', alongside arguments for the importance of context-specific, nuanced analyses of findings.

Nowhere in our proposal did we suggest that there was a hegemonic view held by all students or that all students experienced the campus the same way. In our reply we had to reiterate that research could create a space for participants to present narratives that could be heard (and analysed) without attempting to extrapolate broad generalisations for groups of people whose voices were not present. We had to explicitly state that it was possible to contextualise the reasons for pursuing the research against the context of concerns that had been raised during the Faculty Assembly without adhering to an assumption that there was one narrative, one perspective, or one set of feelings held by all students. We had taken it as inherent that the reviewers of our proposal would have sufficient knowledge of feminist research approaches to make it redundant to make such obvious statements. This assumption, which in hindsight requires reappraisal, was based on our experiences at other universities, and as reviewers of projects and proposals in the faculty in which we declared our areas of expertise and indicated if there were specific aspects of projects that were outside of this expertise. We had explicitly chosen to create a space where students could express any number of voices, yet the assumption from the committee was that we would present all voices and reach some sort of conclusion about a hegemonic narrative rather than a series of narratives and counter-narratives.

The sub-text of the concerns appeared to be that we could not be trusted to submit work for publication from the special study module that did not declare assumptions, premises, and subjectivities. Our experiences echoed some discussed by Staller who encouraged social science and humanities researchers to be aware of 'taken-for-granted privileged methodology, which is grounded in an objectivist epistemology' and to realise that 'the gatekeepers to academic success … differed in their tolerance for the mode of qualitative inquiry' (Staller 2013: 407, 399). The ethics committee's response and assertion of understandings of research framed in a particular way did not indicate tolerance for epistemic communities that were perhaps less well known or understood, nor an epistemic curiosity as to what they might be able to contribute.

There is an irony to this in that the guidelines for *Ethics in Health Research* issued by South Africa's Department of Health - and accessible from the ethics committee website - has a chapter on qualitative research methods (Department of Health 2015). In the chapter, reference is made to 'perceptions [that] exist that the '"medical model" of ethics review prevails and that it is inappropriately applied to research that may use qualitative research

methodologies' (Department of Health 2015: 73). The guideline continues by noting that 'As research becomes more trans disciplinary, proposals increasingly include mixed methodologies, including qualitative methodologies', as such it acknowledges that 'It is important that [ethics committees] review different methodologies appropriately and in accordance with accepted methodological standards of different research and academic disciplines'. In conclusion, the guidelines note that 'qualitative research is inherently dynamic and may be based on assumptions that are different from those that inform quantitative research' (Department of Health 2015: 73-75).

Methodologies, Creation, and the 'Risk' of Sharing Findings

The final concern raised by the ethics committee again had little to do with ethics but in our view had a lot to do with the policing of acceptable ways of doing research and, by extension, the favouring of methodologies linked to specific disciplinary practices, without any evident disciplinary curiosity or perhaps humility. The committee's letter indicated that while the proposal explained what Photovoice was, it did not explain why it formed part of the most appropriate research design. This observation was followed by a statement that the purposes of pedagogy and research were mutually exclusive and it was evident that we had repeatedly blurred these lines.

The ethics committee, we were informed, was not sure why photos were desirable and, if they were, whether the requirements we had in place for permissions to be obtained from potential subjects were feasible. The letter confidently stated that obtaining permission from subjects would alter the nature of the project resulting in staged photos as opposed to 'spontaneous snapshots' reflecting 'ordinary' behaviour on campus, and again affirmed that images depicting relationships of power could only be based on perceptions. The paragraph on photos concluded by indicating that while the committee could see the usefulness of the student's photos as a basis for discussions amongst students and convenors, it did not understand the reason for the proposed exhibition. Rather, the ethics committee felt that the exhibition could potentially have undesirable, unintended consequences.

There was no evidence in the ethics committee's response that the concerns raised about Photovoice and the subsequent planned exhibition were based on engagement with, or knowledge of, the literature we had included in the proposal, other literature on Photovoice, or knowledge drawn from specific examples of other Photovoice projects. Instead, the comments seemed to be based on an undeclared policing of research based on familiar research designs that were understood to be appropriate and the rejection of an unknown, and therefore inappropriate, research method. The committee gave no explanation of any potential ethical issues linked to Photovoice that were of concern; rather notions of desirability (or lack of desirability) were evoked but not explained.

The images to be created during the special study module, where and how they would be discussed, and how participants chose to share findings were also subjected to a scrutiny that was not conventionally linked to the roles of the ethics committee. In the ethics committee's statement, the Photovoice process was understood to have a specific 'nature', and suppositions about the types of images that were suitable (snapshots not posed photos) were framed and understood in relation to their 'usefulness', not their potential as visual sources, 'data', or symbolic representations of lived experiences. The committee did not appear to understand that the sharing of selected images and exhibiting of the work produced by participants was part of a wider social intervention yet it was clear that an exhibition that might surface narratives of exclusion was risky and 'undesirable'.

We countered these points by referring to literature in the proposal that explained the 'usefulness' of photos to address any number of subjects. We argued that images provide a starting point for conversations that allow different interpretations to be discussed. Furthermore, the images were no more or less worthwhile or valuable as ways of interpreting, understanding, or representing the topics under discussion and were central to the methodology itself. We assured the committee that the changing nature and contexts of photos, the intentions behind images, different ways of framing and staging photos, and differing analysis of images (in other words visual literacy) would form part of the photography workshop and the weekly thematic feedback sessions. We also explicitly identified the subjective nature of photographs, which, even if taken spontaneously, only ever capture one moment in time, and reiterated that in a Photovoice project the photos were central to the process.

In responding to the comments about the exhibition we maintained that the exhibition was a form of reporting on the research results to an interested constituency in a format that was acceptable and relevant to that constituency and to the methodology being used (**Figure 3**). As to the 'undesirable', 'unintended' consequences of an exhibition, we respectfully declared the comment too vague to be engaged with and asked for clarity on what the potential 'unintended' consequences might be, how they would be 'undesirable' (and to whom), and who would judge and determine desirability? We never received responses to these queries.

Figure 3. Staff and students looking at the photos chosen for exhibition by participants in the SSM, 2016. Photo by authors.

The ethics committee's insistence that a chosen methodology should be 'the most appropriate' did not come with any information on how, other than the obvious requirement that ethical concerns relating to human participants are addressed, appropriateness is determined, defined, or judged. In our reply we reasoned that Photovoice was an accepted research methodology that, while unusual in the Faculty, was not unprecedented having already formed the basis of other academic work on the campus, which had been referenced in the original proposal.[7] Nonetheless, we provided additional references to Photovoice projects that had been used in other health sciences research to document social inequality and inequity (Bredesen and Stevens 2013; London et al. 2012; Sanon et al. 2014). We asserted that the design was one that the convenors were most interested in pursuing and most appropriate in terms of building on, and contributing to, similar projects on campus. We also affirmed explicitly that 'research that is engaged with both exploring pedagogy and analysing the data from a certain type of methodology are by requirement inter-related'.

Linked to the ethics committee's concern with 'desirability' were notions of 'risk' and an underlying perception of risk not necessarily linked to research participants, but in our view intended to maintain a certain *status quo* at the institution. What was suggested were risks that were presupposed to be harmful and not risks that might potentially be helpful. Ethics committees should be concerned with ensuring that participants are exposed to as little risk as possible, but as Hammersley has argued, there is 'a matter of degree and appropriateness' that is required which recognises that humanities and 'social research, generally speaking, involves nothing like the same degree of intervention by researchers or the same danger of serious harm' (Hammersley 2010: para. 1.10). Haggerty's discussion of decisions linked to risk and harm recognise that while harms are possible and can occur, the pronouncements of ethics committees are 'more akin to a subjective imagining of potential scenarios unconstrained by empirical evidence', and as such, 'decisions about future potentialities are much more subjective and ad hoc than one might have concluded from the discourse of "risk" used in [ethics committee policies]' (Haggerty 2004: 402,403).

[7] See Kessi, S. and Cornell, J. (2015). Coming to UUN: Black students, transformation and discourses of race. *Journal of Student Affairs in Africa*, 3(2), 1-16; and Cornell, J. and Kessi, S. (2017). Black students' experiences of transformation at a previously "white only" South African university: A photovoice study', *Ethnic and Racial Studies*, 40(11), 1882-1899.

We responded to the ethics committee's concern about the apparent risk to students by referring both to the current climate on campus (that had led to the Faculty Assembly) and to previous research dating back almost 20 years that had been challenging perceptions that all was well at the university in relation to the politics of identities (de Gruchy and Lewin 2001; Steyn and Van Zyl 2001; Erasmus and De Wet 2003). We argued that discovering that one's perceptions were wrong could be helpful or harmful, but that being ethically responsible and raising them in a protocol did not exclude unstated outcomes that could be helpful – such as recognising how mechanisms of power and privilege work and being able to analyse and understand them.

The evocation of perception and associated bias contrasted to 'facts' and 'objectivity', revealed a paradox. The committee maintained that perceptions of discrimination and exclusion could be inherently biased, but did not recognise that perceptions of a lack of discrimination and assumptions of inclusiveness could also be inherently biased. We maintained that perceptions that a sense of exclusion or discrimination are *not* the reality against which people experience their lives on campus was a similarly biased assumption. While the ethics committee seemed to be concerned about students whose perceptions could change, they did not seem concerned about students whose perceptions and experiences were being negated or denied. Various members of the university community had been raising issues of inherent biases linked to 'race', gender, sexual orientation, class, and ability, but this broader context did not seem to feature in the ethics committee's deliberations. What would happen if a student thought there was no discrimination on campus and then realised there was, or if a student who experienced discrimination realised that others shared similar forms of discrimination, or that there were forms of discrimination they had not been aware of? What would the potential results be if a student's perception that the discrimination they were experiencing changed when they realised it was not imagined but shared, and their agency and capacity for changing and contributing to change were not paternalistically denied? What might change if such examples of institutional bias were revealed and addressed? Perhaps nothing, perhaps personal discomfort, perhaps significant improvement, perhaps something akin to empowerment?

Three weeks after making the initial submission and replying to the committee's concerns, we received a one-page letter thanking us for the thoughtful and considered responses and indicating that we now had ethics approval and could proceed with the special study module and associated research. Long after this permission had been granted, a participant who self-identified as black, queer, and gender-nonconforming, provided an answer to what might happen if perceptions changed. It was a response echoed by other participants. They wrote:

> The SSM was also key in my acknowledging the role that the Faculty's hegemonies have played in my experience as a student at the University of Cape Town and how this had led me to a relinquishing of my identity in order to try to survive the daily struggle of living up to a standard that does not reflect who I am. (The liberation of another person acknowledging your struggles and proving that you are not "crazy" for wanting to take a stand for things that other people do not see as a problem when you see how it hurts and impacts you is an experience that can make a huge difference in how you see life). This SSM therefore started me off on a process of healing, of lessened internalized inadequacy, Afrophobia, homophobia, Europhobia, and other negative feelings and allowed me the space to share my experiences and relate them to literature.

FROM EPISTEMIC VIOLENCE TO EPISTEMIC GENEROSITY? LESSONS, CONSIDERATIONS, AND CONCLUSIONS

For us, this participant's comments indicate that, through the special study module, some of the mandates of feminist research that we ascribe to were met. Some of the mandates of feminist research also overlap with the non-instrumental value of MHH identified by Macnaughton (2000:25) and described above, particularly supporting a 'counter culture' (**Figure 4**). Creating a 'counter culture' in a hostile environment however, comes at an emotional cost and potentially a professional one. As gratifying as creating feminist inspired spaces and 'counter cultures' are, the ancestors of Women's, Gender and Feminist Studies, MHH, and other counter-hegemonic academic spaces, continue to issue warnings about the battles to create, develop, and sustain new fields and methods of research.

In personal conversations with more established academics in the Faculty who have been incorporating non-hegemonic epistemologies in their teaching and research for years, we have been advised to 'just survive the space', focus on our sabbaticals as opportunities to regroup, or find research projects to work on in our spare time to help keep us motivated. This advice comes even as sabbaticals are reframed as a privilege for certain types of academic staff only; and as increasing demands on time are made in the face of on-going austerity in Higher Education (Africa Check 2016; Muller 2017; Universities South Africa 2016, 2018). We have heard too from academics who experienced a lifetime of struggle to get MHH introduced into health sciences faculties only to see it undone six months after their retirement.

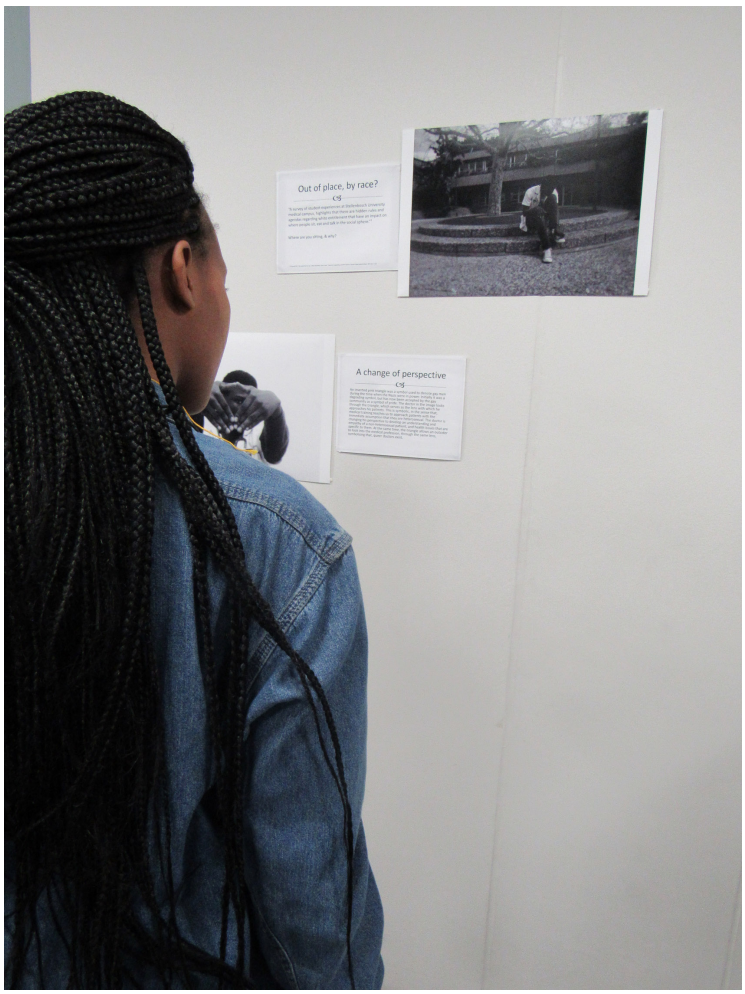

Figure 4. An individual examines photos and comments at the 2016 exhibition. Photo by authors.

Amongst the personal costs are the emotional labour required to adapt to – or challenge – hegemonic, exclusionary ways of being an academic; the constant microaggressions (Nadal et al. 2011; Sue et al. 2007) linked to gender and other identities (despite the privileges afforded to us due to our being identified as 'white'), and the impact constantly being 'on guard' has on our emotional, mental, and physical well-being. Monaghan et al. discuss the 'emotional vicissitudes' linked to the 'rationalised' ethics process described in their work and remind us that 'social researchers, like many workers in advanced capitalist societies, face emotional challenges and engage in 'emotional labour' or active management of their feelings in the workplace' (Monaghan et al. 2013: 72).

Hammersley, referring specifically to the UK, warns that the results of ethical creep 'alongside the growing difficulties that social scientists face in gaining access to people and places in order to collect data, threatens the future existence of good quality social research in many fields' (Hammersley 2010: para 1.10). Our interaction with the ethics committee shows the consequences of ethical 'creep' in MHH projects: policing of MHH research, and policing of MHH-related teaching. In both instances, it is not only the administrative and bureaucratic effort that challenges interdisciplinary academic endeavours. Our experience shows how deeply embedded ethics committees can be in the biomedical culture of health sciences faculties (or how deeply embedded biomedical culture is in ethics committees) - through their members, their chairs, their understanding of research and 'risk', and, ultimately, their administrative and bureaucratic procedures, which are inherently hierarchical and reproduce unequal power relations between ethics committees and researchers applying for approval (Monaghan et al. 2013: 71). This ensures that research that goes against the 'biomedical norm', that challenges the *status quo*, is difficult to do at least, and impossible to do at worst. Thus, the primacy of biomedical paradigms supports ethics creep, and ethics creep supports the primacy of biomedical paradigms. One of the tasks of MHH is to critically interrogate and challenge the primacy of biomedical understandings in the health sciences. Ethics review processes embedded in biomedical frameworks, however, stymie such challenges, and thus debilitate academics, researchers and students who want to 'do' MHH. In considering what some of the effects of MHH might be, Pattison suggested that: 'Equal space and respect would be accorded to practitioners, performers, theorists, and analysts from the various relevant arts, humanities, and medical practices and disciplines' (Pattison 2003: 34). Epistemic generosity in (and beyond) academic spaces would go a long way towards realising this ideal.

Epistemic generosity recognises the unique skills, methodologies, and understandings that different disciplines or groups of people possess without engaging in competitive assertions of superiority or 'truth' aimed at judging that which is new or unknown. By doing so, it recognises that there are general commonalities that can be commented on and rigorously engaged with (processes, logic, flow of argument, use of substantiating evidence, development of arguments) while also recognising the limits of disciplinary specificity. Epistemic generosity requires a sufficiently self-reflexive, critical engagement with the 'historiographies', methodologies, and practices of one's 'home' disciplines to understand both their limitations and their untapped potential. This form of epistemic generosity also requires epistemic humility that recognises when to approach others with different knowledge/s for assistance and additional insight in the interests of mutual growth and benefit for all concerned. In doing this, epistemic generosity requires an acknowledgement that specialist knowledge may also come with specialist ignorance of areas outside of our usual purview.

It is a rigorous generosity that contributes intellectually what it can from specific disciplinary perspectives while remaining respectfully open to learning from other disciplinary perspectives. As such, epistemic generosity is characterised by epistemic curiosity for one's own disciplinary space and the disciplinary spaces of others.

Along with epistemic generosity comes epistemic reciprocity – a commitment to learning from others and contributing knowledge in return, in a spirit of collaboration. Configured in a collaborative (not competitive or combative) form of work, epistemic generosity is rooted in an understanding that the sum of the parts, may constitute a whole that is greater than the constituent parts and may therefore change those parts. At a basic level, within ethics committees, epistemic generosity may be achieved by doing something as simple as sending MHH or other interdisciplinary proposals to other faculties for review and/or accepting the decisions of other faculty's review boards. Alternatively, *ad hoc* members with knowledge of other faculties, disciplines, or methodologies can be recruited onto the committee to provide feedback on methodological or pedagogical practices that permanent committee members may not be familiar with. Trans- or interdisciplinary proposals that straddle disciplines and/or faculties require different combinations of knowledge. Currently, in our faculty, an anonymous reviewer can reject a proposal with little explanation or substantiation and the onus is on the researchers to explain and justify their choices. In the spirit of epistemic reciprocity and shared learning, efforts should be made to ensure that the process is dialogical and if necessary, can be mediated through meaningful discussions.

Reflecting on 20 years of experience in academia linked to Women's, Gender and Feminist Studies, Cardoso (2018), in her review of Pereira's book, indicates that the points of intersection between the personal, the socio-political, the economic, the systemic, and the personal as political have been acutely felt. Many of the characteristics of 'the toxic climate within the ossification of the performative university' (Cardoso 2018: 2) seem exacerbated in a space of rigid epistemic hierarchy and epistemic violence. Partaking in the constant battles at these points of intersection distract from the work of creating and imagining how feminist, trans- and interdisciplinary MHH-related praxis could evolve, thereby potentially hampering innovation and threatening stagnation. Those of us trying to establish new fields would do well to try and learn from experiences mirrored elsewhere. In doing so we could critically reflect on depressing similarities and energising opportunities to do things differently. It remains to be seen if the move away from epistemic violence to epistemic humility, conversation, and generosity is possible in our context.

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Reproductive Rebellions in Britain and the Republic of Ireland: Contemporary and Past Abortion Activism and Alternative Sites of Care

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ABSTRACT

This paper explores how feminist movements in contemporary Ireland and the Women's Liberation Movement in Britain in the 1970s and 1980s have subverted state domination and have struggled for self-governance of the female bodies in ways that represent a continuum of responses to restrictive legislation. We address how discourses of liberatory knowledges and autonomy can give rise to 'illegitimate' forms of self-care as well as extra-state care (or 'exile') across historically-situated points in time. Moreover, we illustrate how social resistance can influence political action surrounding abortion law reform, which can be understood as an attempt to bring the 'illegitimate' into the realm of state control and guardianship. Our comparative approach illustrates how campaigns around reproductive rights in contemporary Ireland and in 1970s and 1980s Britain continue to share three crucial strategies: to raise consciousness and awareness; to encourage mobilisation and self-organising of care at the individual and collective levels; and to seek legislative change. Mapping the continuities in how feminist campaigns configure reproductive health and the body as a site of activism in the body politic heralds renewed feminist encounters with the medical humanities, by (re)situating women's bodies in a historically contiguous struggle for reproductive justice.

Keywords: abortion, feminist epistemology, Britain, Ireland, women's liberation movement

INTRODUCTION

Legislation surrounding abortion care in Britain and the Republic of Ireland are connected through colonial history, yet ongoing social movements to reform abortion law on both sides of the Irish Sea signal how the two contexts remain analytically interlinked. We examine how, across historically-situated points in time, feminist movements have subverted state domination and have struggled for self-governance of the body in ways that represent a continuum of responses to restrictive legislation. Through an examination of the contemporary struggle in Ireland and an exploration of the activism of the Women's Liberation Movement in Britain in the 1970s and 1980s, we address how discourses of liberatory knowledges and autonomy can give rise to 'illegitimate' forms of self-care as well as extra-state care (or 'exile'). Moreover, we illustrate how social resistance can influence political action surrounding abortion law reform, which can be understood as an attempt to bring the 'illegitimate' into the realm of state control and guardianship. We take the increasing yet 'illegitimate' procurement of medical abortion (the exclusive use of Misoprostol or in combination with Mifepristone)[1] among women in both Britain and Ireland (cf. Sheldon, 2016; Aiken et al., 2018) as a signal of how reproductive rebellions are exposing the current limits of abortion legislation. Our comparative approach illustrates how campaigns around reproductive rights in contemporary Ireland and in 1970s and 1980s Britain continue to share three crucial strategies: to raise consciousness and awareness; to encourage mobilisation and self-organising of care at the individual and collective levels; and to seek legislative change. Mapping the continuities in how feminist campaigns configure reproductive health and the body as a site of activism in the body politic heralds renewed feminist encounters with the medical humanities, by (re)situating women's bodies in a historically contiguous struggle for reproductive justice.

[1] Medical abortion (informally described as the "abortion pill") is used to terminate pregnancies of up to ten weeks' gestation, and consists of administering Mifepristone usually followed by Misoprostol, or Misoprostol alone (which can be less effective).

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HISTORICAL AND ANTROPOLOGICAL APPROACHES TO ACTIVISM

Creating a dialogue between reproductive rights movements in contemporary Ireland and 1970s–1980s Britain illustrates the continuities and discontinuities through which feminist discourses of bodily knowledge and autonomy have spearheaded responses to restrictive legislation over time. The anthropological contributions to this paper involved content analysis of activist discourse circulated via social media portal Twitter, Irish media, and the websites of key Irish organisations promoting reproductive rights and bodily autonomy in the run up Ireland's Referendum to repeal the Eighth Amendment on 25 May 2018. We focused particularly on the Abortion Rights Campaign and The London-Irish Abortion Rights Campaign as leading and influential protagonists of activism in Ireland and the Irish diaspora. BK travelled to Dublin on 24 September 2016 to provide an ethnographic critique of abortion protest activities. Using an interpretive grounded theory approach for the anthropological research enabled us to analyse the historically contiguous patterns that emerged directly from the discourse under study.

The historical components focused on the significance of self-care and the dissemination of knowledge about the body in Britain in the 1970s and 1980s draws upon archival materials relating to the Women's Liberation Movement, as well as texts that drew upon the movement's values. The Women's Liberation Movement was conscious of the importance of curating its archive and historians of the movement work with a rich and extensive body of sources; more recently, efforts have been underway to digitise some of these sources.[2] The Women's Liberation Movement had its first national conference at Ruskin College, Oxford, in 1970 and held its last national conference in Birmingham in 1978. The final conference, however, did not mark the end of feminist activism that emerged from the movement, and this article, in line with other recent scholarship, takes a longer view of the chronology of feminist activism in this period (see Thomlinson, 2016).

This interdisciplinary critique of the sites and modes of producing 'liberatory knowledges' in Ireland's contemporary movement and in 1970s Britain demonstrates how women seek change by establishing alternative or 'illegitimate' sites and models of care when state provision of reproductive healthcare is inaccessible or considered deficient, unsuitable and inadequate. Charting the ways in which restrictive legislation has provoked a continuous mandate for individual and collective self-care in feminist movements, as well as more extreme forms of extra-state care or exile, has the potential to inform debates about the medical humanities and its role in advocating for (reproductive) health justice. We envisage this paper as a provocation for the medical humanities to intervene in global public health debates around sexual and reproductive rights, and to critique the rebellions that are provoked by a pervasive movement to impose restrictive legislations around women's health and undermine their bodily autonomy.[3]

'LEGITIMATE' AND 'ILLEGITIMATE' ABORTION CARE IN BRITIAN AND IRELAND[4]

Sections 58 and 59 of the 1861 Offences Against the Person Act (OAPA), which criminalised procuring or assisting to induce a miscarriage, was enacted in Ireland under British colonial rule and became assimilated into Irish law following independence in 1922 (see Oaks, 1999; Irish Statute Book, 1861). Article 40.3.3, inserted into the Irish Constitution by its Eighth Amendment by way of public referendum in 1983, formalised opposition to abortion and is influenced by the Roman Catholic cosmology — positioning women's bodies (and the governance of bodily and reproductive conducts) in the gaze of a political union between "church and state."[5] This 1983 referendum was itself a product of historical circumstance; Fiona de Londras and Máiréad Enright (2018: 3) have explained it as 'at once a pre-emptive strike against any further liberation for woman, and a backlash against the limited liberation that had already occurred.' It made Ireland the world's first country to 'constitutionalize fetal rights' (de Londras, 2015) by stating that the 'unborn' embryo or foetus has an equal right to life to the pregnant woman:

> The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right. (Eighth Amendment of the Constitution Act, 1983, Irish Statute Book)

Under Irish law, 'legitimate' terminations of pregnancy are, in theory, only permitted when a woman's life is perceived by clinicians to be 'at real and substantial risk' (Protection of Life During Pregnancy Act, 2013, Irish

[2] See, for example, the British Library's project to digitise *Spare Rib* https://www.bl.uk/spare-rib

[3] See Guttmacher Institute resources on 'reproductive health in crisis'; Gold and Starrs (2017).

[4] We offer a brief sketch of British and Irish abortion legislation to contextualise historical and on-going activism on both sides of the Irish Sea.

[5] A range of Amendments followed the 1983 Referendum as well as the Protection of Life During Pregnancy Act 2013 (which repealed Sections 58 and 59 of the 1861 Offences Against the Person Act).

Statute Book). What determines this prerequisite threat to a woman's health is far from clear-cut, with medical professionals instead being entrusted with the responsibility to grant access to abortions based on their *interpretations* of what have been termed 'Catholic health policies' (Berer, 2013). There have been numerous examples in recent years where existential threats to a woman's health that should warrant a 'legitimate' abortion in Ireland — (including mental health and attempted or risk of suicide) — have been overlooked, if not dismissed altogether (cf. Side, 2016: 1794).[6] Thus healthcare professionals are arguably unable to offer woman-centred and medically appropriate care and instead provide services that are constitutionally permissible (de Londras, 2015), a reality that is said to have a 'significant chilling factor' for both women and physicians involved in consultations around abortion care (European Court of Human Rights, 2010). Just twenty-five abortions were performed under state care in 2016 (Department of Health, 2017), forcing the majority of women to either procure terminations as part of self-care strategies or access extra-state abortion care, which we go on to frame as a form of 'reproductive exile.' At the time of writing (July 2018), abortion legislation in the Republic of Ireland is among the most restrictive in the world (Enright et al., 2015). Any person who procures an abortion (such as by self-medication) or assists somebody to procure an abortion outside the confines of Irish law can face imprisonment for up to fourteen years. A protracted, subversive, and highly visible public campaign led by reproductive rights activists culminated in the announcement of a decisive Referendum result to repeal the Eighth Amendment on 26 May 2018, giving clear a mandate to reform and resolve Ireland's constitutional impasse. Policy-makers have since been tasked with designing replacement abortion legislation, but the framework within which abortion care will be provided as of yet remains unclear.

It is important to note that there are key differences between the current British and (shifting, post-Repeal) Irish landscapes. Abortion care in England, Scotland and Wales is available until twenty-four weeks of gestation,[7] and is funded by the National Health Service (NHS) in the vast majority of cases with care outsourced to the independent sector (Abortion Statistics, England and Wales, 2017).[8] The 1967 Abortion Act makes 'legitimate' abortion care in England, Scotland and Wales available under certain conditions, and provides exceptions to sections 58 and 59 of the 1861 OAPA — a Victorian-era law that remains in force to this day.[9] The 1967 Act demands, for instance, that two physicians have confirmed that the 'legitimate' conditions have been met, and that medical termination of pregnancy must occur within the confines of a clinical setting (Abortion Act, 1967, UK Government Legislation). Yet the 1967 Act has been surpassed by social and political change in England, such as the increased professionalisation of nursing and midwifery and particularly the fact that a significant number of abortions are now performed medically, rather than surgically.[10] 'Illegitimate' abortions that are procured or performed outside the terms of the 1967 Act (e.g. self-sourcing medical abortion) remain a criminal offence under the 1861 OAPA, carrying a maximum sentence of life imprisonment.[11]

There is evidence to suggest that current care provision is not accessible or appropriate for *all* women in Britain, causing some women to procure medical abortion as a self-care strategy when 'legitimate' pathways provided through current legislation fails to meet their diverse needs. International telemedicine services, which usually prescribe medical abortion to women in countries with restrictive abortion laws, such as Northern Ireland, have received a number of online requests from women in Britain for at-home abortion care (Aiken et al., 2018).[12]

[6] The rights of a foetus can actually supersede those of the pregnant woman, even when there is a danger to her life. Media reports include the case of a teenager detained in a secure mental health unit against her will after her request for an abortion on mental health grounds and risk of suicide was rejected (Forster 2017). Another example is the case of a woman who became pregnant as a result of rape and had attempted suicide, yet was forced to undergo a caesarean section by law after her request for abortion was not granted (Holland and Mac Cormaic 2014). Ireland's restrictive abortion laws have even proven fatal for women in cases of non-viable pregnancies, such as the death of Savita Halappanavar. The above-mentioned cases demonstrate the inability of existing legislation to safeguard the lives of women. Clear choices are then made as to which life is deemed a priority by the state and those invested with the authority to act on behalf of the state (cf. Bacik 2015: 156).

[7] Later-term abortions are permitted if a woman's life is at risk or in cases of serious foetal disabilities.

[8] Whilst the NHS funded 98% of abortions carried out in 2016, 70% of these terminations were outsourced to independent providers (Abortion Statistics, England and Wales: 2017, Department of Health and Social Care 2018).

[9] Sections 58 and 59 of the 1861 OAPA directly govern termination of pregnancy, and applies in England, Wales, and Northern Ireland. The 1967 Abortion Act does not apply in Northern Ireland. In addition, the Infant Life (Preservation) Act 1929 applies in England and Wales.

[10] Records in England and Wales state that 92% of abortions in 2015 were performed medically, and by the thirteenth week of pregnancy (British Medical Association 2017: 19). Medical abortion may not be suitable for all women who require a termination of pregnancy, in which case surgical abortion would be the appropriate form of care.

[11] Criminal sanctions can apply to any woman self-inducing an abortion, as well as anybody (including healthcare professionals) who participate in the carrying-out of abortion care, outside the terms of the 1967 Act.

[12] 'Women on Web' (WoW) is an online telemedicine organisation that arranges online consultations, medical abortion, and support over e-mail for (eligible) women in countries with restrictive abortion laws by proscribing a combination of mifepristone and misoprostol for use in the ninth week of pregnancy (see Sheldon 2016). Women in Britain do not have recourse to medical abortion via WoW as abortion care is legally available under the 1967 Abortion Act. In response to increasing requests for support from women in Britain, the organisation instituted a specific helpdesk to support women to explore sexual and reproductive healthcare options in their areas (Aiken et al. 2018). NB:

Despite abortion care being lawfully available in Britain, personal and logistical barriers to access were cited as a major impetus for women requesting abortion pills online from telemedicine services (Aiken et al., 2018) as an alternative site of care and counselling. Procuring medical abortion is considered 'illegitimate,' and even subversive, because it directly 'challenges the traditional assumptions about service delivery requirements, the definition of a provider and the power dynamics related to providing abortion care' (Jelinska and Yanow, 2018: 87). While women in Britain are technically subverting current UK law by accessing abortion from alternative and extra-state sites of care, the British Pregnancy Advisory Service (2017) claim that many may be unaware of the legal consequences.[13]

The 1861 OAPA, which underpins current abortion legislation in the UK and Northern Ireland, has been described by Diana Johnson MP as 'the harshest criminal penalty of any country in Europe' (House of Commons Hansard, UK Parliament, 13 March 2017), which draws a comparison between Britain and Ireland as sharing a draconian and punitive stance on abortion and women's rights more broadly. In 2017 Johnson led attempts to partially decriminalise[14] use of medical abortion outside the clinical domain, citing the availability of medical abortion online and how women procure telemedicine care because current abortion legislation is unable to meet their needs, but would be at risk of prosecution for doing so.[15] It is the 1861 OAPA and Article 40.3.3 inserted into the Irish Constitution by its Eighth Amendment, two socio-legal relics, that are the subjects of current reform and targets of feminist activism in the UK (including Northern Ireland) and Ireland respectively. In this article we frame women themselves as having embedded (alternative or 'illegitimate') access to medical abortion in the social politics of current feminist movements to reform abortion legislation in Britain and Ireland, and as part of a historical trajectory where struggles for sexual and reproductive health-rights have provoked dynamic forms of bodily knowledge, activism, and autonomy.

These dynamic forms of feminist bodily knowledge were generated by the Women's Liberation Movement in Britain, a movement that emerged from the radical social movements of the 1960s and, from its inception, situated the body as a site of oppression and liberation. It is well established that women having control, knowledge and understanding of their own bodies was considered by feminists to be fundamental to freeing women from their subjugation (see, for example, Brooke, 2013; Davis, 2007; Nelson, 2015; O'Sullivan, 1987). This was because 'Women can only take charge of their lives if they can control their own reproduction' (Greenwood and King 1981: 168). Swells of feminist activism took place internationally as movements communicated with one another, increasingly enabled by the proliferation of feminist magazines and publishing houses (see Forster, 2016; Delap, 2016). Health and reproduction proved to be one of the issues that feminists communicated about most readily. Perhaps the most significant book that attained international status was focussed on bodily autonomy and knowledge: *Our Bodies Ourselves,* first published in the USA as a 193 page-pamphlet — and in 1973 published commercially under the title that would travel the world — has been examined by Kathy Davis (2007) to show how the text 'travelled' globally by encouraging women to draw upon their own experiences as a basis for knowledge. Davis contests that 'a politics of location identifies the grounds of historically specific differences and similarities among women in diverse and asymmetrical relations, creating alternative histories, knowledge practices, and possibilities for alliance' (2007: 10). It is through this that:

> [i]nstead of being preoccupied with feminist history as a single story, multiple and diverse accounts of feminism in different places and at different points in time can be generated' and we can be encouraged to consider 'how feminism travels — that is, how feminist knowledge and knowledge practices move from place to place and are "translated" in different cultural locations' (Davis, 2007: 10).

Certainly, transatlantic currents shaped the British women's movement's engagement with feminist health issues (Segal, 1979: 168). At the same time, however, feminisms have been and are grounded in local contexts. As Margaretta Jolly (2012) has observed, the Women's Liberation Movement in the UK varied significantly by region and nation, shaped by the interactions facilitated by place. Jolly argues against making overarching generalisations about British feminisms, and points to the different networks that emerged in Northern Ireland, Scotland, England and Wales. Nonetheless, she suggests that 'living the life of feminist activism seems inevitably to challenge geographical belonging at some level' (Jolly, 2012: 145). This article argues that a lens on feminist activism around bodily autonomy and abortion politics should be both grounded in place and time while also seeking to push

The study by Aiken et al. (2018) coincided with reduced abortion care provision after Marie Stopes had to temporarily suspend certain services in England.

[13] While few women in England and Wales are charged under the OAPA Act for procuring an 'illegitimate' abortion, Sally Sheldon (2015) argues that 'the fact that an archaic law is not enforced is not justification for retaining it.'

[14] The British Medical Association (2017: 8) note that decriminalisation of abortion can involve a range of outcomes, with the most basic interpretation being a change in 'the default position so that instead of abortion being a crime for which there are some circumstances in which abortion is lawful, abortion would be lawful with some limited exceptions.'

[15] Johnson's 2017 'reproductive health (access to terminations) bill' passed the first reading, but the chance for a second reading and debate was lost due to the calling of the 2017 snap election.

beyond them, examining how frustration with the status quo instigates the creation of alternative forms of care and encourages self-knowledge.

In both the contemporary movement in Ireland and Britain in the 1970s and 1980s new sites of communication developed in order to raise awareness of the different social, legal and political contexts in which women campaigned for their reproductive rights. The feminist magazine *Spare Rib,* founded in 1972, claimed that its attitude to health developed as much through individual women's own experiences, and through their desire to articulate what has happened to them, to communicate with other women and open up the possibility of collective self-help and self-definition' (O'Sullivan, 1988: 39). As the movement found, however, the emphasis on speaking from personal experience and the structuring of the movement in small groups frequently had the effect of privileging the voices of white, middle-class women (see Thomlinson, 2016). Attempts to give voice to women's diverse practices, and to recognise the experience of women outside Britain, were not always successful.

While at points British feminist publications were attentive to the work of their near neighbours in Ireland (Connolly, Bunting and Roisin 1982), magazines such as *Spare Rib* also faced charges of marginalising Irish women's struggles and practising exclusionary feminism. When *Spare Rib* was banned in Ireland by the Censorship of Publications Board in 1977, Irish feminists rallied to challenge the decision, while the magazine itself was perceived to have considered the ban as a 'morale booster for feminism' (Larragy, 1990: 39). The proximity between the two nations did not breed synchronicity: the Irish context was deeply informed by Catholic ideas, and the British Women's Liberation Movement was perceived to be narrow, making it 'almost impossible to discuss situations where the issues of choice were differently posed' (Larragy, 1990: 41).[16]

Irish feminists shared British feminists' interest in women's health: the first conference to be held in Dublin on women and health took place in May 1979 and was seen to break 'new ground with a public discussion of female sexuality,' (Wallsgrove et al., 1979: 11). The conference debated contraception, which had been outlawed by the Criminal Law Amendment Act 1935 and about which there was effective censorship as late as the 1960s (see Girvin, 2008; Ferriter, 2009). While British and Irish feminisms shared interests in the 1970s, there were also significant differences that arose from historical, cultural and social contexts; it is therefore productive to trace the significance and nuance of reproductive knowledges and activisms across temporal and geographical borders, and to examine the types of activism that different legislative conditions generate.

Feminists have long been active in asserting the importance of women's access to family planning methods, including abortion. The Women's Liberation Movement in Britain in the 1970s was no exception, with groups such as the National Abortion Campaign (NAC) emerging in the mid-1970s to defend the 1967 Abortion Act from attempts to impose limitations on it and to campaign for free abortion in demand (Scott and Noble, 1976). The activist work that was done around reproductive healthcare had implications beyond that which engaged with the law, however. Postwar feminists constructed new epistemologies of the body; as Nancy Tuana (2006) has asserted with reference to the American women's health movement, the movement was epistemological as well as liberatory. It was, Tuana suggests, 'an epistemological resistance movement' that sought to challenge the 'ignorance about women's health and women's bodies in order to critique and extricate women from oppressive systems often based on this ignorance, as well as creating liberatory knowledges' (2006: 2).

ABORTION, REPRODUCTIVE RIGHTS AND THE PROVOCATION OF NEW TYPES OF KNOWLEDGE

During the 1970s and 1980s the campaign for reproductive rights and abortion activism in Britain was an expression of and a demand for bodily autonomy, but it also opened up broader questions about power, knowledge, and access to information. In this period the NHS was seen to be both underfunded and hostile to women's empowerment; preserving the body as a site of ignorance and anxiety was considered a deliberate tactic to maintain professional authority by doctors. The local sites of care and self-knowledge production that the women's movement established were thus a reaction to the economic context of the NHS and the patriarchal context of the health profession. Local consciousness-raising groups were critical to the emergence and development of the women's movement in Britain. They played a crucial role in providing a space in which women could share their experiences in ways that reflected that the 'personal is political' (Bruley, 2013). Consciousness-raising groups were both a process for knowledge creation and a site for the development of political consciousness.

For women concerned with the development of feminist healthcare, self-knowledge was positioned as a defence against the vulnerabilities created by the unequal dynamic between doctor and patient; as an article published in *Spare Rib* in 1980 noted, 'When women talk about how they feel about going to the doctors, hospitals or clinics,

[16] For more on the Irish women's movement, see Connolly, L. (2003). *The Irish Women's Movement: from Revolution to Devolution.* London: Palgrave Macmillan.

they speak about feeling vulnerable and not knowing or understanding what is happening to them' (Brent Women's Centre, 1980: 19). In contrast to this, it was argued that spaces that encouraged feminist self-help both increased women's confidence and allowed them greater control over reproduction. 'Self-help has, universally, helped to dispel myths for a lot of women', observed an article in *Spare Rib* in 1974, dispelling 'the mysterious functioning of our bodies that most doctors and gynaecologists would have us believe' (*Spare Rib*, 1974: 19). Feminists who worked in women's health care in the 1980s reiterated this emphasis on information and knowledge dispersal. 'If people have knowledge about their health… then they can choose to exercise control over their health' suggested Christine Webb in 1986, whereas, deprived of this information 'they are forced to remain *patients* in the literal sense – passive receivers of what others think is good for them' [emphasis in original] (Webb, 1986: 183). All too often, Webb argued, men comprised this 'other', and considered 'a person principally as a disordered body whose malfunctions are isolated from the rest of social life, with its prescriptions of appropriate roles and behaviour for women and men.' Feminist self-knowledge came to play an important role in addressing and compensating for services that did not meet women's needs or view them in the context of social life. It was a 'radical statement' for women's health to be asserted as 'our business above all, that our bodies are our own to use as we please, and that our interest in all parts of ourselves is legitimate,' claimed a 1981 feminist pamphlet that described the process of self-examination. This statement of bodily autonomy was 'a part of the struggle for women's liberation' (Laws, 1981: 5).

This 1981 pamphlet, *Down There: an Illustrated Guide to Self-Exam,* demonstrates the multiple sites of activism that were established in order to reclaim authority over women's own reproduction: as well as recommending involvement in a women's liberation group ('the best way to learn self-exam is within a women's liberation group – either a general or consciousness-raising group or one specifically focussed on women's health' 1981: 6) it also included a reading list and advised that speculums could be purchased at Sisterwrite, a feminist bookshop in Islington, North London (Laws, 1981: 28). Bookshops occupied a significant place in the Women's Liberation Movement (Delap, 2016), and here Sisterwrite provided both the site and the tools for accessing new bodily knowledges. The focus on the body and reproduction created new channels for the sharing of techniques, knowledge and information. Again, this was underwritten by a conviction that the development of knowledge not extracted from or expressed by medical professionals was a direct challenge to their epistemic authority. 'Most doctors don't seem to like their patients to know anything about their bodies' the pamphlet observed, 'and are especially threatened by women who make informed demands' (Laws, 1981: 23). For women seeking reproductive autonomy, '(s)haring knowledge is…sharing power' (Webb, 1986: 183).

Health and reproduction provoked locally-grounded knowledges, raising awareness of the sympathies and politics of local councils. A 1980 article in *Spare Rib* noted the willingness of Brent Community Health Council to support the use of their facilities to host a women and health course; the article noted that Brent, an area of North West London, 'has already had severe cut backs in its health services' and that the area was a site of 'over-crowding, poor housing, huge council estates with few facilities and high unemployment' (Brent Women's Centre, 1980: 19). The knowledges provoked by health activism extended beyond the individual body and into an understanding of the contours of civic life. This knowledge of the community was attentive to the ways that women's lives were structured by intersecting oppressions. The pamphlet promoting the Northern Women's Health Conference, held at Manchester Polytechnic in July 1985, noted that 'obtaining effective health information, advice, treatment and care can be a problem for all women but particularly if we are black, disabled or elderly' (Northern Women's Health Conference, 1985: 2). The conference, it noted, 'takes place against a background of rising unemployment and cuts in local authority and NHS spending, placing an even greater burden on women's lives' (Northern Women's Health Conference, 1985: 2). Health activism, therefore, required that women undertook analytical and empathetic readings of how national policy and politics affected women's bodies, particularly bodies on the margins.

As with the campaign to repeal the Eighth Amendment in Ireland, much reproductive activism in Britain organised around engaging with legislation and law makers. The Abortion Law Reform Association (ALRA) was formed in 1936 and played an important role in the campaign for the 1967 Abortion Act; once it was achieved, the ALRA shifted its priorities towards education, and the NAC instead came to the 'forefront of abortion advocacy' (Brooke 2013: 202). The NAC was formed in 1975 in direct response to threatened legal changes and worked to defend the Abortion Act from legislative attempts to amend and limit it (Scott and Noble, 1976: 20). The organisation was successful in mobilising support: its first conference was attended by 900 people. The conference was, however, criticised for focussing on internal structural issues rather than 'discussion of the current political situation and the *types* of restrictive legislation which might be proposed in the next parliamentary session' [emphasis in original] (Scott and Noble, 1976: 20), demonstrating the enduring focus on defending 'legitimate' forms of reproductive health care. Like the March for Choice in Dublin in 2016 (discussed below), the 1970s saw support for abortion rights draw people to London's streets. In the summer of 1975, twenty thousand people demonstrated in support of the 1967 Act (Brooke, 2013: 202). Activism around reproductive rights sought to be

outward looking, visible and proactive, raising stark similarities with the campaign led by Irish feminist movements to 'Repeal the Eighth.'

RISE AND REPEAL: SELF-ADMINISTERING BODILY AUTONOMY THROUGH SOCIAL PROTEST

Reproductive rights activities staged in 2016 offer a point of departure to critique the contemporary social politics of abortion in Ireland, though it is important to note that the 1983 Referendum did not cause activism to stagnate.[17] What is important is how social protests held across Ireland in 2016 challenged the hegemony of the state to withhold abortion care from women in Ireland, illustrating how types of bodily epistemologies emerged from historically situated narratives of resistance. On 24 September 2016, approximately twenty thousand people joined the fifth March for Choice in the streets of Dublin, an annual public demonstration demanding free, safe and legal access to abortion care in Ireland. The Abortion Rights Campaign (n.d.), which funded and organised the rally, is a leading protagonist of action calling for the Irish State to 'ensure the health and rights of women in pregnancy are protected in line with international human rights standards.'

One notable aspect of the 2016 demonstration was the foregrounding of historical events in its protest discourse. The vocabulary and evocation of the female 'body' as a site of control, resistance, and autonomy were deliberately entrenched in Ireland's social and political history to provoke public reflections between occupations of the past and present.[18] The body and the state as dual sites of imperial power had long been a subject of critical dissent by Irish feminists. 'By imperialism,' the group Women Against Imperialism explained in *Spare Rib* in 1989, 'we mean those forces which deny us control over our own lives, over our bodies as women, as of our country as an independent state' (Women Against Imperialism, 1989: 57). 'Imperialism', they wrote, 'sustains a male-dominated society, so that women are always defined in relation to men, and are oppressed by anti-woman laws denying our right to choice [sic] in matters of sexuality, family, reproduction and welfare entitlements.' Imperialism, it was contested, was multivalent in Irish women's lives. Anthropologist Angela Martin has argued that that 'Irish anti-abortion rhetoric' constitutes a 'violent form of nationalist identity politics,' and that the 'correspondence between the nation-state and gendered bodies materially mediates the ways in which feminine bodies are constructed, disciplined and experienced' (2000: 66). Historical continuities and discontinuities emerge between the pursuit of autonomy for the Irish population or body politic against British imperial rule vis-à-vis the governance of individual women's bodies put forward by the Irish state (inspired by Catholicism) in the present day.[19]

The 2016 'March for Choice' ran with the tagline 'rise and repeal' as a deliberate provocation and reflection on the centenary of the Easter Rising in 1916, when Irish republicans sought to forcefully dis-incorporate Ireland from British imperial domination and proclaim an independent state (**Figure 1**). The Easter rebellion was a bold pursuit of self-governance that was largely enacted in Dublin, and its 1916 proclamation announced 'the right of the people of Ireland to the ownership of Ireland, and to the unfettered control of Irish destinies.' The Easter Rebellion was quashed in a heavy and barbarous response by British occupying forces (as was anticipated by the protagonists), but was nonetheless instrumental in mobilising public support for Irish self-governance. What is important is how the rhetoric surrounding early twentieth-century nationalism in Ireland was appropriated in the context of reproductive politics in 2016, as the fifth 'March for Choice' articulated the right of women in Ireland to bodily autonomy and control (**Figure 2**). This interplay between past and present was made clear in the language employed by the Abortion Rights Campaign (2016) on their homepage, in what reads as a proclamation against an ongoing occupation imposed over women's bodies and their right to reproductive justice by the Irish State:

> The Easter Rising sought Sovereignty and self-determination for Ireland. Today, we seek the same control over our own bodies. No longer will the Irish State *force* us to self-administer health care by taking abortion pills (risking a fourteen year jail term), or spend thousands of euro travelling secretly to England. This year we, the women of Ireland, with the support of all those who care about equality and human rights, *are self administering our independence*. (https://www.abortionrightscampaign.ie/2016/08/02/rise-and-repeal-march-for-choice-2016, 2 August 2016. [Emphasis added])

[17] See for instance Mullaly (2005).

[18] While we focus on the historical continuities between the discourse of the Easter Rising of 1916 and the 2016 'rise and repeal' demonstration, it is important to note that reproductive politics in Ireland evoke several historical controversies that are beyond the scope of this article. This includes the Mother and Baby Homes (read: homes for unmarried women to birth 'illegitimate' children) that were managed by the religious establishments in Ireland (both Catholic and Protestant), which have been the focus of recent political scrutiny and inquiry.

[19] See also Fletcher (2001) who critiques the various ways in which Irish colonial history has been deployed in activist discourse to exclude and enable access to abortion care.

Figure 1. Activists holding the 'rise and repeal' promotional material produced by the Abortion Rights Campaign at Dublin's 2016 March for Choice, photograph by Ben Kasstan

Figure 2. Activists dressed in twentieth century period dress at Dublin's 2016 March for Choice, photograph by Ben Kasstan

The centennial rhetoric of Irish self-governance was pervasive in almost all areas of the demonstration. The 'March for Choice' protestors turned out *en masse* from across Ireland despite inclement weather and, more noteworthy, a public transport strike that prompted the organisers to field a communal campaign of 'carpool for choice.' Featuring an image of two women drivers dressed in early twentieth century garments (**Figure 3**), the 'carpool for choice' campaign teased out historical continuities with the Irish struggle for independence that was heavily reliant on cultivating public support and camaraderie. The task of representing the nation state and of signifying the values of the Republic has fallen disproportionately upon women (Martin, 2000), demonstrating how the campaign to 'Repeal the Eighth' Amendment plays with and subverts this tradition of women's visibility in the body politic.

Figure 3. 'Carpool for choice' promotional material (Abortion Rights Campaign)

Protesters massed and mobilised at 2pm outside Dublin's Garden of Remembrance and Parnell Square East: the former being a memorial to those who lost their lives during the 'cause of Irish freedom,' and the latter being a city centre road dedicated to Charles Stewart Parnell — one of the formative architects and protagonists of Irish home rule during the nineteenth century. Many of the speeches, placards, and statements expressed by demonstrators were explicit in echoing the historical rhetoric tied to the Easter Rebellion, with one speaker announcing, 'this is our rising' — thus framing the 2016 demonstration as a proclamation.

The rhetoric of the 2016 'rising' should be interpreted as more than the marshalling of a metaphor and is placed in continuity with defining historical struggles of Irish self-governance sanctioned through the body and gender. [20] The discourse of the 'rise and repeal' protest is intentional and demonstrates how women were dis-incorporating themselves from oppressive and forceful state legislation by self-administering their right to bodily autonomy.[21] The call to 'rise and repeal' reflects a collective appropriation of historical knowledge and political narratives in contemporary social protest to make visible the continuing struggles for equitable rights among *all* citizens in Ireland. More broadly, anthropological studies have described how the use of historically politicised language in social protests can 'draw attention to the past to champion alternative futures' (Knight, 2015: 242). Similarly, abortion rights activists in Dublin mobilised the rhetoric of twentieth century Irish nationalism and rebellion to lay claim to a future in which reproductive and human rights are protected, reflecting the ambitions of British feminists in the 1970s and 1980s.

Statements chanted by individual activists articulated how reproductive and abortion politics are entangled in the union between 'church and state' in Ireland, with some demonstrators shouting 'keep your rosaries off our ovaries' and 'I demand a separation between vagina and state' (**Figure 4**). The Irish state and Catholic establishment were then cast as synonymous occupiers of the female body, and more specifically, women's reproductive rights. In so doing, the abortion activists exemplify how slogans aired in public have the capacity to 'incite collective victimhood and solidarity in opposition to faceless systems and help promote the priorities of everyday people as they struggle against hegemonic political and economic policies and practices' (Knight, 2015: 242).[22]

[20] Women were actively engaged in the Irish Rising and revolution but their contributions were not acknowledged as equal to male combatants (Coleman, 2017), thus the feminist rhetoric of the 'rise and repeal' protest articulated the (individual) female body's enduring struggle within the body politic, long after the twentieth century quest for independence.

[21] It is important to add that Ireland has long been personified in the feminine form, imagining the body politic as being in need of (male Irish) possession and re-possession in case of British occupation (see Butler Cullingford, 1990) — a rhetorical device that has arguably impregnated the politics of abortion and control of women's bodies in Ireland (Human Rights in Ireland, 2013). What is interesting is how the historical rhetoric surrounding the fifth March for Choice simultaneously engages and resists this imagery by calling for women oppose state control by calling on women to self-administer their bodily autonomy.

[22] Daniel Knight (2015) examines the circulation of historical slogans and metaphors in the context of resistance to Greek austerity, which offers an ethnographic comparison to the 2016 March for Choice.

Figure 4. Activists at Dublin's 2016 March for Choice, photograph by Ben Kasstan

Figures 5 & 6. Tweets by @TwoWomenTravel describing the experience of being 'forced' and 'exiled' to access extra-state abortion care

ABORTION AND CONFRONTATION, EXILE AND EVASION

The act of travelling abroad to terminate a pregnancy has been described as 'abortion tourism' (see Bloomer and O'Dowd, 2014). Similarly, the term 'reproductive tourism' is often used to frame extra-state pursuits of fertility treatment, yet conflicts radically with the actual desperation and stresses experienced by people engaging in IVF-related mobilities (Inhorn, 2018). For this reason, Marcia Inhorn and Pasquale Patrizio (2009: 905) have described how 'reproductive exile' is a more appropriate conceptual reference because, in most cases, people describe 'how they feel "forced" to leave their home countries to access safe, effective, affordable and legal infertility care.' Against this backdrop we challenge conceptual references of abortion 'tourism' (Bloomer and O'Dowd, 2014) and 'travel' on the basis that women engaging in social protest in Ireland represent themselves as being *forced* and *exiled* to leave Ireland in order to access extra-state and alternative sites of abortion care (**Figures 5** and **6**). The image of 'travelling' abroad for abortion care obscures the fact that extra-state care can be prohibitively expensive for some women, traumatic, emotionally and physically painful, and remains enshrouded by shame, secrecy, stigma and lack of emotional support from family and friends. Moreover, due to lack of knowledge about the legal status of reproductive exile and fear of possible consequences, women can be reluctant and cautious about accessing post-abortion care upon return in Ireland if complications arise.[23]

[23] See Manchester Metropolitan University News 2017.

Specific to the Irish context is the fact that the Irish Constitution enshrines a 'structural tolerance and expectation of abortion travel' (de Londras and Enright, 2018: 8). Women in Ireland, we argue, are literally *exiled* when they feel compelled to access extra-state abortion care rather than continue a pregnancy to term against their wish. The constitutional expectation of reproductive exile in Ireland is an assault on human rights because it actually 'contradicts the foundation on which human rights law stands – that states have an obligation to respect, protect, and fulfil human rights within their own borders' (cf. Zampas, 2017: 34).[24]

Reproductive rights activists estimate that, on average, nine women are exiled from Ireland each day to access extra-state abortion care at their own cost (mainly in England), amounting to approximately 4,000 reproductive exiles per year (Coalition to Repeal the Eighth n.d.). Two women crossing the Irish Sea to access abortion services in August 2016 launched a Twitter account using the handle '@TwoWomenTravel' to document their repro-exile in real time through Tweets of 140 characters. The two women had frequently tagged Enda Kenny, the then Taoiseach ('Chief' or Head of Government) in their Tweets to portray the realities of being exiled to extra-state sites of care. The series of Tweets articulated the anxieties of the two women who framed themselves as being 'forced' to leave their home country in a struggle for bodily autonomy (**Figures 5** and **6**). Rather than viewing @TwoWomenTravel in isolation, we interpret them and their documented struggle for bodily autonomy as a reflection of the broader rallying of public support for abortion rights in Ireland that has led up to the 2018 Referendum. It is important to note that the overall rate of reproductive exiles to England have reduced significantly in recent years, halving between the years 2001 and 2016, which is likely due to eligible women remaining at home and subverting Irish law by accessing safe medical abortion and appropriate counseling online via telemedicine services (Sheldon, 2016).

REPRODUCTIVE ACTIVISM AND THE SUBVERSION OF CONTROL

Telemedicine services are, as mentioned, an 'illegitimate' site of abortion care under British and Irish laws yet they offer eligible women in contexts of restrictive abortion legislation a more compassionate and affordable option to reproductive exile. More critically, they offer eligible women a lifeline by enabling them to avoid dangerous techniques of inducing a miscarriage (such as perforation techniques or ingesting noxious substances), which remain a reality for some women in Ireland (Gentleman, 2015; Sheldon, 2016). Medical abortion prescribed to women in Ireland by WoW is reported to be highly effective, with low reported prevalence of adverse reactions and, more importantly, almost all women follow the advice of WoW by seeking medical attention when experiencing potential complications (Aiken et al., 2017). Thus, women in Ireland subvert restrictive abortion laws with a high degree of competence, demonstrating how women trust themselves to exercise bodily autonomy as part of a responsible process of reproductive decision-making. That being said some women who subvert legislation by procuring medical abortion do not feel they can safely disclose their experiences of self-care to healthcare professionals (see Sheldon, 2016: 95), which reflects the legal anxieties women feel about accessing post-abortion care in Ireland after reproductive exile.

Whilst women procuring medical abortion online routinely subvert Irish law, access can be precarious as Irish Customs and Excise Officers have the authority to seize abortion pills, compelling women to collect the deliveries at a post office or designated address in Northern Ireland (see Fletcher, 2014:11). Irish Customs and Excise Officers confiscated 1017 abortion pill deliveries in 2014, more than double those seized in the previous year (Abortion Rights Campaign, n.d.). Leo Varadkar, the current Taoiseach of Ireland and former medic, linked the reality of reproductive exile as well as the 'illegitimate' yet widespread use of medical abortion among women in Ireland as notable reasons that led to the cabinet decision to hold a referendum in 2018:

> We *know* that thousands of Irish women - women from every single county in Ireland - go abroad for abortions every year. We *know* that many women are obtaining abortion pills through the post to end their pregnancies, without any medical support, or counselling, or supervision. So, we already have abortion in Ireland but it is unsafe, unregulated and unlawful. We cannot continue to export our problems and import our solutions. (Leo Varadkar, Prime Minister of Ireland, reported in The Irish Times on 30 January 2018 [emphasis added])

The fact that 'illegitimate' abortion services were *known* to be more widely sought than what could be 'legitimately' provided by the Irish state within the confines of the Constitution can then be considered as a significant impetus for the Taoiseach's support for reform. In contexts of restrictive abortion laws more broadly,

[24] Women in Ireland who hold precarious residency statuses (such as asylum seekers) can experience limitations on international mobility, preventing timely access to extra-state abortion care (see Side 2016). The financial cost of abortion care can rise considerably when performed after twenty weeks of gestation, which is an issue for women experiencing bureaucratic delays in receiving a visa to enter the UK (see Duffy and Pierson n.d.).

such as Poland, women have mobilised protest logics to subvert and 'beat the system' by procuring abortions 'illegitimately' — either by sourcing misoprostol online or via the "'white coat" underground' provided by healthcare professionals operating clandestinely (Mishtal, 2017: 240). However, Joanna Mishtal has argued that reform of restrictive abortion laws in Poland is unlikely to be achieved through 'quiet and individual dissent without the political act of visibility and public engagement' (2017: 240). The case of Ireland demonstrates how opportunities for re-envisaging the constitutional and legal status-position of abortion care were made possible by feminist activism around self-care, with individual acts of reproductive exile and subversion of current laws entrenched in sustained and prominent social protests.

CONCLUSION: ABORTION AND REPRODUCTUVE RIGHTS BRING NEW TYPES OF COMMUNITY INTO BEING

Both the women's movement in the 1970s and 1980s in Britain and the contemporary campaign for legislative reform in Ireland have made use of international and diasporic connections. In contemporary Ireland pregnant women's transition into exile has been leveraged to raise awareness of the international dynamics of the existing legislation; comparisons with other countries have also been used to highlight the regressive nature of the current laws. Martin (2000: 71) notes that Ireland's nationalist discourses draw upon gendered issues to emphasise its 'alterity' in an increasingly interconnected Europe; feminists point to this alterity for other ends, using it to highlight the desperation of the women forced into exile. While some internationalist elements of feminism have been critiqued as obscuring or eliding power differentials and difference (see Braidotti, 1992) understanding the approaches of other nations to the governance of the female body has been a critical part of feminist praxis. Considering the ways that the Irish campaign made use of similar discourses around health, rights, care and autonomy to those used in the 1970s and 1980s by the British women's movement demonstrates the flexibility and utility of these ideas. Feminist campaigns attempt to decentre and reclaim the authority exacted over women's bodies and to raise consciousness of the damaging consequences of derisory state health care and discriminatory legislation.

Just as the movement of the 1970s and 1980s used feminist magazines to communicate with an engaged audience, the Repeal movement in Ireland used social media to raise awareness of reproductive exile as a lived reality of restrictive and unjust legislation. In so doing abortion care activists in the Irish diaspora re-appropriated the narrative of abortion 'travel' to promote electoral participation in the 2018 Referendum. The London-Irish Abortion Rights Campaign (n.d.), a grassroots movement to 'bring people in London together to campaign repeal of the Eighth Amendment from the Irish Constitution and for the decriminalization of abortion in Northern Ireland,' launched hometovote.com (n.d.) in 2017 as a strategy to 'summon vote-eligible Irish people living abroad.' The rhetoric of 'summoning' Irish emigrants 'home' by a grassroots movement is again striking because it imposed a moral and civic obligation on the body politic, and raises historical continuities with the language surrounding the 1916 Uprising, by re-presenting a mutual and enduring ownership of Irish people over Ireland and vice versa. Using social media as a 'global call' for vote-eligible Irish citizens was inspired by the landslide 2015 Referendum result in favour of same-sex marriage, which rallied emigrants from around the world to 'vote yes for a fairer Ireland.' In both of these examples, social media (particularly Twitter and Instagram) were cultivated as a phenomenally powerful resource in resistance to gender and marital inequalities.

Our focus on the dynamics of abortion activism in Britain and Ireland can be situated in broader discussions of how feminist movements have historically spearheaded techniques of self-care, and in so doing, provoked the state to better meet the needs of women. In tracing the role of pregnancy testing as a 'feminist technology' in the 1970s Women's Liberation Movement, Jesse Olszynko-Gryn has argued that 'British feminists framed pregnancy testing as a more efficient and sympathetic alternative to the inadequate N.H.S. as they pushed for reform. They appropriated a medical technology, bringing it into the domestic sphere and endowing it with the politics of the movement' (2017:19). Similarly, we have cast the subversive and 'illegitimate' procurement of medial abortion among women in Britain and Ireland as being the object of opportunity for legislative reform and constitutional change, provoking responses from politicians. Women in Britain face the threat, in theory, of life imprisonment by procuring medical abortion, and women in Ireland attending the 2016 March for Choice publicly proclaimed how they felt 'forced' to self-administer medical abortion despite the risk of a fourteen-year jail term. We argue how, on both sides of the Irish Sea, it is the women themselves that have situated medical abortion in the social politics of feminist movements to champion legislative and constitutional reform. Medical abortion is embedded in feminist struggles for reproductive rights and demands for equitable and accessible public health services, which is, as Varadkar made clear, a known subversion. What emerges are situations where the 'illegitimate' could, following the landslide 2018 Referendum result, be brought into the realm of state control and guardianship, and in Britain, potentially re-envisage abortion legislation to enable women to use medical abortion from the comfort and convenience of their own homes. Reproductive rebellions over time have led women to rise for 'repeal' in

Dublin and produced 'liberatory knowledges' within British feminist movements, which, in each of these contexts, have been generative of new modes of community, sites of activism, and political responsiveness.

The reproductive rebellions we have observed in Britain and Ireland are historically contiguous, and whilst enacted at different points in time and place, share a common strategy in attempting to position women's bodily autonomy and knowledge as an enduring site of activism within the body politic. Our interdisciplinary approach illustrates how feminist encounters in the medical humanities can chart the continuities and discontinuities of abortion activism and rebelliousness in two intimately connected contexts during periods of significant change.

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Partial Immunities: Rethinking Communities and Belonging through Viral Memories of Influenza

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ABSTRACT

The article explores the concept of partial immunities – our past infections providing partial protection against new related epidemics – in order to develop feminist tools for rethinking communities and belonging as situated and inherently multiple. Partial immunities challenge the idea of immunity as defence/defeat and absence/presence, allowing us to approach immunity as never fully achieved and as arising from historical coincidence rather than personal strength. The article investigates these issues through influenza. It argues that partial immunities to influenza highlight the historical layering of communal ties and interspecies entanglements. The concept of partial immunities enables us to conceptualise belonging as multiple, constantly changing, and technologically enacted. The article develops this argument through two analyses, one focusing on current attempts to create a universal influenza vaccine and one centring on the ways in which past epidemics enact invisible immunological communities across time and space.

Keywords: community, immunity, influenza, intersectionality, vaccines

INTRODUCTION

The concept of immunity has played a central role in analyses of biomedical, social and political developments during the past decades. The rise of HIV and AIDS in the 1980s brought immunity into a public and scientific spotlight and posited it as an urgent biomedical question (Martin, 1994; Treichler, 1999). Embodied phenomena such as pregnancy, and practices such as organ and tissue transplantation, have shed light on the complexities of immunity by demonstrating how a lack of immune response to 'foreign' biological material – immunological tolerance – is sometimes crucial for the preservation of life (e.g. Takeshita, 2017). Furthermore, a growing understanding of autoimmunity as underlying a range of diseases such as type 1 diabetes, multiple sclerosis, celiac disease, rheumatoid arthritis and narcolepsy, has problematised the assumption that the immune system automatically recognises and defends against foreign biological material. Research has also shown that some level of autoimmune response is part of 'healthy' biological processes. (For an overview of these biomedical developments, see Mutsaers, 2016, 43-56.)

At the same time, scholars have argued that the logic of immunity structures how contemporary societies operate (see Mutsaers, 2016). For example, in his book *Immunitas*, Roberto Esposito identifies an 'immunitary paradigm' (Esposito 2011: 7) that encompasses diverse societal developments including state control over migration, the invocation and management of terrorist threats, and the preparedness for emerging infectious diseases. Apart from characterising a current state of social and political life, the concept of immunity has also operated as a theoretical tool through which scholars interrogate and conceptualise communities and their embodied and political entanglements (Cohen, 2009; Esposito, 2011; Mutsaers, 2016). Such work has also included alternative conceptualisations of immunity, as in feminist and anti-racist revisions of immunity and bodily boundaries as always porous and blurry (Haraway, 1991; Armstrong, 2017).

This article starts with the premise that immunity is of interest to both feminist scholars and scholars in medical humanities because it is an embodied phenomenon deeply entangled with both biomedical and societal discourse and practices. Understanding the multiple, overlapping and situated aspects of immunity requires critical engagement that, following Des Fitzgerald and Felicity Callard's (2016) suggestion, will not integrate a medical humanities viewpoint into a medical one, but takes the inseparability and entanglement of medicine, science, culture, and society as its starting point. The article participates in the longstanding feminist project of rethinking

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biomedical and political concepts – here, immunity – in ways that enable ethically accountable and situated visions of communality, power relations and social development. It seeks to open new ways of thinking how we as embodied beings belong (and do not belong) to the human and more-than-human worlds globally, locally, as well as across past and future generations.

The article theorises embodied belonging and connectedness through *partial immunities*. Put simply, partial immunities refer to how past infections protect us partially but not completely against new viral and microbial strains. It is a phenomenon recognised and analysed by scientists (e.g. Gomes et al., 2004; Katriel, 2010; Zhang et al., 2010), but one that lacks theoretical development as an embodied socio-cultural phenomenon. I propose that what makes partial immunity particularly interesting for feminist and other critical scholars is how it traces the incompleteness and temporal layering of our embodied social relations. For medical humanities research, partial immunity offers a way of thinking illness and health as overlapping and historically moulded dynamic processes. The article asks what kinds of embodied connections and shifting communities of future and past health and illness may emerge if we think of biomedical immunity as partial, and never quite complete. My point is not to posit partial immunity as a 'truth' about our embodied connectedness, or as an epistemically superior model of understanding processes of immunological protection and vulnerability. The article posits partial immunity simply as a fruitful way of imagining embodiment in times of health and illness because it allows us to rethink our bodies and communities in ways that highlight connections rather than boundaries. Perhaps most importantly, it enables multiple, parallel belonging; this is why I use the plural form *immunities*. Conceptualised as partial and situated, immunities emerge as ways of crafting connections across time and space in multiple directions.

I want to emphasise that partial immunities do not constitute a reality that pre-exists its study. Rather, partial immunities are *enacted* through particular technological and material practices in immunology as well as specific ways of theorising belonging, collective memory and intersectionality. The article draws here on Fitzgerald and Callard's (2016) use of Karen Barad's (2007) term *agential cut*, which refers to the enacted nature of phenomena: boundaries around and within phenomena emerge through the technologies, practices and discourses through which phenomena are studied. Fitzgerald and Callard note that 'both medicine and life itself are constituted precisely through relations, and through practices of bordering, cutting and exchange through which those relations come to matter' (Fitzgerald and Callard, 2016: 44). Thus, they argue, medical humanities scholars need 'to understand how practices of making, breaking and shifting boundaries constitute illness and healing' (Fitzgerald and Callard, 2016: 42). My theorisation of partial immunities emerges from acts of highlighting certain technologies over others and of manipulating perspective, the angle from which phenomena are approached. At the same time, the ways in which the article's approach departs from previous theorisation of immunity in feminist theory, medical humanities as well as political theory render visible the equally enacted and situated nature of these other approaches to immunity.

The approach developed in this article builds on the extensive literature on immunity that highlights connections between biomedical, social and political aspects of immunity. A large part of existing literature approaches the connection between immunity and community in the context of political theory and philosophy (Esposito, 2011; Fishel, 2017; Mutsaers, 2016). The connection between biomedical immunity and political community has been approached as a historically shaped object in cultural history of science and biomedicine (Cohen, 2009). It has also been theorised as a biomedical phenomenon that undermines bodily and communal boundaries (Fishel, 2017; Newman et al., 2016). While these approaches differ considerably, they typically conceptualise immunity as an impossibility. That is, immunity is an illusion as a political project (building impenetrable national boundaries), social policy (disconnecting infected individuals and communities from the healthy), as well as a biomedical process (protecting the body from its microbial and pathogenic environment). This article departs from the logic of immunological failure and success that much of the previous scholarship traces. I approach immunity as neither a matter of failure (falling national, communal and bodily boundaries) or success (for example, gaining immunological protection through openness to the microbial world). However, this departure from previous literature is not a matter of disagreement or critique, but rather a different way of imagining immunity in which failure and success disappear from the analytical focus. Furthermore, the article focuses on cultural theorisation of communities as ambivalent networks of future-oriented potentiality and past-oriented communal memory rather than political entities. The article approaches communities as situated formations emerging through belonging, temporality and space. Its approach to community and immunity draws on the theorisation of time, space and memory in cultural studies, and the analysis of the situatedness of technologies in feminist science and technology studies.

The article theorises partial immunities through an illness that is common yet dramatic in scale: influenza. As a seasonal, repeated illness, influenza shapes and reshapes our immune systems throughout our lives, and is constitutive of what we are immunologically and communally in our everyday encounters. As a rapidly mutating virus (with multiple, unstable strains), influenza illustrates the temporal and spatial limits of immunity as well as points to the volatility of material relationships between us and the microbial and viral worlds. The article begins

with a discussion of the concept of immunity in previous research, which is followed by two analytical sections. The first section explores the future-orientation of partial immunities through the question of *viral mutation and drift*, using influenza vaccines as an example. Influenza vaccines are based on forward-looking speculative evaluation as to which strains may circulate each year, and consequently an influenza vaccine is often close enough to provide some but not full protection against circulating viral strains. I focus on recent attempts to develop a universal influenza vaccine that would cover a large number of strains, and thereby replace situated partial immunities with lasting immunity. While lasting immunity through a universal influenza vaccine might in reality provide only partial protection, it would refashion the temporality of communal ties enacted through influenza epidemics and pandemics.

The second analytical section examines the *past-oriented* underpinnings of partial immunities through the idea of *viral memory*. Viral memory refers to how previous influenza epidemics leave traces in our immune systems that archive the past. I outline how viral memories live not only inside each of us but also around us – in other people, in other species (pigs, birds), as well as in viruses themselves. Viral memories enact *viral communities* both socially and immunologically by crafting connections between organisms (people, species) across time and space through their shared entanglement in past epidemics. Crucially, viral memories render visible how viral communities are plural and overlapping at any moment in time. This spatial and temporal multiplicity of viral communities challenges the idea of embodied immunity as a stable and clearly defined state. The article will conclude with a brief reflection on the implications of partial immunities for feminist theorisation of bodies and boundaries, on the one hand, and medical practice and global health, on the other.

CONCEPTUALISATIONS AND CRITIQUES OF IMMUNITY

This section will take a closer look at four central themes in critical social and cultural theorisation on immunity. The first theme centres on the relationship between *the biological body* and *the body politic*. It has been addressed by Ed Cohen (2009), Roberto Esposito (2011), Stephanie Fishel (2017) and Inge Mutsaers (2016) among others. As Esposito (2011) points out, the concept of immunity – *immunitas* – was a legal and political concept in ancient Rome, indicating exemption from communal duties, and it has moved from there to describe the larger body politic, and, especially during the nineteenth century, the health and illness of the human body. With the increasing acceptance of germ theory after 1850 and the introduction of the science of immunology in the 1880s, the concept of immunity was invoked to indicate the ways organisms defend against pathogens. Yet the connection to the body politic remained. For example, biopolitics involves managing populations through questions of biomedical life, death and reproduction on the level of individual organisms (e.g. Cohen, 2009).

Biological immunity operates as a metaphor for the health of the body politic in at least two ways. First, the metaphor places emphasis on the borders of the nation, which are assumed to be constantly threatened by foreign forces or immigration, just like the boundaries of the body have been understood to protect us from contagion. Immunity stands for the protection and maintenance of the borders of the nation. Second, it highlights social coherence. In this framework, physical illness – failure of immunity – stands for perceived social illness, such as 'unhealthy' social movements seeking to unsettle the political status quo. This metaphorical connection works also the other way, so that physical illness (failure of the immune system) can be attributed to political and social ills such as socialist, feminist or anti-colonialist sympathies and activities. Crucially, both the insistence on national borders and the insistence on social coherence posit immunity as an urgent political goal. Yet the constant failures of immunity that haunt both national coherence and management of borders suggest that immunity relies on inherent impossibility.

The second theme is the militarist discursive framing of the immune system. This theme is connected to the question of the body politic, as the need to protect the immunity of the nation is typically conceived as a military operation or constant semi-military surveillance. Feminist scholars have provided particularly poignant critiques of militarist discourse. In her famous essay *The Biopolitics of Postmodern Bodies: Constitutions of Self in Immune System Discourse*, Donna Haraway (1991: 203-230) challenges the militarist imaginaries of attack and defence that underlie ideas of healthy immune system. By turning to science fiction – Octavia Butler's *Clay's Ark* (1984) and *Dawn* (1987) – she outlines alternative ways of conceptualising immunity as tolerance to foreign (other species) and subsequently the crumbling of firm boundaries between sameness and difference. Crucially, Haraway's (and Butler's) account of immunological tolerance is not an idealised account of happy coexistence, but a story of survival through compromise played out inside and around the most intimate, the gendered body.

In her book *Flexible Bodies*, Emily Martin (1994) explores how a wide range of people from doctors to practitioners of alternative medicine to patients and activists conceptualise the immune system. She shows how military discourse proliferates in media representations, yet the people interviewed understand the immune system in more ambiguous ways. They often highlight the flexibility of the immune system while understanding flexibility through a rhetoric of evolutionary fitness and competition. Furthermore, feminist scholars have unpacked the

militarist logic of protecting the nation from epidemics perceived as foreign. In her book *Contagious: Cultures, Carriers, and the Outbreak Narrative*, Priscilla Wald (2008) traces how epidemics are managed by controlling national borders – both concrete borders involved in immigration and the coherence of the body politic – and how such acts of management take place through erasure of difference. Wald shows how gender, sexuality and race are associated with foreign contagion and are thus perceived as constituting a threat to the immunological health of the nation from early twentieth-century typhoid epidemics to late-twentieth and early-twenty-first century HIV, SARS and Ebola. She also highlights that immunity is always illusionary, as the very idea of community is based on contact between human beings.

The third theme centres on ableist assumptions about immunity. Immunity is typically conceptualised as a sign of strength, a person resisting the forces of the surrounding pathogenic world. Martin's (1994) analysis of the rhetoric of flexibility problematises the framing of flexibility as a strength. She shows how the flexibility of the immune system is sometimes seen as indicating evolutionary fitness (good genes), and sometimes seen as a learned skill, something a person may cultivate and practice – people she and her team interviewed talk about 'educating' the immune system (Martin, 1994: 229-250). In both cases, those who do not demonstrate strength by resisting illness appear as failing. Since biomedical immunity and the body politic are historically linked, failure to resist germs easily appears as a failure to be a responsible citizen. Such ableist logic underlies, for example, cultural representations of HIV and AIDS. As Paula Treichler shows (1999), vulnerabilities to HIV and AIDS were conceptualised throughout the 1980s and early 1990s through moral discourses of sexuality, gender, race and good citizenship. As a result, some people appeared as naturally susceptible to the deadly epidemic through their perceived moral failings, while others were falsely and dangerously seen as naturally immune to HIV. This indicates that assumptions of immunity and flexibility are not only assigned to the biological processes within the body but also extend to the psychic life of the citizen or the immigrant.

The fourth theme is the challenging of the distinction between self and other in immunitary discourse, and the fundamental blurriness of organisms. The focus here is on biomedical aspects of our existence, and in particular, how our health relies on cooperation with symbiotic species such as gut and skin bacteria. For example, Myra Hird (2009) shows how we have evolved with bacteria over millennia, and how it is impossible to establish where the human ends and other species begin. Chikako Takeshita and Stefanie Fishel have developed similar arguments, respectively, in relation to the entanglement of mother and foetus in pregnancy (Takeshita, 2017) and the rethinking of states through microbial life (Fishel, 2017). If human and nonhuman life are ontologically inseparable, then immune systems need to be able to deal with inseparability that does not fall within the traditional immunological framework of self and nonself. However, this ontological point applies also to microbes that may be harmful. In their study of MRSA epidemics, Joshua Newman, Rachel Shields and Christopher McLeod (2016) point out how paradoxically the very places that are made to boost our immunities – gyms, team sports facilities – are precisely the places where bodies and bodily fluids are most likely to come into contact and phenomena such as MRSA epidemics appear. They point out that communality is about contact and thus about contagion, and that bodies are blurry and leak into one another in ways that simply cannot be fully controlled. Furthermore, the question of immunity emerges as entangled with epigenetics, that is, how the effects of our exposure to environment – including the microbial and viral worlds – are passed to next generations through human reproduction. However, as Maurizio Meloni (2018) points out, this is not simply an outcome of recent interest in epigenetics: ideas of blurry bodily boundaries and environmental effects on reproductive futures have played a central role in medical thinking since antiquity. Finally, even within contemporary medicine, immunity itself is an umbrella term that covers a wide range of biochemical and interspecies processes with very different temporal and spatial dynamics and health outcomes.

The article's discussion of partial immunities draws on these analyses by viewing humans as fundamentally entangled with other life forms – viruses, bacteria, other species. It assumes that seeking existence that is separate from other life forms is both impossible and pointless, as our entanglements with other species, organisms and 'animacies' (Chen, 2012) – things that are not quite alive, such as viruses or toxins – is what enables our being. At the same time, the analysis draws on the understanding of personal immunity as entangled with communal immunities, an entanglement that is both metaphorical and biomedical. In particular, I am interested in tracing immunitary connections that span time and space and that are unexpected, shifting and invisible to the eye.

Finally, this reading of partial immunities differs in crucial ways from the idea of flexibility critiqued by Martin. Both immunological flexibility and partial immunities are about negotiating our existence in an ever-changing microbial and viral environment, in which the need to adjust to new pathogens acts as a productive force. However, whereas flexibility highlights strength, signifying an attempt to master immunity *despite* the changing environment, partial immunities put emphasis on incompleteness as a normal state of our existence. Also, partial immunities emphasise the role of historical coincidence rather than individual ability in how our immunities have developed (and failed to develop) during our lives. In this, partial immunities emerge as a lens through which we can rethink

immunitary communities not as entities but as temporally and spatially shaped situated affinities. Partial immunities are about belonging, but with a twist of historical coincidence.

PARTIAL IMMUNITIES AND THE DREAM OF A UNIVERSAL INFLUENZA VACCINE

The first approved influenza vaccine was developed and tested in the United States during the Second World War by a team that included Tommy Francis, Jonas Salk, and other prominent influenza and vaccine researchers. The vaccine was part of a war effort. As the 1918-1919 'Spanish Flu' pandemic had killed and hospitalized troops, the U.S. military wanted to prevent a similar pandemic (Dehner, 2012: 68-69). The vaccine was licenced for military use in 1945 and civilian use in 1946. The newly licenced vaccine provided protection during the 1946 influenza season, but the 1947 influenza epidemic made it clear that the vaccine, which had seemed so promising compared to some of the proposed influenza vaccines during the previous decades, had stopped working (Dehner, 2012: 68-69). Researchers concluded that if the virus strain underwent antigenic shift (it mutated by recombining with another virus strain) or a different strain became prevalent, a new vaccine was needed.

Since these early years of influenza vaccination, scientists and the pharmaceutical industry have continued to seek better influenza vaccines. Such attempts constitute a future-oriented endeavour that seeks to manage the unknowable yet inevitable pandemic future through better prediction and biotechnological development. Yet, despite extensive research conducted on influenza viruses, influenza vaccines still need to be updated every year to reflect the virus strains that are expected to circulate that year. Seasonal influenza vaccines have been shown to benefit those with higher risk for complications – children, the elderly, pregnant women, people with chronic conditions. However, they produce an adequate immune response in a lower percentage of the people vaccinated than, for example, childhood immunisations against measles, which engender high levels of immunity (CDC 2017; Deng et al., 2018; Du et al., 2018).

The case of influenza vaccines makes visible the logic of partial immunities. Here the question is not about naturally occurring immunity – I will return to that in the next section – but of partial immunities produced through biotechnology: a vaccine. The development of a seasonal influenza vaccine each year begins with a decision, made by WHO experts twice a year (once for each hemisphere), on which strains to include in the vaccine. This decision is based on careful estimates of what will be the prominent strains during the forthcoming year. Sometimes these educated guesses prove partly wrong, and instead another strain becomes prevalent, or the virus mutates before the new season and thus the immune response following vaccination is weaker. In these cases, the vaccine often produces partial immunities – also known as *cross-protection* – making the symptoms of influenza less severe while failing to prevent illness.

In the past ten years in particular, there has been increasing interest in the prospect of developing a universal influenza vaccine, that is, a vaccine that would provide immunity even when the seasonal virus mutates or a new pandemic strain emerges. As one news story puts it, it is 'the holy grail' of influenza research (Branswell 2018). During the past couple of years, this interest has intensified. For example, in early 2018, the National Institutes of Allergy and Infectious Diseases (NIAID) in the United States published a strategic plan for creating a universal influenza vaccine (Erbelding et al., 2018). In the United Kingdom, a company called Vaccitech, an Oxford University spin-off, has currently a universal influenza vaccine in phase 2 clinical trial, meaning it is being tested on humans. Likewise, a universal influenza vaccine called M-001, designed by an Israeli company called BiondVax partnering with the NIAID, is in the phase 2 trial stage in the United States. Furthermore, at least two collaborative research projects, one based at Georgia State University and another involving several U.S. and Chinese institutions, have developed potential models for a universal influenza vaccine, reporting their results, respectively, in *Nature Communications* (Deng et al., 2018) and *Science* (Du et al., 2018). While these visions and experiments rely on different technologies and methods, they often target the stem of the influenza haemagglutinin (HA) located on the surface of the virus. Existing seasonal influenza vaccines target the HA head, which is precisely where most of the changes take place. The stem, on the other hand, is more stable and changes slower. For this reason, an immune reaction against the stem seems more likely to provide a basis for a vaccine that does not have to be changed every year.

It is interesting that the term *universal* in vaccine development is far from stable. Reports on the attempts to develop a universal influenza vaccine make it clear that it is unlikely that 'universal' will mean permanent. Many of the people interviewed for the media suggest that the goal is that the vaccine would not have to be administered annually but instead every few years. The chief executive of Vaccitech, for example, talks about 2-4-year coverage (Hirschler, 2017). Also, the vaccine would not protect against all possible strains of influenza but a limited (albeit large) number of strains (see Branswell, 2018). This illustrates that universality (in the sense of complete coverage and protection) remains unachievable even in the current attempts to provide lasting protection. While relatively long-lasting protection against a large number of changing strains would be a major biomedical achievement, it still posits immunity as partial and situated. In this sense, a truly universal influenza vaccine is indeed the Holy Grail.

Tellingly, many of the proposed vaccines are envisioned to be used not instead of the seasonal influenza vaccine but in addition to it.

Partial immunity in the case of vaccine development is a *technologically enacted* and *temporally organised* phenomenon. In this, it differs somewhat from the blurriness of immunological relationships resulting from the entanglement of human and nonhuman bodies discussed by scholars like Fishel (2017), Takeshika (2017) and Armstrong (2017), and introduced above. By *technologically enacted* I mean that vaccine technologies are inseparable from the immunological effects they have. That is, partial immunities exist only in relation to and through the technologies that produce and manage them. This is not a linear causal relationship: technologies and immunities co-produce one another. This kind of ontological co-production has been studied and theorised extensively within science and technology studies (e.g. Barad, 2007; Mol, 2002; see also Fitzgerald and Callard, 2016). For example, through the development of specific technologies that target particular sections of the stem of the viral haemagglutinin, vaccine technologies engender immunities to certain virus strains but not others. Technologies also set the limits of when immunity becomes partial immunity and when partial immunity disappears, as the reference to 2-4-year protection shows. At the same time, previous work to achieve immunities directs vaccine development, so that certain strains (close enough to the ones already covered) emerge as easier to immunise against than others. This temporal aspect is not specific to vaccine development: past biotechnological developments direct future research in science and medicine in general. Amade M'charek's (2014) analysis of genetic reference sequences as 'folded objects' produced through layered and accumulating histories of research illustrates this dynamic. While such objects may 'unfold' in new contexts and reveal their histories of making, those histories cannot be easily erased – they are part of the object itself.

By describing partial immunities in influenza vaccine development as *temporally situated* I mean that the temporality of the changing and mutating virus is entangled with the future-oriented temporality of biomedical research and vaccine development. Put simply, changes to the viruses 'out there' (outside the lab) direct what appears as a feasible next step in vaccine development. For example, the 2009 H1N1 (swine flu) pandemic and the several avian flu scares over the past twenty years have posited *zoonosis* – the crossing of new strains from non-human species to humans – as a source of pandemic strains, and thus as a key question for vaccine development. While the H1N1 pandemic turned out to be relatively mild and the avian flu scares have not materialised in a pandemic, the logic of pandemic preparedness – preparation for an unknown but inevitable future pandemic – has organised the goals of the development of a universal vaccine (see Caduff (2015) on the temporal dynamics of pandemic preparedness). In this sense, the oft-unpredictable temporalities of viral mutations – especially in the case of zoonotic viruses – structure the temporalities and imaginaries of vaccine research. At the same time, as Theresa MacPhail (2014) shows, the very organisation and infrastructures of virology and vaccine research shape the contours and travels of viruses (see also Ong, 2016: 174-196). Viruses are never simply natural objects that need to be managed. Attempts to manage them affect how they mutate and drift, and where and how they travel.

VIRAL MEMORIES, TEMPORAL COMMUNITIES

In his history of influenza in the twentieth century, George Dehner (2012) describes how scientists developed the so-called 'recycling theory' of influenza in the years following the 1957 Asian flu pandemic. According to this theory, influenza pandemics emerge at regular intervals – approximately every 11 years – an assumption that was soon proven wrong. The theory assumed that each new pandemic represents a new version of the influenza virus: only this way it can become pandemic, as enough people have not encountered it before, and are thus not immune. At the same time, each emerging pandemic virus is typically related to some earlier pandemic virus. This second conclusion was arrived at by studying antibodies to emerging pandemic viruses among different age groups. For example, in the case of the 1957 Asian flu, Dutch scientist J. Mulder found out that:

> a surprising number in the elderly population (between seventy and eighty-four years of age) produced antibodies to the new influenza strain. . . . Anyone seventy years old in 1957 would have been born in 1887, which suggests that the 1957 Asian flu was either the same as or very similar to the pandemic Russian flu of 1889. (Dehner, 2012: 96)

Likewise, based on a similar method of measuring antibodies in different demographic groups, researchers concluded that the 1968 Hong Kong flu was likely related to an influenza virus that circulated in 1900 (Dehner 2012: 97). Furthermore, Tommy Francis coined the concept of 'original antigenic sin' (now called *imprinting*) to capture how people developed partial immunities against influenza viruses (Dehner, 2012: 97). Francis suggested that our strongest immune response is to the first influenza virus we encounter in childhood. This 'original antigenic sin' was assumed to provide us with partial immunity against future variations of that same virus.

This example suggests that partial immunity is a deeply historical and temporal phenomenon. In particular, it reveals a *past-orientation* that underlies partial immunities. Intriguingly, this past-orientation places partial immunities engendered through earlier influenza pandemics in tension with the future-orientation underlying influenza vaccine development explored above. Partial immunities accrued through our embodied experiences of previous pandemics locates us in time. They situate us in relation to historical events such as the movement of populations (and pandemic viruses) across continents and the gathering of large numbers of people in small quarters during the two World Wars. It connects us to the patterns of increasing travel (and subsequent accelerated speed of viral spread) towards the end of the twentieth century. The fast mutation rates of influenza viruses highlight this temporal dynamic. While many viruses are antigenically stable and go through only slow mutation, influenza is almost always different from its past materializations. This means that our immunities toward influenza viruses – even in the case of viruses resembling older viruses – are inevitably partial at best.

One key consequence is that our immunological situatedness emerges as gradual and ontologically multiple. Rather than a matter of absence or presence of immunity to influenza in general, our bodies embody varying degrees of partial immunity towards different influenza viruses. This posits our immunities as organised through multiple temporalities between plural pasts and presents. Furthermore, partial immunities emerge as coincidental. That is, immunity is not primarily a matter of inherent strength or flexibility, but an outcome of our everyday locations and mobilities. These circumstances include, for example, whether particular epidemics reach the places where we live or work, and whether we become ill with a particular virus while travelling away from home. In this configuration, illness (and ensuing partial immunity to the virus) appears as an unexpected consequence of our actions or inaction. As, historically, most people have had relatively little control over where they live and travel – and this is still the socioeconomic reality of the majority of the world – infections and immunities are not a matter of choice. Crucially, this attention to socioeconomic inequalities invests partial immunities with critical potential as a tool of feminist and postcolonial political imaginations.

The ways epidemics and pandemics travel also engender connections between people located at great distance, including different continents; in this sense, immunities are not only temporal but also spatial. People who seem to share very little culturally or socially, might still be connected through the embodied experience of illness such as the 1918–1919 pandemic influenza – even if these experiences are very different. People are connected through the material immunological processes taking place inside their bodies, and the antibodies they can produce quickly still decades after the illness. Crucially, such connections are invisible and thus largely *socially insignificant* – that is, they do not bring people in different cultures and continents any closer either socially or politically. To put it slightly differently, the concept of partial immunities does not seek to celebrate diversity while hiding inequalities. Rather, the invisible immunological connections outlined here provide a means of thinking about embodied belonging and communities as *unexpected and always multiple*. This is why such connections might be helpful for feminist theorists, medical humanities researchers, as well as medical practitioners.

Turning to a different field of technoscience – population genetics – will shed light on some aspects of these invisible connections. Population genetics is a field of science that traces genetic variation between and within populations. These differences in turn are used to reconstruct human evolutionary history and the divergence of different population groups in the past. Population genetics focuses on different types of genetic material, typically mitochondrial DNA (DNA located in the cytoplasm outside the cell nucleus) and nuclear DNA (DNA located in the chromosomes inside the cell nucleus). Likewise, population geneticists study different sets of genetic markers, use different samples or databases, and utilise different analytical software with different algorithms. Although population genetic technologies, such as commercial genetic ancestry tests sold online, often insist that population genetics can produce truths and certainties about our genetic roots, population genetic practices in fact engender a range of different roots depending on the above-described methodological choices and material conditions (see Hinterberger, 2012; M'charek, 2005; Nash, 2015; Oikkonen, 2018). Genetic kinship, that is, is technologically enacted and thus multiple. Most importantly for this discussion, what we look at and how we look at it determines what we find. This is also the point made by Fitzgerald and Callard (2016) in their exploration of critical medical humanities as fundamentally 'entangled' with medical practice, clinical research, and life itself.

In the case of partial immunities, how we look at temporally, geographically, and geopolitically situated histories of people structures what we see. If we focus on the level of antibodies to a particular new epidemic, that act of looking constructs connections between particular groups of people in different locations. As with population genetics, methods matter: since we cannot study all people of the world, what age groups and locations we include *enacts* previously invisible connections. By contrast, looking at different locations and demographic groups would engender different webs of immunological affinity and historical connection. Also, if we look at several different epidemics, the webs of immunological connection emerge as plural. We may belong to a web of connections and antibody affinities around one epidemic but not another, as different viruses have affected us differently, sometimes passing by us. This means that we are simultaneously part of multiple immunological webs of connection that may or may not be articulated when virus strains mutate and re-emerge in the future, or when

influenza vaccines are developed. It is also important to recognise that there is another web of immunological connectedness – the people who did not survive; the webs of belonging enacted by focusing on partial immunities erase them from the view. With this limitation in mind, partial immunities may operate as a useful critical concept because it rejects the idea that clear boundaries can be drawn between who we are and who we are not, where we belong and where we don't belong, and instead insists that identities and affiliations are multiple, situated, and inherently ambiguous.

Looking at partial immunities as creating invisible webs of connection also draws attention to the embodied materiality of our immunological histories. On the one hand, the antibodies that we produce emerge as locations of viral memories. In this, they resemble the idea of our DNA as an archive or historical document common in discourses surrounding population genetics. On the other hand, viruses that re-emerge and circulate decade after decade are outcomes of processes of mutation and drift; such viral evolution in turn takes place through viruses' entangled interactions with their changing environments. Each virus carries memories of past epidemics and pandemics, which have shaped its form and pathogenic destiny. Since multiple variations of a virus exist in different locales, viral memories are complex and multiple, and typically mutually entangled. Viral memories are also productive, as suggested by recent research on how viral remnants shape protein evolution (e.g. Enard et al., 2016). In all these various materialisations of viral memory, the futures are shaped through memories of the past. The antibodies we produce, the viruses that re-emerge, and the protein structures shaped through viral entanglements all remember epidemic pasts in their own ways.

The core interest here lies in the metaphorical and conceptual potential of viral memory. While viruses or human bodies obviously do not remember anything, the assigning of memories to viruses and bodily processes parallels the cultural idea of DNA as connecting us to other people and places both past and present and thus as a means of collective memory (Oikkonen, 2018). The use of *memory* in relation to influenza viruses and epidemics draws attention to how traces of the past are stored in biological and material entities (antibodies, viruses, proteins), and how such material traces engender connections that tie the present to the events and places of the past. Intriguingly, such viral memories practically always transcend boundaries. Many people around the world are able to produce antibodies to re-emerging viruses thanks to epidemics they experienced earlier – that is, their bodies (and antibodies) remember the same events. Viruses, on the other hand, are shaped through their travels across the continents during epidemics or pandemics. They also circulate through the technoscientific infrastructures and networks of global health, which not only study them but also enact them, as noted above (MacPhail, 2014).

Furthermore, viruses transcend species boundaries, as most pandemic influenza viruses combine elements of human and swine or avian influenza strains – for example, the 1918–1919 'Spanish Flu' H1N1 pandemic virus included viral material from swine, avian and human strains. Influenza viruses manifest these histories of transcontinental and interspecies travel in their detailed structures, even when interspecies transmission is not a matter of a single event but 'repeated crossings, an ongoing conversation' between species, as Steve Hinchliffe (2015: 31) perceptively describes. Different entities (viruses, microbes, species) co-constitute one another in ways that cannot be fully untangled (Hird, 2009, 2013; Hustak and Myers, 2012; Landecker, 2016; Schrader, 2010). These processes of co-constitution are also often unexpected, forming what Eben Kirksey (2015) calls 'emergent ecologies', arrangements of life that emerge at sites where the conditions for living change suddenly. Crucially, this suggests that viral memory cannot be located in a single entity, but is multiple and diffused across networks of agents and ecologies. Viruses complicate such interspecies memory in specific ways. Requiring a host organism in order to thrive and multiply, viruses are neither living nor dead, but embody *animacy* or 'gradations of lifeness' (Chen, 2012: 167). As Mel Y. Chen's (2012) analysis of entities that are not quite alive shows, life and death constitute a productive non-binary dynamic. Approached from this angle, emerging pandemic viruses appear as entangled in complex dynamics of life, death and collective, materially dispersed memory that cannot be captured through the logic of absence/presence and victory/defeat.

CONCLUSIONS AND FURTHER REFLECTIONS

This article has revisited the concept of immunity central to current and emerging biomedical practices as well as social theorisation of contemporary culture. The concept of immunity is also a longstanding feminist concern as it structures our relationships to human and more-than-human others. The analysis has focused on the phenomenon of partial immunities because it departs from ideas of immunity as an absence or presence, as personal strength or immunological flexibility. The article has argued that influenza provides a useful viewpoint into partial immunities because influenza demonstrates that immunity may be a matter of degree rather than absence/presence both in future-oriented vaccine development and past-oriented viral memories. Moreover, the way in which our past influenza infections shape our potential partial immunities toward future influenza viruses suggests that partial immunities and immunological communities are temporally (historically) and spatially (geographically, socially) situated phenomena.

Three aspects of partial immunities are particularly interesting from a feminist point of you. First, partial immunities highlight the incompleteness of our existence and actions. Rather than a matter of success or failure to protect oneself, partial immunities are about being always somewhere in-between, where failure and success appear as implausible concepts. Rather than valuating people as strong or weak, partial immunities acknowledge that our existence relies on incompleteness. In fact, sometimes incompleteness might be a good thing. As historians of science and scientists have pointed out, a striking feature of the 1918-19 Spanish Flu was how it killed young healthy adults. Research has shown that the immediate cause of death in these cases was often the patient's strong immune reaction, a so-called 'cytokine storm' in which

> the immune system rushed an excessive amount of fluid and first-line immune-system defenders into the infected lungs, damaging not only virus-infected cells but also many cells surrounding the infected ones. (Dehner, 2012: 54)

Furthermore, partial immunities highlight coincidence: where we happen to be at a particular moment in time when epidemics spread to some places but not others shapes the immunological memories our bodies carry. At the same time, we are part of larger ecological systems, where viral memories extend beyond organisms and species.

Second, and following from the previous point, we could use the concept of partial immunities as a theoretical inspiration to rethink communities, ties and belonging from a feminist, intersectional, and posthumanist viewpoint. The focus falls on the blurriness of boundaries between species, places, nations and times. This does not mean that people connected through shared embodied viral memories across the world would be socially equal - geopolitical power relations, colonial legacies and class structures play a crucial role in how people may protect themselves against epidemics through sanitation, access to healthcare, or availability of vaccines and antivirals. For example, if we consider vaccination campaigns against pandemic influenza, it is unrealistic that the whole population of the world could be vaccinated against a new pandemic within a few months; this became clear during the 2009 H1N1 (swine flu) pandemic, during which vaccines became available to those (relatively small and wealthy) countries who were already customers of big pharmaceutical companies and had secured a spot in the queue for the new pandemic vaccine. Likewise, relationships and entanglements between species are shaped by power. For example, the uses of nonhuman animals by humans in industrial-scale farming and food production reflect an ideology that views nonhuman species and natural environments as mere resources.

The concept of partial immunities does not need to be blind to these power hierarchies. Rather, showing unexpected connections between locations and people, or making visible the entanglements of species (humans, birds, pigs) and viruses in how epidemics and immunities emerge can draw attention to how hierarchies of power have become naturalised and entangled with biotechnologies and global health. Thereby the concept of partial immunities can highlight questions of social justice and posthuman ethics. If taken seriously, it could also provide a means of enacting collective historical experience – or lack of such experience – in ways that do not erase past and present power relations. In this sense, 'viral memory' could provide one starting point for intersectional and purposely ambiguous collective cultural memory. One crucial aspect of such cultural memory project is to recognise that collective memories are necessarily ontologically multiple. Just like the 'Spanish Flu' was lived and experienced differently by communities embedded differently in socioeconomic and postcolonial structures, there is no uniform embodied viral memory of the pandemic. The challenge, then, is how to imagine immunological connectedness without erasing multiplicity and difference. The article has argued that for feminisms committed to intersectional politics, this should not be seen as an obstacle but as an opportunity to understand embodied and lived complexities.

Third, the way in which immunological ties and viral communities emerge as multiple might be useful for feminist scholarship as a tool for rethinking our identities, affiliations and modes of belonging. The multiplicity of immunological ties outlined above emphasises the fundamental ambiguity of all forms of belonging. For example, we are situated quite differently in the evolving microbial world if we approach our situatedness in relation to measles or diphtheria (both diseases with effective and widely used vaccines) or human papillomavirus (sexually transmitted virus) instead of a particular strain of influenza. If we take this to the arena of feminist politics, we will need to acknowledge *as a precondition of politics* that the multiple and situated webs of ties and affinities we are part of can never be brought into harmony, and that the tensions that emerge between our multiple forms of belonging and affiliation could be seen as a resource for political activism that does not seek to harmonise. Just like collective memories can be mutually contradictory, our viral memories – always plural at any moment in time – constitute each of us as inherently ambiguous. This could provide an inspiration for a feminist politics based on ambiguity and multiplicity rather than coherence.

While the idea of the world as interconnected is nothing new, and underlies, for example, the so-called 'One Health' approach (see Hinchliffe, 2015), the concept of partial immunities provides a specific viewpoint into this interconnectedness. Whereas interconnectedness is typically conceptualised through migrations of people and animals, travels of goods and capital, or spread of technologies (such as the internet), partial immunities insist that

people and species are connected without sharing anything visible or culturally recognisable. In this, the concept of partial immunities offers a view that reflects feminist analyses of invisible more-than-human flows involving, for example, leachate and geo-bacterial processes at landfill sites (Hird, 2013) or hormones circulating and accumulating in the environment (Roberts, 2007: 162-190). Just like these other flows and interactions, partial immunities shape us and our biomedical and social futures. What is specific to partial immunities, however, is how the concept of partial immunities places emphasis on temporal connections between past, present and future. As our past immunological histories shape our immunological responses to future epidemics, immunological communities are temporally organised, suggesting that it might be worthwhile to consider community as invisibly spanning time. Finally, the multiplicity of ties and communities is technologically enacted. Immunological ties and communities emerge through epidemiological studies of patterns of epidemic and pandemic spread, statistical studies of mortality and morbidity during an epidemic, and biomedical practices of measuring antibodies and other indicators of immunological response. If we move the concept of partial immunities to feminist politics and practice, this technoscientific enactment could help us pay attention to the ways in which our political affiliations and actions emerge from a range of naturalised, everyday technoscientific practices, and how a different set of technoscientific practices might render different affiliations and practices as politically meaningful.

The concept of partial immunities is also relevant for medical practice and global health. First of all, medical practice tends to conceptualise individuals through risk groups. For example, health care professionals are interested in a person's age, which might be associated with higher-than-average risk, or in a particular underlying condition that might increase their likelihood of becoming seriously ill from an infectious disease. Such models build on statistical analysis: identification of risk on population level. The population level operationalises categories of difference such as age (e.g. 20-40 years, over 65 years), and, depending on the disease, ethnicity, sexual activity and orientation, or gender. The individual patient is thus enacted as a member of one or several of these categorical groups. Such analysis of big data has undoubtedly a crucial role in epidemiological study and risk assessment. However, complementing it with an exploration of partial immunities would highlight the importance of paying attention to individual life narratives in assessing risk. The concept of partial immunities makes visible the intricacies and inconsistencies of individual lives and shows how our embodied immunities might sometimes place us in ways that cannot be captured by risk groups. This might be relevant, for example, for vaccination policies and campaigns, which typically operate on the level of demographic groups rather than individuals. The ways in which people are immunologically vulnerable or protected are often complicated and idiosyncratic. The concept of partial immunities might be helpful in making these idiosyncrasies visible, as the connections and immunities enacted through partial immunities are often invisible and sometimes unexpected.

A final issue to consider here is global health. As many scholars have pointed out (Caduff, 2015; Dehner, 2012; MacPhail, 2014), global health initiatives and practices are often structured on the nation as an underlying unit of epidemic preparedness and management. For example, as many have emphasised, the World Health Organization (WHO) is funded through nation-states, which have their own interests and views of what counts as public health risk or international health concern. For the most part, the WHO makes recommendations; decisions about pandemic vaccination campaigns, for example, are typically made on the national level. Also, data on epidemics is often collected through national infrastructures. It is precisely in this respect that the concept of partial immunities could open up ways of conceptualising connections and communities across geographic and temporal boundaries, and address public health issues through webs of embodied and situated immunities. However, such webs do not reflect a smoothly interconnected world, but one whose connections and apparent flows are technologically enacted and that is always ontologically multiple (see Hinchliffe, 2015). Furthermore, approaching such interconnections is not just a matter of thinking where partial immunities to new epidemics may be found – that is, which national or regional populations are 'safer' or 'riskier' than others – but of rethinking the *logic* of immunological connectedness and viral memories across spatial and temporal boundaries. While this is unlikely to have significant predictive value for public health professionals, it might help make visible omissions in existing nation-based models by showing, for example, how certain marginalised people within – and especially between – nations-states might be simply invisible to nation-based approaches to global health and pandemic preparedness. Again, this highlights the importance of intersectionality. As partial immunities are always situated and incomplete, they reflect differences as embodied, historically shaped and politically claimed and contested realities.

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The Biodrag of Genre in Paul B. Preciado's *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*

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ABSTRACT

Paul B. Preciado's *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era* (2013) is many things at once: a fictionalised account of its author-narrator's use of synthetic androgens, an alternative history of post-Fordism, and a manifesto for gender revolution. The text juxtaposes a number of disparate genres, including the fictionalized life narrative, the epistolary elegy, political theory, pornography, and the revolutionary manifesto. In this article I suggest that this aesthetic of juxtaposition figures genre as a form of drag, which I understand, in light of Elizabeth Freeman's work, as both a mode of gender performance and a way of articulating the persistence of the past in the present. In *Testo Junkie*, genre becomes a way of organising a central tension in the book between the hormone's history as an agent of oppression and the hormone's speculative future as an agent of liberation. The text's bifurcated form, I argue, ultimately works to compartmentalise difficult questions about the psychological legacies of racism and patriarchy, and to separate its manifesto for revolution from the histories that produce the revolutionary subject.

Keywords: hormones, queer, transgender, gender, genre

INTRODUCTION

> We have the right to demand collective and "common" ownership of the biocodes of gender, sex, and race. We must wrest them from private hands, from technocrats and from the pharmacoporn complex. Such a process of resistance and redistribution could be called technosomatic communism. (Preciado, 2013: 352)

This statement, from Paul B. Preciado's book *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era* (2013), refigures the call to arms as a call to testosterone. The text sets a fictionalised first-person account of Preciado's self-styled experiments with the synthetic androgen Testogel against a bold theory of gender in the era of hormone pharmacology. First published in Spanish in 2008, *Testo Junkie* appeared in a French edition translated by Preciado that same year, and an English translation by Bruce Benderson in 2013. Just as Testogel has precipitated Preciado's gendered transformation, so the book has undergone its own metamorphosis across successive editions and printings. While early editions give the author's name as Beatriz Preciado, rendered in the text as "BP", *Testo Junkie* was recently republished with a new name on the cover: Paul B. Preciado. A note on the fourth printing reads, "Understand that Paul absorbs and assumes all that was once BP" (Preciado, 2013: 10). This note reflects not only the author's shifting gender identity, but his exploratory relationship with the first-person narrative mode. Indeed, the book's opening sentence—"This book is not a memoir" (Preciado, 2013: 11)—explicitly refuses the conventions not of gender but of genre.

Testo Junkie is many things at once: a fictionalised account of its author-narrator's use of synthetic androgens, an alternative history of post-Fordism, and a manifesto for gender revolution. Perhaps unsurprisingly, this final dimension of *Testo Junkie*—its manifesto for 'technosomatic communism'—has been the most controversial (Preciado, 2013: 352). The book's central thesis argues that the post-industrial economy is structured around the material production of sexual subjectivity by means of molecular and multimedia technologies—drugs and pornography, in other words. Rather than simply describing this 'pharmacopornographic regime', Preciado finds the seeds of resistance in its biopolitical mechanisms (Preciado, 2013: 35). Modifying Judith Butler's theory of gender performativity to encompass the 'bioperformative' practices of hormonal supplementation, he writes that

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it is 'only through the strategic reappropriation of these biotechnological apparatuses that it is possible to invent resistance, to risk revolution' (Preciado, 2013: 344). Practices of biohacking—such as the use of synthetic testosterone by cis women—can, he suggests, construct new ways of embodying gender to displace heterosexual masculinity and femininity (Preciado, 2013: 352).

Testo Junkie's speculative vision of 'technosomatic communism' has met with some compelling critiques on the grounds of its voluntarism, its blurring of the boundaries between resistance and complicity, and its location of political agency in the substance of testosterone rather than the social subject.[1] In this article, I contend that the political problems of the text need to be conceptualised in relation to its approach to genre. *Testo Junkie* juxtaposes—and I choose this verb carefully, rather than 'combines' or 'weaves' or 'melds', for reasons that will become clear—a number of disparate genres, including the fictionalised life narrative, the epistolary elegy, political theory, pornography, and the revolutionary manifesto. While most assessments of the book observe that it draws together the personal and the theoretical, the full scope of *Testo Junkie*'s approach to genre does not always register in critiques of its politics. *Testo Junkie* is, in the words of its author, a 'somato-political fiction, a theory of the self, or self-theory'; he also describes it as a 'body essay' (Preciado, 2013: 11). As these tentative labels accumulate, so does a sense of the book's restlessness. *Testo Junkie* is a text in flight from itself. To critique *Testo Junkie*'s manifesto pledges without considering how they are undone by the text's elegy, for instance, is to miss something important about Preciado's political aesthetics of juxtaposition.

In *Testo Junkie*, genre becomes a way of organising the relationship between past, present and future. Genre connects the testo junkie of the present not only with the liberated post-gender subjects of the text's speculative future, but also with the deceased subjects of its historical past. These deceased subjects include the queer addressees of *Testo Junkie*'s elegiac mode, and the racialised subjects of the medical experiments that, as the text details, led to the development of the contraceptive pill. These subjects all require particular generic codes in order to be represented, and so the text shifts between the modes of autofiction, the grand theoretical narrative, the manifesto, the elegy, and pornography. The quality that Theodore Martin has termed 'the historical drag of genre' is relevant here (Martin, 2017: 2). Martin writes:

> The accretive history of genre is a measure of both change and continuity, diachrony and synchrony, pastness and presentness. Genres explain how aesthetic and cultural categories become recognizable as well as reproducible in a given moment, and they demonstrate how the conventions and expectations that make up those categories are sedimented over time (Martin, 2017: 6).

Martin uses the term 'drag' to evoke 'the accretion or sedimentation of formal change over time', but the term also, of course, refers to the performance of gender (Martin, 2017: 7). Martin does not attend closely to the queer resonances of the term, though in a footnote he acknowledges his debt to Elizabeth Freeman's notion of temporal drag as 'a way of connecting queer performativity to disavowed political histories' (Martin, 2017: 202; Freeman, 2010: 65). *Testo Junkie*, which makes both performativity and genre central to its representation of gender, can be illuminated by a more thorough investigation of the connections between Freeman's 'temporal drag' and Martin's 'drag of genre'. Freeman mobilises the term 'drag' and its association with 'retrogression, delay, and the pull of the past on the present' in order to think through the relationship between queer politics and a lesbian feminism that it often figures as anachronistic. Temporal drag, Freeman notes, challenges the valorisation of the future that characterises Butler's definition of performativity in *Gender Trouble* (1990). Noting that Butler figures time as 'basically progressive, insofar as repetitions with a difference hold the most promises', Freeman writes that '*Gender Trouble* disregards citations of pasts that actually signal the presence of life lived otherwise than in the present' (Freeman, 2010: 62-63).[2] Freeman's notion of 'temporal drag', when combined with Martin's ideas about genre, clarify what is at stake in *Testo Junkie*'s own model of performativity.

One of *Testo Junkie*'s operative concepts is 'biodrag', defined as 'the pharmacopornographic production of somatic fictions of femininity and masculinity' (Preciado, 2013: 191). For Preciado, techniques of biodrag are not only pharmaceutical technologies such as the contraceptive pill, they are also textual technologies like pornography, which produce biochemical effects in the subject. These bioperformative techniques have been developed and deployed to enforce violent norms: the contraceptive pill, for instance, is said to function 'to transform cis-females into a normalized heterosexual female body, with a depressive but stable temperament and a passive or frigid sexuality' (Preciado, 2013: 218). Here, Preciado cites the established, if arguably underreported, evidence that the

[1] See for instance, Hester, H. (2015). Synthetic Genders and the Limits of Micropolitics. . . . *ment Journal*, 6. Available at: https://repository.uwl.ac.uk/id/eprint/2732/1/synthetic-genders- and-limits-micropolitics#footnoteref27_04lxgw7. (Accessed 5 May 2018); Rosenberg, J. (2014). The Molecularization of Sexuality. *Theory and Event*, 17(2). n.p.; Rivas, J. (2015). Intoxication and Toxicity in a 'Pharmacopornographic Era': Beatriz Preciado's *Testo Junkie*, in Eugene Brennan and Russell Williams (eds.), *Literature and Intoxication: Writing, Politics and the Experience of Excess* (pp. 147-159). Basingstoke: Palgrave.

[2] Freeman does explore how Butler revises this approach in her more recent work 'on what she calls "the psychic life of power", where the subject inevitably "turns back" on itself and its pasts, and the psyche necessarily traffics in the deep time of the prior' (Freeman, 2010: 64).

contraceptive pill raises levels of sex hormone binding globulin, which reduces bioavailable testosterone and thus raises the risk that users will experience a reduced sex drive, pain during sex, and lowered mood and energy levels (Panzer et al., 2006). Disrupting culturally dominant representations of the birth control pill as a feminist technology of sexual liberation, Preciado provocatively suggests that these symptoms are not merely unfortunate side-effects but primary functions of the pill's coercive biodrag, which defines and produces femininity as submissive and subservient. However*, Testo Junkie* also insists that biodrag can be redeployed subversively to reshape the meaning of gender, as with Butler's account of subversive performativity. If frigid, depressed femininity is a biofiction produced with the aid of synthetic hormones, then new ways of inhabiting gender must be available to feminised subjects.

Genre is not explicitly theorised as a mode of biodrag in *Testo Junkie*, but the text is deeply interested in how the codes of genre have shaped gender throughout history. Preciado uses genre to both address and displace the problem that history poses for feminist theories of performativity. Wearing genre as a mode of drag, Preciado self-consciously juxtaposes the genre codes of pornography, elegy, memoir, the manifesto, and the grand narrative, in order to expose the contingency of the truths these forms espouse. At the same time, I want to use Martin's emphasis on genre as a set of conventions that emphasise both change and continuity to open up a critique of *Testo Junkie*'s revolutionary rhetoric, which too easily severs the future from the past. In focusing on the politics of *Testo Junkie*'s juxtaposed genres, I draw out implicit connections between Preciado's book and Sandy Stone's landmark intervention on 'the transsexual as text' in *The Empire Strikes Back: A Posttransexual Manifesto* (2006), the first version of which Stone published in 1991. In this founding essay for transgender studies, Stone proposes 'constituting transsexuals not as a class or problematic "third gender," but rather as a *genre*—a set of embodied texts whose potential for *productive* disruption of structured sexualities and spectra of desire has yet to be explored' (Stone, 2006: 231). Stone critiques the genres that have constrained trans lives: in particular, the linear conventions of the transition memoir and the prescriptivism of the medical textbook, both of which shape the narrative demanded by the gatekeepers of trans medical care. These genres pass as natural forms, and deny the codes through which they, and thus gender itself, come into being. By contrast, Stone draws on Donna Haraway (Haraway, 1990, 1984) and Butler's *Gender Trouble* to envision a new model of gender-as-genre that makes visible the social processes through which the subject is constructed. While Preciado does not cite Stone, *Testo Junkie* can be read as a response to her conflation of gender and genre, which proposes to 'fragment and reconstitute the elements of gender in new and unexpected geometries' (Stone, 2006: 231). Preciado's book is structured around a self-conscious inheritance of the genre codes that have shaped and limited trans lives. Yet he is ultimately less optimistic than Stone about the ease with which these genres can be destabilised: if hormones are malleable in *Testo Junkie*, textual forms are oddly resistant to change.

This discussion of genre and gender has significant implications for the medical humanities. Consider Stone's account of how the early 'gender dysphoria clinics' of the 1960s used Harry Benjamin's textbook *The Transsexual Phenomenon* (1966) to make treatment decisions:

> It took a surprisingly long time—several years—for the researchers to realize that the reason the candidates' behavioral profiles matched Benjamin's so well was that the candidates, too, had read Benjamin's book, which was passed from hand to hand within the transsexual community, and they were only too happy to provide the behavior that led to acceptance for surgery. (Stone, 2006: 228)

The point of Stone's anecdote is not to judge the candidates against an ideal of authentic self-representation, but to illustrate the researchers' mistake in failing to understand that self-narration is likely to be structured by genre codes for all subjects, whatever their gender identity. This failure has meant that trans people seeking healthcare have faced demands for an impossibly innocent mode of self-narration: their stories have been expected to conform to rigid genre conventions naturally and instinctively, without their knowledge or intent.

Such demands can be contextualised with the help of Angela Woods' influential interventions on the privileged place of narrative in the medical humanities. Woods has critiqued the field's valorisation of the narrative self, which rests on an assumption that a person's narrative is 'coextensive with their subjective experience, their psychological health and indeed their very humanity' (Woods, 2014: 114). The clinical encounters Stone describes illustrate the problems with such assumptions: in these encounters, a specific narrative of gender identity is prescribed in advance by the clinical textbook, and then retroactively constructed as natural and authentic. Rather than taking up Woods' call for a new attention to formlessness, meaninglessness, and silence here (Woods, 2014: 125), I aim instead to demonstrate how a consideration of genre might add complexity to the investigation of narrative in the feminist medical humanities. The politics of genre, as they are played out in the clinic, touch on questions about the shifting social and historical conditions that set the terms for self-representation. In order to build this argument, I shall consider how three of the genres *Testo Junkie* deploys—the grand narrative, pornography, and the elegy—make visible this text's complex negotiation of the histories that produce its ideal revolutionary subject.

THE GRAND NARRATIVE

Testo Junkie opens with a scene of the author administering the synthetic androgen, Testogel, in an act of drag homage to a late friend, unnamed but inferred to be the author Guillaume Dustan.[3] This autobiographical opening is followed by a densely theoretical second chapter, in which Preciado's evolving use of synthetic testosterone is contextualised by his expansive theory of what he terms the pharmacopornographic regime, which is at the centre of the book's alternative history of post-Fordism. With this history, the text draws on and departs from both post-Marxist and post-Foucauldian thought. Styling itself as an update of Michel Foucault's *The History of Sexuality* (Foucault, 1978, 1985, 1986), *Testo Junkie* introduces a new theoretical vocabulary in which biopolitics becomes pharmacopornographic politics, and power-over-life becomes 'power and control exerted over a technoliving and connected whole' (Preciado, 2013: 44). Charging autonomist Marxist thinkers like Michael Hardt and Antonio Negri (Hardt and Negri, 2001, 2005, 2011) with 'stopping biopolitically at the belt' (Preciado, 2013: 37), Preciado displaces theories of immaterial labour with an insistence that 'the control, production and intensification of narcosexual affects [Preciado's term for the sexual affects engendered by drugs and pornography] have become the model of all other forms of production' in the post-Fordist era (Preciado, 2013: 40).

Focusing on the individual subject's augmentation by pharmaceutical technologies, Preciado analyses the 'performative feedback' between medical conditions and their treatments:

> The success of contemporary technoscientific industry consists in transforming our depression into Prozac, our masculinity into testosterone, our erection into Viagra, our fertility/sterility into the Pill, our AIDS into tritherapy, without knowing which comes first: our depression or Prozac, Viagra or an erection, testosterone or masculinity, the Pill or maternity, tritherapy or AIDS. This performative feedback is one of the mechanisms of the pharmacopornographic regime (Preciado, 2013: 34-35).

Here, Preciado's analysis resonates with the work of the Foucauldian theorist Nikolas Rose. In a series of works published in the first decade of the twenty-first century, Rose identifies a profound shift in our ways of understanding emotion and behaviour: a 'recoding of everyday affects and conducts in terms of their neurochemistry' (Rose, 2003: 46). This shift, Rose argues, has produced a subject uniquely attuned to neoliberal discourses of flexibility and manipulability: the neurochemical self. For this neurochemical self, 'sadness' has been transformed into a 'condition called "depression" caused by a chemical imbalance in the brain and amenable to treatment by drugs that would "rebalance" these chemicals' (Rose, 2003: 46). For both Preciado and Rose, contemporary neurochemical states can only be conceptualised through the drugs that modify them.[4] However, this surface resemblance masks some profound differences between the two thinkers. In line with his Foucauldian approach, Rose circumscribes his project as a descriptive one, noting that he does not aim to 'call for a new philosophy of life' but instead seeks to 'explore the philosophy of life that is embodied in the ways of thinking and acting espoused by the participants in this politics of life itself' (Rose, 2007: 49). By contrast, *Testo Junkie* carves out a rhetorical space not only for understanding pharmacopornographic power but for resisting it.

Preciado's commitment to resistance, however, is not as straightforward as it first appears. The contrast between the opening two chapters exemplifies *Testo Junkie*'s formal bifurcation: described by its narrator as a work of 'self-theory', the book is structured by a relatively disciplined alternation between chapters of fictionalised autobiography and chapters of political history and theory. The former deploy conventions from the genres of memoir, pornography, and elegy; the latter adopt the genre codes of the political grand narrative, supplemented with hand-drawn diagrams mapping out the text's key concepts and culminating in a manifesto for technosomatic communism. There are moments when this formal discipline slips, usually in the transition from one chapter to another. The opening passage of the theoretical second chapter, "The Pharmacopornographic Era", reads like a memoir: "I was born in 1970. The automobile industry, which had reached its peak, was beginning to decline" (Preciado, 2013: 23). But as the chapter moves on to outline its reconception of post-Fordist economics as the 'pharmacopornographic era', the first-person narrator fades into the background. The reader finds herself abruptly shifting from the elegiac, pornographic encounter of the opening chapter to the detached mode of history and theory.

In a special issue of the journal *Studies in Gender and Sexuality* on *Testo Junkie* and psychoanalysis, Preciado discusses the book as an intervention in the politics of narration itself:

> I understand critical theory both as a "direct action," in the sense of a political collective form of intervention, and as a fictional performative subjective narrative. The book voluntarily embraces the

[3] Dustan, the author of the novel *In My Room* (1996) among other works, published the French edition of Preciado's *Contra-Sexual Manifesto* (2000). He died of a drug overdose in 2005. As "William" (Dustan's birth name was William Baranès), he is one of *Testo Junkie*'s dedicatees.
[4] Preciado does not cite Rose in *Testo Junkie*, despite the resonances between their analyses.

> position of the left intellectual narrator (...) and uses the form of the grand narrative to tell the history of the somathèque from the point of view of the political minorities, to narrate this story as a Trojan poet (Preciado, 2016: 25).

Claiming this mode of 'nonknowing as grand narrative', Preciado indicates that *Testo Junkie*'s narrative voice is parodic rather than sincere. Suggesting that the text imitates the authoritative style of Left theory in order to subvert it, Preciado figures genre as a kind of drag—a mode of performativity that repurposes the past for the present and future. But, to borrow Martin's formulation: in wearing genre as drag, *Testo Junkie* is troubled by the drag of genre. The codes of genre can be repurposed, but they carry with them the sedimented histories of their prior deployment. Each time *Testo Junkie* takes up the conventions of a genre—whether political theory, the elegy, the manifesto, pornography, or the memoir—it inscribes itself in the history of that genre, with one eye on the past. Stone, in her manifesto, figures the trans subject as a hybrid text and argues that the act of passing as cis 'forecloses the possibility of a life grounded in the intertextual possibilities of the transsexual body' (Stone, 2006: 231). For Preciado, however, the hybridity of genre works to divide the future from the past and the present. The drag of genre in *Testo Junkie* structures a tension in the book's representation of hormones, which are framed as both tools of historical oppression and agents of future liberation. This duality is mapped onto the grand narrative chapters, which give an account of the violent social, material and cultural histories that underpin the hormone's status as a biopolitical technology, then draw from this account, as if from a magician's hat, a free subject whose capacitation by synthetic hormones becomes a revolutionary mode of gender subversion. By compartmentalising difficult questions about the psychological legacies of racism and patriarchy within its autofictional chapters, *Testo Junkie* can represent the liberated future as a technological inevitability, embedded within the pharmacopornographic regime's mechanisms of control.

In one of the 'grand narrative' chapters, 'Pharmacopower', Preciado carefully traces the colonial historical process by which hormonal research produced biofictions of racialised masculinity and femininity. He shows how clinical trials of the birth control pill, imposed on the women of Puerto Rico in the 1950s, laid the foundations for the global institution of ingestible hormonal birth control as a 'chemical panopticon' (Preciado, 2013: 205). The contraceptive pill, which has not only been shown to risk dulling users' libidos but is also known to carry a risk of blood clots and cancer, is presented here as an agent of biopower operative at the molecular level. Nevertheless, Preciado maintains that 'the fact that the Pill must be managed at home, by the individual user in an autonomous way, also introduces the possibility of political agency' (Preciado, 2013: 208). The precise form this agency takes is left unarticulated until the end of the 'Pharmacopower' chapter, which closes with a provocative question—"What would happen if a large proportion of cis-females began collectively self-administering enough doses of testosterone to be socially identified as males?" (Preciado, 2013: 234). This question figures androgens as a source of value that can be redistributed from cis men to everyone else. It is testosterone, rather than estrogen, that must be redistributed because it is testosterone that invests the subject with social power and agency. In an earlier autofictional chapter, 'Becoming T', Preciado maintains that 'testosterone isn't masculinity' (Preciado, 2013: 141), but in the theoretical 'Pharmacopower' chapter he gives us the history we need to understand that the value of testosterone is indeed derived from its historical role in the production of masculinity. It is difficult to understand why this value would necessarily be maintained if masculinity were dissolved through the revolutionary mass redistribution of androgens. Moreover, it is unclear why synthetic estrogens cannot be reclaimed in a similar way. Agency, in this formulation, is not only possessed by the individual: it seems to inhere in the hormone itself—and not just in any hormone, but in testosterone specifically. Despite *Testo Junkie*'s interest in history, the text adopts an oddly ahistorical model of the hormone here. Insisting on the inherently capacitating quality of testosterone regardless of its social function, Preciado abruptly wrenches the hormone from the very history of gendered and racialised violence that *Testo Junkie* elsewhere confronts. (Preciado, 2013: 164-165).

Testo Junkie's construction of the future is illuminated by Jasbir Puar's discussion of what she terms 'piecing', a mode of white trans normativity that does not strive to pass as cis, but is instead embodied through the partitioning of the body into flexible, mobile, manipulable parts (Puar, 2017: 45). This neoliberal construction of transnormative futurity, writes Puar, has emerged in stark contrast to the experiences of trans women of colour, whose 'bodies can be read as sites of intensive struggle (medical, educational, employment, legal, social) over who indeed does get to embody—and experience—futurity and who as a result will be cast off as the collateral damages of such strivings to capture the essence of the future' (Puar, 2017: 48). Puar finds Preciado's conception of hormonal revolution to be 'part of the transnormative body that pieces', which drives the 'reterritorialization of whiteness' (Puar, 2017: 58). In light of Puar's analysis, *Testo Junkie*'s bifurcated form can be understood as a way of dividing the white subject of transnormative futurity from the racialised subjects whose presence is conceived as a drag on the revolution. Whereas Stone opposed the gender-conservatism of passing to a subversive embrace of embodied intertextuality, Puar troubles this dichotomy by drawing attention to trans subjects of colour 'that struggle to piece (in order to perhaps pass)'. Puar does not cite Stone's manifesto, but her analysis points to something missing from it: the fact that passing, particularly for trans subjects marginalised by race and class as well as gender, might well

be a matter of economic and psychological survival. In addition, Puar's concept of 'piecing' gives theoretical context to *Testo Junkie*'s abrupt appeal to voluntarism, which detaches the patriarchal and colonial histories of synthetic hormones from the speculative future by means of individual agency alone.

At rare but potent moments Preciado alludes to the way these (continuing) histories present a problem of complicity. Writing of the glandular expropriation through which experimental hormone laboratories collected the testicles of executed prisoners, as well as animals, Preciado writes:

> Every time I give myself a dose of testosterone, I agree to this pact. I kill the blue whale; I cut the throat of the bull at the slaughterhouse; I take the testicles of the prisoner condemned to death. I become the blue whale, the bull, the prisoner. I draft a contract whereby my desire is fed by—and retroactively feeds—global channels that transform living cells into capital. (Preciado, 2013: 163)

In describing this subject who is inescapably embedded within the violence of global capitalism, Preciado recalls Michelle O'Brien's path-breaking essay, *Tracing this Body: Transsexuality, Pharmaceuticals and Capitalism* (2013).[5] Here, O'Brien draws connections between privatised healthcare, the war on drugs, the pharmaceutical industry, and the daily lives of trans people, drug users, and people with HIV. She writes:

> When I give myself an injection of Delestrogen, I am locating myself and located within global flows of power. I am connected to complex political, economic and social histories of how these drugs were manufactured and by whom. I am bound within the international trade systems that allow these corporations to function, that bring the hormones to my door in a brown envelope. I am facing the systems of violence that render my body invisible, that make it impossible for many to get drugs at all. By taking hormones, I am doing what we all do in various ways: I am participating within the system of transnational capital. These systems are racist, classist, sexist, homophobic and transphobic to their core. They are systematically structured on a hatred of the bodies of trans people, poor people, people living with HIV, and drug users. And yet, all of us are deeply, inexorably dependent on these very structures. Quite literally, we need them to keep us alive. (O'Brien, 2013: 63).

O'Brien, like Preciado, is interested in the way trans subjects, like all subjects, are caught up in a dialectic of resistance and complicity. Rejecting the 'politics of purity and non-participation' displayed by anti-consumerist movements, O'Brien instead embraces the cyborg whose 1985 conceptualisation by Donna Haraway forged new paths for feminism with its destabilisation of the nature-culture dichotomy (Haraway, 1991). The utopian promise of cyborgs, for Haraway, lies in their ability to be 'exceedingly unfaithful to their origins' in militarism and capitalism (Haraway, 1991: 151). For O'Brien, the cyborg is an 'effective, empowered, conscious' being whose knowledge of her embeddedness in the flows of global capital is precisely what gives her the strength to resist (O'Brien, 2013: 64).

Yet O'Brien's knowing cyborg subject differs starkly from Preciado's embrace of 'nonknowing as grand narrative' (Preciado, 2016: 25). The relationship between knowing and nonknowing in *Testo Junkie* has something to do with the text's complex approach to psychoanalysis. Preciado explicates his mode of 'nonknowing as grand narrative' in response to Kirsten Lentz, who in the same special issue of *Studies in Gender and Sexuality* argues that the text's authoritative voice, which brooks no uncertainty, presents 'a subject without a psyche' (Lentz, 2016: 7). Preciado's response outlines his 15 years of psychoanalytic treatment, but also his critique of the 'normative gender framework of psychoanalytic theory' (Preciado, 2016: 24). He argues that the internalised psyche of Freudian psychoanalysis must be replaced with the notion of 'an "externalized" psyche', mediated by technology (Preciado, 2016: 24). In place of the Freudian unconscious, Preciado therefore proposes the 'somathèque'—a 'living archive of political fictions'—as the new object of clinical psychoanalysis (Preciado, 2016: 24). Preciado's post-psychoanalytic psyche is simultaneously more and less accessible than the Freudian unconscious: more, because it is 'external' to the subject' and thus presumably does not require the excavatory work of analysis; less, because it is 'larger than the body and the psyche', and the techniques required to reach it have not yet been developed. Positioned on the threshold of this new psychoanalysis, *Testo Junkie* shuttles between the knowing mode of the intellectual who no longer needs to grapple with the opaque unconscious, and the unknowing mode of the subject who cannot grasp the connection between his psyche and the somatopolitical apparatus that produces it. This 'somatopolitical apparatus' is another term for what O'Brien discusses as the 'global flows of power' in which we are embedded (O'Brien, 2013: 63). Unlike O'Brien's Harawayan cyborg, though, Preciado's subject is not especially effective, empowered or conscious of the mechanisms through which he is produced. *Testo Junkie* does not dispense with the psyche; instead, it brackets the psyche within the autobiographical chapters of the text, and isolates it from the grand narrative. In this way, the text makes the problem of complicity a problem of genre. The political

[5] First given as a speech, then published as a zine, in 2003, O'Brien's essay was republished a decade later in the *Transgender Studies Reader 2* (O'Brien, 2013: 56).

implications of this dichotomy between autobiography and theory become clear when *Testo Junkie* adopts the codes of pornography, the genre to which I now turn.

PORNOGRAPHY

This problem of complicity takes on an intensified charge during the pornographic autofictional sections of the book, where racism and misogyny surface on the level of individual sexuality. In one of the early chapters, the narrator adopts a self-consciously masculinist persona as he recounts his teenage desire to fuck 'the alpha bitches, the supersluts' (Preciado, 2013: 90). Meeting these women as an adult returning to his hometown, he muses that they are 'still my little girls, my bitches' (Preciado, 2013: 94). This misogynist persona wants his desire to be validated as a cis man's would. The narrator tells his mother: 'I'm a boy, get it?—and I lift my shirt, show her my nipples that dot a still flat chest—and I deserve the same respect my father gets' (Preciado, 2013: 93). Later in the book, in another autofictional chapter, he describes purchasing a dildo, '8 ½ inches and very kitsch, with visible veins, the same color as chocolate with a milk chocolate head' after learning that his lover, VD—a fictionalised version of the author Virginie Despentes—had fantasised about Jimi Hendrix (Preciado, 2013: 328). In the subsequent sex scene, soundtracked by 'Foxy Lady', the narrator is prostheticised not only by 'Jimi' but by a fantasy of black male sexual prowess: "Hey Jimi, can I borrow your cock to plow my blond's ass?" (Preciado, 2013: 328).

These sections deploy the genre codes of pornography, shaped as they are by racism and misogyny. In the theoretical chapter "Pornopower", Preciado discusses pornography as a biopolitical apparatus that, like the birth control pill, has the capacity 'to become activated in the body'; also like the pill, it drags with it racist and sexist histories, and these histories structure its eroticisation of power, violence and taboo (Preciado, 2013: 265). In this chapter, the text argues that pornography has the capacity to become a 'field of political intervention' through an 'epistemological inversion' that remakes the passive objects of the pornographic gaze as subjects (Preciado, 2013: 273). However, this epistemological inversion is complicated by *Testo Junkie*'s own pornographic sections, which grant subjectivity to Preciado and VD while sustaining the racist and sexist tropes of the genre.

The sexual fantasies depicted in these sections cannot be detached from histories of colonial violence, as bell hooks has explored in her work on race, gender and sexuality. In *We Real Cool: Black Men and Masculinity* (2004), hooks writes:

> Whites seek the black body to confirm that it is the exotic supersexed flesh of their fantasies. Within this economy of desire, which is anything but equal, the "hypermasculine black male sexuality" is feminized and tamed by a process of commodification that denies its agency and makes it serve the desires of others, especially white sexual lust (hooks, 2004: 79).

For hooks, the correct political response to this racist economy of desire is to 'envision a liberatory sexuality that refuses to ground sexual acts in narratives of domination and submission, and lay claim to uninhibited erotic agency that prioritizes connection and mutuality' (hooks, 2004: 83). Yet, as recent articles by Andrea Long Chu and Amia Srinivasan have observed, the task of reshaping desire has never been so straightforward. Chu, in her essay *On Liking Women*, notes that "Desire is, by nature, childlike and chary of government. The day we begin to qualify it by the righteousness of its political content is the day we begin to prescribe some desires and prohibit others" (Chu, 2018: 59). But, Srinivasan counters in her essay on the notion of a right to sex, certain strands of sex-positive feminism risk 'covering not only for misogyny, but for racism, ableism, transphobia, and every other oppressive system that makes its way into the bedroom through the seemingly innocuous mechanism of "personal preference".' (Srinivasan, 2018: n.p.). The problem of how to reshape desire, without repressing it or reverting to a liberal division between public and private, remains unsolved at the end of Srinivasan's article.

These feminist debates about desire are also a context for *Testo Junkie*, which traverses similar issues in its negotiation of sexual politics. In an autofictional chapter titled "Testo-Mania", the narrator recalls Dustan's response to his proposal to write a book about 'the political sex movement in France' of the 1970s:

> You say you thought I wasn't like the other chicks, and that for me it was all about fucking, but now you realize that I'm like the other lesbians, ready to become the political nurse for anyone I meet. I answer, I'm not a lesbian, I'm trans, a boy, that the fact I don't have a shitty biocock like yours doesn't mean that I'm not a guy. I tell you, Stop treating me like cow shit just because you take me for a girl. (Preciado, 2013: 244)

Rather than defending the sexual politics of his proposed book, Preciado is hurt by Dustan's misreading of his gender and compelled to assert his entitlement to masculine privileges. This passage follows one that describes Dustan and Preciado's erstwhile plan to procreate: they speculate about funding the procedure of 'filtering the HIV out of your sperm' by writing a memoir about the process, but Preciado is troubled by the idea that Dustan

hates him 'because I'm incapable of wanting that sick sperm as it is' (Preciado, 2013: 240). As Elliot Evans has noted, these conversations between Dustan and Preciado reflect *Testo Junkie*'s queer political tension between nihilism and a political commitment to the future, which harks back to the arguments during the AIDS crisis between Dustan, a controversial advocate for barebacking, and the activist group ACT UP, prominent critics of this stance (Evans, 2015: 128-131). However, the antagonism between Dustan and ACT UP goes unmentioned in *Testo Junkie*, reflecting the text's general reluctance to directly articulate the question that runs beneath its surface—the question of whether, and how, sexual desire should be a political project. *Testo Junkie* never addresses the reconfiguration of desire as an element of its revolution: under technosomatic communism, sexual affects are redistributed, not remade. It remains unclear how the dynamics of pharmacopornographic sexual desire could ever break with the violence enacted on the blue whale, the bull, and the prisoner, or what new ways of inhabiting gender might emerge in a world where those taken for girls are no longer treated like 'cow shit'.

Testo Junkie's failure to theorise the vivid points at which structural violence meets desire is part of its literary technique. The book's formal split between omniscient theory and autobiographical practice makes certain dimensions of experience simultaneously visible and invisible, witnessed but untheorisable. Even as the colonial and patriarchal context of industrial hormone production resurfaces as pornography, it remains impervious to Preciado's theoretical register. In this way, *Testo Junkie*'s form issues a challenge to its theory: by insulating the experiential chapters from his 'grand narrative', Preciado signals the limits and contradictions not only of his proposed bioperformative revolution, but of the genres he has inherited and all they have dragged with them.

It is significant that the drag of genre does not only constrain the text: it is also shown to limit the available scripts through which trans people gain the social recognition and material support necessary for survival. Preciado acknowledges just two socially legible categories within which to make sense of his need for testosterone: the gender dysphoric and the drug addict. Embracing the role of the 'testo junkie', the narrator is clear that he does so under the constrained social conditions in which the only other option is a medical diagnosis of dysphoria: "This is how things appear, and it's going to be necessary to face them: if I don't accept defining myself as a transsexual, as someone with 'gender dysphoria', I must admit that I'm addicted to testosterone" (Preciado, 2013: 256). If one wishes to reject the state administered medicalisation of transgender subjectivity, this book argues, one has no other option but to inhabit the status of the addict. According to Preciado's formulation, understanding the genres through which gender is constituted does not open up possibilities for liberation, as Stone would have it, but closes them down. Confronting the coercion of medical gatekeeping, the text begins to depart from the privileging of the future that, in Freeman's assessment, limits Butler's early model of performativity (Freeman, 2010: 63). This section seems to represent a startling departure from Preciado's stated commitment to a post-Butler (bio)performative politics, in which identity categories can be subverted and proliferated through repetition. However, if the repetition that structures genre has only solidified the binary options of the gender dysphoric and the testo junkie, it is also the mechanism that allows Preciado to detach the political vision of the book's grand narrative chapters from the subjectivities that inhabit its autofictional chapters.

The status of the addict structures the narrator's relationship with his lover, VD, as well as his use of testosterone. Both forms of desire are experienced as addiction, which is cast as a 'desire for an object that does not desire', necessarily unrequited and insatiable (Preciado, 2013: 247). One passage conflates the narrator's experiences with VD and Testogel:

> Right where satisfaction is supposed to take place, frustration emerges. When I'm kissing her, I think I want to kiss her; when I'm talking with her, I think I have an urgent need to talk with her. When it spills out across my skin, I think I want it to spill out across my skin, and when my body absorbs it, I think I want to absorb it, more and more (Preciado, 2013: 251-252).

Reading this passage, it is impossible to determine whether testosterone produces the desire for VD or VD produces the desire for testosterone. Both trajectories are intertwined in what the book terms a 'circle of mutual production' (Preciado, 2013: 252). This 'circle of mutual production' structures the relationship between the pharmacopornographic system and the psyche: each produces the other. Earlier in the text, Preciado claims that the desiring subject is produced by the 'technical, pharmaceutical, and mediatic supports' of the pharmacopornographic regime, but here it becomes clear that the subject, in turn, produces the pharmacopornographic system. (Preciado, 2013: 53). This feedback model of psychosocial production does not address the historically contingent production of the resisting subject; indeed, it is difficult to see how the subject embedded in this feedback loop could break out.

In *Testo Junkie*, pornography exemplifies the way texts function not just as representations but as technologies that make people feel things. In the 'Pornpower' chapter, Preciado cites Linda Williams's concept of the 'embodied image', which produces corporeal effects in the body of the spectator (Preciado, 2013: 265). Williams's ideas influence Preciado's claim that pornography is the 'paradigm of all cultural industries' because of its inherent ability to 'affect the techno-organic centers of the production of subjectivity' (Preciado, 2013: 271). Texts are thus part

of the somatopolitical apparatus in which subjectivity is constituted under the pharmacopornographic regime. *Testo Junkie* performs its own status as a complicit mechanism of control by emphasising the constraints of the genre codes it deploys. Thus its manifesto sections leave no room for a consideration of the text's engagement with racist and sexist dynamics of desire, which are only expressible within the codes of pornography. Of course, if these problems fail to make their way into *Testo Junkie*'s manifesto that is because the colonial histories they register cannot be simply modifed by neurochemical manipulation. This problem resurfaces in *Testo Junkie*'s deployment of the final genre I will consider, the elegy.

ELEGY

The political complexities of sexual desire persist as a problem in *Testo Junkie*'s mourning passages, where the 'I' of autofiction meets the epistolary 'you' of the elegy. The text's 'you' is introduced in its opening chapter, which addresses not only Dustan, but a historical milieu of deceased queer figures:

> From this moment on, all of you are dead. Amelia, Hervé, Michel, Karen, Jackie, Teo, and You. Do I belong more to your world than I do to the world of the living? Isn't my politics yours; my house, my body, yours? Reincarnate yourselves in me, take over my body like extraterrestrials took over Americans and changed them into living sheaths. Reincarnate yourself in me; possess my tongue, arms, sex organs, dildos, blood, molecules; possess my girlfriend, dog; inhabit me, live in me. Come. *Ven*. Please don't leave, *Vuelve a la vida*. Come back to life. Hold on to my sex. Low, down, dirty. Stay with me (Preciado, 2013: 20).

The names Preciado lists in this passage—which include Foucault, Jacques Derrida, Hervé Guibert and Karen Lancaume—evoke a particular moment of French queer art and theory that is inseparable from the AIDS crisis (Evans, 2015: 136). According to Evans, while Preciado here figures himself as a vessel for the reproduction of Dustan's nihilistic politics, he ultimately embraces a politics of 'futurity and community' (Evans, 2015: 136). While this is correct enough as an assessment of *Testo Junkie*'s manifesto proposals, it seems to flatten out the text's contradictions and their entanglement with genre. Deploying tropes of invasion, copulation, possession and brainwashing, this passage conflates death and procreation with a cold war metaphor drawn from *Invasion of the Body Snatchers*, the 1956 film that allegorises McCarthyism as a process of alien colonisation and auto-reproduction. Just as *Invasion of the Body Snatchers* collapses metaphors of death and life—the aliens both kill and reproduce the humans they ensnare—*Testo Junkie* engages in a speculative fantasy of reincarnation. This reference to an iconic science-fiction film connects the transmission of genre cues to the persistence of politics: both are received passively by a subject whose politics are given to him by history.

In addressing itself to the deceased, *Testo Junkie*'s 'you' deploys apostrophe, the figurative strategy powerfully characterised by Barbara Johnson as 'a form of ventriloquism through which the speaker throws voice, life, and human form into the addressee, turning its silence into mute responsiveness' (Johnson, 1987: 185). In her discussion of apostrophe in abortion poetry, Johnson notes that, as a rhetorical mode that animates what it addresses, apostrophe foregrounds questions about the 'connection between figurative language and questions of life and death, of who will wield and who will receive violence in a given human society' (Johnson, 1987: 184). In light of Johnson's reading, *Testo Junkie*'s 'you' can be understood as a figurative reanimation of Dustan, which places the narrator in a simultaneously supplicatory and coercive position. This reanimating 'you' registers the simultaneous possibility and impossibility of possessing the other, which is another way of saying that it registers the problem of violence in desire.

Testo Junkie's use of apostrophe brings a new dimension to Preciado's notion of the text that acts on the body. As we have seen, for Preciado the text, and especially the pornographic text, is like the hormone in its ability to affect sensation and thereby produce the subject. The apostrophe of *Testo Junkie*'s elegiac mode introduces a different mode of textual action—not literal, but figural. The apostrophic address cannot literally bring Dustan back to life (in the way pornography can literally arouse the spectator); it can, however, figure the persistence of the past in the present and allude to the structural conditions by which power is distributed. *Testo Junkie*'s apostrophe points to the fact the material life of the text does not only reside in its ability to produce sensations in the individual subject; it also resides in the social function of language as one of the techniques through which resources are distributed or denied and lives are sustained or discarded.

The question the narrator asks Dustan—'isn't my politics yours?'—remains unanswered, tangled up as it is in the apostrophe's ambivalent combination of coercion and supplication. This ambivalent balance of power and powerlessness in apostrophe expresses the fact that history is not just a matter of transmission and inheritance, but of human intervention and activity. The apostrophe thus strains against *Testo Junkie*'s ideology of malleability, in which technology inevitably and automatically prises subjects from the historical conditions that have

constrained them. While the narrator's apostrophic address to Dustan implicitly undermines the automatism of pharmacopornographic action, *Testo Junkie*'s explicit manifesto for liberation remains wedded to it. The text's manifesto proposals remain untouched by the legacies of the histories it encodes in pornography and elegy. The text's approach to genre thus emerges as surprisingly depoliticising, positioning historical knowledge as that which must be set aside in order for the future of technological liberation to begin.

There are different ways of activating the past to change the present and future. Jordy Rosenberg gives one such example in his discussion of Preciado's reductive politics of molecular agency. He writes:

> (...) there are lots of things molecules can do – not in 'themselves' but when collectively deployed, as in the '92 Act Up Ashes Action, that mass political funeral in which the ashes of HIV-positive loved ones were scattered on the White House lawn, a tidal flood of grit jamming the machine. But a molecule on its own? How do you differentiate a molecule that resists from a molecule that complies? (Rosenberg, 2016: n.p.)

The '92 Act Up Ashes Action might be considered a mode of apostrophe that animates the dead for a politics of the collective. By contrast, *Testo Junkie* does not trace the implications of its elegiac apostrophe into its manifesto, and ultimately neglects to differentiate between the activist deployment of molecules and the automatic agency of the molecular. This neglect is aided and abetted by the text's particular approach to genre, which treats it as a medium of complicity—an unbreakable constraint. There are, of course, alternative approaches to genre, which emphasize that—as with Butler's performative theory of gender—its dependence on repetition is precisely what produces the conditions for its transformation. As Williams puts it, "Genres thrive, after all, on the persistence of the problems they address; but genres thrive also in their ability to recast the nature of these problems". (Williams, 1991: 12) Such a recasting does not take place in *Testo Junkie*. Questions of life and death, of structural violence and the way they inflect interpersonal relationships, are kept at a distance from Preciado's vision of revolution.

In light of Rosenberg's intervention, *Testo Junkie*'s manifesto can be compared with the *Trans Health Manifesto* published in 2017 by Edinburgh Action for Trans Health. This manifesto embeds a call for the freedom and resources to self-experiment within a broader set of demands including 'the power to hold abusers of medical & administrative power accountable for historical & present injustices', 'material reparations for historical abuses against trans people, and for all people hurt by eugenicist medical practices and policies', and the abolition of prisons and borders (Edinburgh Action for Trans Health, 2017: n.p.). If *Testo Junkie*'s manifesto makes hormonal self-experimentation the origin and end point of a revolution that has left its history behind, the *Trans Health Manifesto* situates such experimentation within a materialist programme of social transformation that looks to the past and the future at once. Calling for the abolition of the gender identity clinic, the *Trans Health Manifesto* reminds us that genre codes are political not only because they make the subject feel a certain way, activating this or that biochemical reaction, but because of how they are wielded by the institutions that have the power to refuse or bestow a mode of healthcare that is intimately bound up with psychosocial survival and bodily autonomy. It is clear that if genre is a form of biodrag, it acts on the body in ways that exceed biochemical manipulation. Neither freely chosen nor rigidly fixed, the codes of genre develop through a historically contingent dialectic of identification and disidentification, carrying the past without being condemned to repeat it. In a social context that continues to insist on biology as the determined and determining ground on which culture is superimposed, there is something powerful in *Testo Junkie*'s implicit acknowledgment of the drag of genre, and of the possibility that cultural forms might be *less* readily malleable than the individual body. Still, in the seams that join *Testo Junkie*'s fragments, I find a call to remake genre, and to produce forms of writing that might forge a connection between the 'you' that animates the dead and the 'us' that erupts from within the collective.

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Learning to Think-with: Feminist Epistemology and the Practice-based Medical Humanities

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ABSTRACT

This paper begins at the place of practice, immersed in the messy real-life clinical setting, with the tensions, errors and affects that suffuse healthcare and its delivery, using the recent case of Hadiza Bawa-Garba's conviction for manslaughter and lifetime ban from the medical profession, after the death of Jack Adcock, a 6-year-old boy in her care, in 2011. From a feminist perspective, the vocabulary missing from this 'watershed' case in the UK is that the gendered, classed and raced subjectivities of the clinician, patient and family are caught up in this tragic set of events. Such examples from clinical practice may seem a long way from the conceptual fields of medical humanities. This paper argues that they are not. It proposes that we require a new methodology of the practice-based medical humanities which deploys socio-political, cultural and conceptual frameworks to expand the capacities of clinical training and practice. Practice-based medical humanities require an underpinning by feminist epistemology. Using Haraway's 'sym-poesis' and Despret's 'thinking-with' as models of thinking offers radical potential for reconceptualising the lived experiences of clinical practice and patient care. Such principles allow the full complexities of identity to emerge within the clinical setting.

Keywords: clinical practice, feminist epistemology, practice-based medical humanities

INTRODUCTION

This paper locates itself at the place of practice, immersed in the messy real-life clinical setting, with the tensions, errors and anxieties that suffuse healthcare and its delivery, and might perhaps be epitomised, in their most intense iteration, by the recent case of Dr Hadiza Bawa-Garba's conviction for manslaughter and lifetime ban from the medical profession, after the death of Jack Adcock, a six-year-old boy in her care, in 2011. Such an example from clinical practice may seem a very long way indeed from the conceptual fields of medical humanities. This paper argues it is not. It proposes that alongside the new iterations of the field of medical humanities that are emerging, we urgently require a new methodology of the *practice-based* medical humanities. A practice-based approach means keeping a *grounded focus* on clinical training and practice whilst deploying the socio-political and cultural vocabularies and conceptual frameworks of the humanities disciplines to understand them. Furthermore, this paper will argue that some of the most productive conceptual frameworks available to medical humanities come from those bodies of critical thought that have already tussled with the complex relationship between *theory* and *practice*, between the conceptual understanding of lived experience and the actions required for tangible change. In this regard, I will argue that feminist epistemology, with its modes of thinking that of necessity have involved acknowledgement of materiality and embodiment, and which have a long history of negotiating lived experience alongside social and political change, provides the most radical and productive underpinning for the practice-based medical humanities.

A NEW EPISTEME

It has been a commonplace to describe medical humanities as an emerging field for some time, despite the fact that the field has been under construction in multiple guises since the first use of the term in 1947 by the Belgian chemist and historian of science George Sarton (Bates et al., 2013). Medical humanities is a highly contested field and the parameters of exactly how it should be constituted, and to what ends its insights might be put, is currently

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a heavily-debated point of discussion. In their introduction to *The Edinburgh Companion to the Critical Medical Humanities*, Angela Woods and Anne Whitehead describe what they term 'the first-wave or mainstream' medical humanities as a field obsessed with 'the primal scene' of the clinical encounter between doctor and patient, a field built upon the naïve liberal humanist conviction that a simple engagement with the arts and the refraction of clinical practice through humanities' lenses will 'humanise' medicine and enrich the clinical encounter with reinvigorated empathy on the part of the clinician (Whitehead and Woods, 2016: 2). By contrast, they refer to the *critical* medical humanities as the second-wave and outline a field which interrogates the primal scene but also moves 'to explore new scenes and sites that may be equally important to our understandings of health and illness', as well as an orientation towards critique and theorisation of health, illness, well-being, medicine and healthcare (Whitehead and Woods, 2016: 2). Drawing on the work of Felicity Callard and Des Fitzgerald, Woods and Whitehead pay particular attention to the new 'E' – the concept of *entanglement* – which the critical medical humanities contributes to the four existing 'E's of ethics, education, experience and empathy, which have dominated the first-wave (Fitzgerald and Callard, 2016: 5). Entanglement, which draws on the work of the feminist theorist Karen Barad, identifies both the material circumstances of knowledge-production but also the intrinsic enmeshment of humanities and biomedicine as modes of human knowing (Barad, 2007). As Fitzgerald and Callard argue, its potential is not simply as a 'new metaphor' but rather 'to break open the two halves' of the term 'medical humanities' to demonstrate:

> that the complex of human life and medical science becomes […] a series of 'repeated crossings, an ongoing conversation - a repetitive material semiotics, or a working out of a new reality'. (Fitzgerald and Callard, 2016: 41-42)[1]

What is at stake here in the 'second wave' reconceptualisation of the field and its critical methodologies, is the refusal to have the humanities disciplines instrumentalised in the service of biomedicine, as 'pleasant (but more or less inconsequential) helpmeets' who contribute suggestions about some of the tricky dilemmas that emerge in clinical practice and medical education (Fitzgerald and Callard, 2016: 35).

The tensions inherent in the construction of medical humanities as *either* a paradigmatic framework *or* simply utilitarian application have recently been articulated by one of its founders, Robert S. Downie. In the 1990s, Downie, along with Sir Kenneth Calman, then Chief Medical Officer, mapped out the contribution that medical humanities could make, if included in the undergraduate medical curriculum and the key documents of governance, such as the General Medical Council's *Tomorrow's Doctors* (1993). By 2016, Downie decries the pull towards the academy and away from practice:

> The dominant aim of the medical humanities seems now to be research rather than teaching. I commented [that] the introduction of the term 'medical humanities' has been unfortunate. The reason is that it has suggested that the 'medical humanities' comprise an academic subject. Now if something is to be an academic subject there must be research, and funding bodies such as Wellcome have given millions of pounds for research into this alleged subject. But the more 'academic' the practitioners of the medical humanities become the more they will drift away from their original educational purpose. *The danger is that researchers in the medical humanities will finish up speaking only to similar researchers rather than to the medical students and clinicians* we originally hoped to interest. [emphasis mine] (Downie, 2016: 35)

Downie and Calman's vision for the field was one in which educational purpose was its primary aim, complementing biomedical scientific education by introducing students and trainees to philosophical, literary and aesthetic arguments and materials in order to develop their skills of communication and empathy. Whatever the limits to this version of what medical humanities should be designed to do, Downie's delineation of the potential for academic insularity, in which medical humanities becomes an academic field driven purely by research funding and unable to speak outside its own locale or communicate across communities of practice, is useful for the way it problematises the sequestration of knowledge production within what Pierre Bourdieu would define as the habitus of academic institutions (Bourdieu, 1984).

In this paper, I want to examine the risk of sequestration that medical humanities runs, and the concomitant potential failure to establish what Alan Bleakley describes as 'a constructively critical intervention that sets a climate for medicine's reformulation of its aims', thereby fulfilling the crucial role of 'interlocutor' that is 'vital to the development of medical practice and knowledge' (Bleakley, 2015: 49-50). I would argue that part of the problematic circularity of debates about whether medical humanities should, or should not, be participating in the construction of medical culture in its broadest sense (meaning biomedical research, medical training and clinical practice) is to see the domains of theory (humanities) and practice (medicine) as inherently separate. Indeed, I would contend this is a category error that places the humanities as critical practice *outside* the sphere of clinical practice, and not

[1] Fitzgerald and Callard quote Steve Hinchliffe. (2015). More than One World, More than One Health: Re-configuring Interspecies Health. *Social Science and Medicine*, 129, 28-35.

as an intrinsic set of ideas, approaches and methodologies that are actually located *within* a compendium of resources essential to what medicine actually is and does. A parallel might be found in what Bruno Latour terms 'the new domain of scientific humanities'. He looks specifically at the work being undertaken in critical animal studies and argues that 'to understand what animals have to say, all the resources of science *and* of the humanities have to be put to work (Latour, 2016: vii).

In their recent intervention in the debates about what medical humanities is and can do, Julia Kristeva and Eivind Engebretsen argue that 'tackling entanglement requires more than the mere application of perspectives *from* the humanities *on* medicine and healthcare' (Kristeva et al., 2017: 56). They call for a 'fundamental rethinking of the medical humanities', a paradigm shift that reconfigures the relationship between the 'hard science' of biomedicine and the 'soft science' of cultural and critical analysis in the humanities (Kristeva et al., 2017: 55). Indeed, they repudiate this binary and call for its deconstruction. This is a radical and timely clarion call. As evidence for what a reconstructed map of the resources at hand to deal with illness would look like, in which medicine and humanities sit alongside each other as tools for care and cure, they offer the case study of Souad, 'a young teenage girl from a Muslim family' who is suffering from refractory anorexia (Kristeva et al., 2017: 57). Souad, who is 'at first reticent about psychotherapy', finally responds to a multicultural psychotherapeutic team who encourage her to '[narrate] her life and [express] her destructive urges and sufferings' (Kristeva et al., 2017: 57). The multicultural make-up of the team is a key factor, offering Souad a level of diverse, situated cultural understanding that slowly allows her to 'reconnect with the French language', and in particular read 'Arabic poetry translated into French' (Kristeva et al., 2017: 57). This engagement with language, Kristeva argues, '[fills] the "symbolic void" within Souad, and allows her to focus on 'new cultural, symbolic and linguistic attachments' in a way that allows her to 're-establish ties to the world and her own body' (Kristeva et al., 2017: 57). This successful treatment provides them with a model for the productive imbrication of the cultural and the clinical. In this example lie the ways of knowing derived from the humanities that inform practice. Of particular importance in this case history, and its subsequent analysis, is the way identity and cultural *difference* – both in terms of gender and ethnicity - can be *thought*, *felt* and *addressed* in the clinical practice. It is the conceptual framing provided by both feminist and postcolonial theory, as well as the modern social movements of feminism and the civil rights campaigns, that facilitate insightful practice. This emblematic case demonstrates very clearly the urgent need to broaden the horizons of medical practice by incorporating the psychosocial and cultural knowledge of identity formation and experience derived from feminist theory.

FROM 'THINKING' TO 'THINKING-WITH'

As Neville Chiavaroli has convincingly argued, 'an epistemological perspective enables the argument that the medical humanities are valuable not because they are more "humane", but because they help constitute what it means to think like a doctor' (Chiavaroli, 2017: 13). If we are to understand the humanities disciplines as an integral component of the epistemological framework necessary for the practice of medicine, the question that immediately presents itself is what kind of epistemology? Which models of *thinking* are we talking about? I argue that some of the most generative examples of *thinking* that facilitate deep analysis in the context of medicine come from recent feminist revisions of thinking as a research practice. As Virginia Woolf writes in *Three Guineas*, women

> have always done their thinking from hand to mouth; not under the green lamps at study tables in the cloisters of secluded colleges. They have thought while they stirred the pot, while they rocked the cradle' (Woolf, (1993 [1938]): 187).

Woolf inspires new modes of *thinking* in the work of feminist theorists of science, Vinciane Despret and Isabelle Stengers. Whilst, they acknowledge, Woolf's address is situated at an historical remove of 70 years and a social remove in which women had only just started to enter professions and university education traditionally the preserve of men, it still carries substantial resonance today. Given the material circumstances of gendered experience that still prevail, it is prescient, they argue, to pose the question, 'what do women do to thought?' (Stengers and Despret, 2014: 77). It is the materiality of an existence shaped by *doing* and *making*, the work of the body, which modulates the way that intellectual work is undertaken. This is not to inscribe an essentialist paradigm they insist, but rather to deploy 'a perspective of gender' that is 'inseparable from practical, political, ethical, and aesthetic dimensions' (Stengers and Despret, 2014: 78). In other words, this is an account of thinking built from a perspective traditionally associated with women, which is to say the world of embodied, corporeal labour.

Thinking, for Stengers and Despret, cannot be separated from *practice*; indeed practice *is* thinking and these two activities are so imbricated that it is a mistake to describe them as a binary:

> When a scientist, male or female, although we could equally say a photographer or a talented cook, thinks, when he or she doubts or hopes, what makes them think, hesitate or hope is what makes them a scientist, photographer or talented cook' (Stengers and Despret, 2014: 80-81).

Invoking Woolf's constituency of address in *Three Guineas*, 'the daughters of educated men', Stengers and Despret note that "'how to think" is not an abstract or reflexive question but is inseparable from what in their case is creative work, practice, and engagement' (Stengers and Despret, 2014: 82). Whilst this challenge to the division between thinking and practice is of considerable relevance to discussion of the field of medical humanities, Stengers and Despret's next conceptual move offers hugely productive insights into an epistemological framework for the practice-based medical humanities. If thinking *is* practice, then what does this mean for research methods when analysing human work and actions, especially when these belong to a domain outside the researcher's own experience? To put this more specifically, how should practice-based medical humanities situate itself in relation to clinical practice?

Stengers and Despret advance the concept of 'thinking-with' via the example of a research project that Despret undertakes with a colleague, Jocelyne Poucher. Despret, who works within the field of animal studies, seeks 'to explore the problem of the difference between animals and men' (Stengers and Despret, 2014: 84). She and Poucher believe they will amass useful evidence for this philosophical investigation if they speak to animal breeders about the practice of breeding within animal husbandry. They have a hypothesis that 'in breeding situations,' it is the animals as well as the breeders who do the work. Yet when Poucher puts this hypothesis to the breeders, she is met with 'blank looks: no, it's the people who work, the animals don't work' (Stengers and Despret, 2014: 85). What they learn is how to construct the question *with* the breeders:

> 'We are not sure that our problem is of interest to breeders, or that the questions we are able to formulate are pertinent to them. Thus, according to you, as a breeder, how should we construct our question so that it has a chance at interesting those to whom we ask it and a chance of receiving interesting answers?' (Stengers and Despret, 2014: 85)

This 'thinking-with', which turns the research into an interlocution, yields striking results that '[assemble] everyone's intelligence: breeders, cows, pigs, investigators' (Stengers and Despret, 2014: 86). Moreover, it allows for difference and diversity to emerge within the research field, since the question is 'reprised and reinvented in other terms by each breeder' (Stengers and Despret, 2014: 86). To return to medicine, what happens if we substitute 'doctor' or 'patient' (or, for that matter, 'manager' or 'nurse') for 'breeder' in this statement? What emerges with spectacular clarity is the way it, for one thing, proposes a profound collectivity between practitioner and researcher and, for another, recalibrates the critical analysis of medical humanities so that it is not an external act of *looking at* medicine but rather a situated, collaborative endeavour of thinking-with. As Donna Haraway notes of Vinciane Despret's feminist philosophical work within the field of animal studies, 'her kind of thinking enlarges the capacity of all the players; that is her worlding practice'; worlding, for Haraway, refers to the systemic processes which create and shape experience in the world (Haraway, 2016: 7). This is the ambition, and indeed the ethical imperative, built on feminist epistemological practice, that I would hope for the practice-based medical humanities. What I offer in the following analysis of the Bawa-Garba case is an example of thinking-with that aims to contribute to our (by which I mean the whole of society, patients and practitioners alike) *collective* understanding of this deeply tragic case and the world in which it takes place.

THE CLINICAL CASE

On the morning of 18 February 2011, following a referral from his GP, six-year-old Jack Adcock was admitted to the Children's Assessment Unit (CAU) at Leicester Royal Infirmary, suffering from a temperature of 37.7 centigrade, diarrhoea, vomiting and difficulty breathing. Jack, who had Down's Syndrome, had had heart surgery (atrioventricular septal defect surgery to repair a hole in the septum that divides the four chambers of the heart) in his first year of life but was doing well with a daily maintenance dose of Enalapril, a drug that helps to regulate blood pressure. Jack was seen at around 10.30am by the doctor overseeing the CAU, Dr Hadiza Bawa-Garba. Bawa-Garba was a trainee paediatrician, at the beginning of the sixth year of her postgraduate specialty training (what is known as ST6). This was her first day back in practice after 14 months on maternity leave. It was also her first day of work at Leicester Royal Infirmary. Despite this, Bawa-Garba had been given no Trust induction into

the hospital and its systems. Due to gaps in the staffing rota, and the absence of the CAU Consultant on site, Bawa-Garba was overseeing the Children's Assessment Unit, the emergency department and the CAU ward.[2]

Bawa-Garba assessed Jack as being seriously unwell and put him on supplementary oxygen. Diagnosing him with severe gastroenteritis she also prescribed him a fluid bolus (a rapid intravenous infusion of fluids) and ordered blood tests and a chest x-ray. These tests were undertaken during the morning, with the blood tests coming back very quickly showing the red-flag marker of a high lactate level in Jack's blood, an indication of very low oxygen levels in his blood. His chest x-ray results were reported around 12.30pm and suggested a severe chest infection.

Bawa-Garba was responsible for various other complicated cases between 12pm and 3pm across the six areas of the hospital in which she was working, including performing a lumbar puncture (the procedure in which cerebrospinal fluid is collected from the spinal canal for diagnostic testing) on a baby. She was finally able to review Jack's x-ray at 3pm (of note, she had not been informed that this x-ray had been reported at 12.30pm), and immediately prescribed antibiotics to treat what she then correctly diagnosed as pneumonia. In the time since she had last seen him, Jack seemed to have picked up somewhat and was drinking from a beaker and playing with the radiographer. He continued to stay in the Unit under the care of an agency nurse, Isabel Amaro. Although Nurse Amaro's clinical experience was in adult care, she was covering CAU because the hospital was also suffering shortages in nursing staff. Staffing shortages were compounded by problems with IT facilities and failures in the hospital computer system meant that Jack's blood test results were not available until 4.15pm in the afternoon. At 4.30pm, Bawa-Garba had a handover meeting with her consultant, Dr Stephen O'Riordan, a paediatric endocrinologist who had returned to the hospital from teaching at another site. She drew his attention to the blood test results and her diagnosis of Jack's pneumonia but she didn't specifically ask O'Riordan to review him. O'Riordan chose not to examine Jack himself, despite having ultimate responsibility for his care. Bawa-Garba spoke to O'Riordan again at 6.30pm but again he did not examine Jack. In her case notes, Bawa-Garba did not expressly instruct that Jack's daily dose of Enalapril should not be dispensed while he was so unwell. Enalapril has the effect of lowering blood pressure, and given his dehydration, pneumonia and signs of shock, it was profoundly contraindicated. Jack's mother administered his evening dose of the drug when he was transferred to the ward at around 7pm and at around 8pm, Jack collapsed with cardiac arrest. Bawa-Garba responded to the crash call that went out from the ward. Along with the crash team, she started resuscitation on Jack but then, confusing him with another child, called off the attempts to revive him, mistakenly thinking he was under a DNR order ('Do Not Resuscitate'). Another trainee doctor on the team realised the mistake, identified Jack correctly, and resuscitation was restarted after a hiatus of between 30 seconds to 2 minutes. Despite the team's best efforts, they could not revive Jack and he died at 9.20pm. In fact, though it was missed by both Bawa-Garba and O'Riordan, Jack's pneumonia had caused him to go into septic shock and, after post-mortem, cause of death was given as 'systemic sepsis complicating a streptococcal lower respiratory infection (pneumonia) combined with Down's syndrome and the repaired hole in the heart'.[3]

An event involving a death of this kind, in which serious medical errors play a part, is known as a Serious Untoward Incident (SUI) and it is necessary within NHS-funded services to launch an official investigation.[4] In the immediate aftermath, six days after Jack's death, Bawa-Garba was called to a meeting with her consultant O'Riordan, which took place in the hospital canteen. O'Riordan asked her to complete a Training Encounter Form, in order to reflect upon the events of the case and the errors made. They completed this form jointly, with Bawa-Garba apparently reflecting that her errors involved failure to interpret venous blood gases and biochemistry results, as well as 'a lack of clear communication' (Cohen, 2017). She refused to sign the form, however, because she disagreed with some of its contents.[5]

THE LEGAL AND PROFESSIONAL REPERCUSSIONS OF THE CASE

This tragic case has triggered seismic convulsions in the medical profession, its regulatory body the GMC and the general public at large. It has become a case of protean complexity, in legal, educational, cultural and political terms. In the months after Jack's death, in early 2012, despite having been assured by the Crown Prosecution Service that she did not have a criminal case to answer, Bawa-Garba was arrested and detained for questioning for

[2] This workload meant 'looking after six wards, spanning four floors, undertaking paediatric input to surgical wards 10 and 11, giving advice to midwives and taking GP calls'. See Lyvia Dabydeen et al. An Account by concerned UK Paediatric Consultants of the tragic events surrounding the GMC action against Dr Bawa-Garba. Available at: http://54000doctors.org/blogs/an-account-by-concerned-uk-paediatric-consultants-of-the-tragic-events-surrounding-the-gmc-action-against-dr-bawa-garba.html (Accessed 20 May 2018).

[3] GMC v Bawa-Garba, High Court of Justice – Queen's Bench Division, 25 January 2018 [2018] EWHC 76 (Admin), para 9. Available at: https://www.blackstonechambers.com/news/gmc-v-dr-bawa-garba/ (Accessed 11 May 2018).

[4] See NHS England's 'Serious Incident Framework: supporting learning to prevent recurrence' (2015). Available at: https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

[5] See Cusack, 2018.

over seven hours, despite having only delivered her second child two weeks before.[6] During 2012, University Hospitals of Leicester NHS Trust, comprised of a 14-person team, conducted a lengthy investigation into the death and concluded in August 2012 that it was impossible to locate a 'single root cause' for the incident, identifying six areas of individual and systemic error that contributed to Jack's death (Wickware, 2018). In December 2014, over three years after Jack Adcock died, Bawa-Garba and the nurses involved in his care were charged with Gross Negligence Manslaughter (Dyer, 2014).[7] On 4 November 2015, Bawa-Garba was convicted at Nottingham Crown Court. On 8 December 2015, she was found guilty of manslaughter, on a majority verdict of 10 to two, after 25 hours of deliberation by the jury. Six days later, on 14 December, she was given a two-year suspended sentence.[8] After being denied the right to make an application to the Court of Appeal to have this criminal conviction quashed in December 2016, Bawa-Garba's future as a clinician had to be considered and decided by the Medical Practitioners Tribunal Service (MPTS).[9] In June 2017, the MPTS ruled that she should be suspended from practice for a period of 12 months in order to demonstrate remediation (meaning, in this instance, providing evidence of learning and reflection about the particular medical errors she had committed). This decision went against the GMC's application to have Bawa-Garba struck off the medical register (known as 'erasure') permanently. In a highly unusual move, the GMC then took the MPTS to the High Court in December 2017, to argue that the Tribunal's sanction of suspension was insufficient. In a fervently reported and highly charged decision, the High Court upheld the GMC's appeal and overruled the MPTS' decision and on 25 January 2018, Bawa-Garba was struck off.

Since that decision, media coverage has intensified exponentially, with different groups pulling stridently in oppositional directions to support *either* Jack Adcock's parents, allied with notions of the public good *or* healthcare practitioners, and most specifically doctors, in increasingly binarised terms. On 28 March 2018, Bawa-Garba was granted the right to a second appeal against her erasure from the medical register. High profile professional campaigns to support Bawa-Garba gathered unprecedented momentum, a crowd-sourced fund to obtain an independent legal opinion on her case raised over £350,000 within days of being opened. Regulatory, political and legal responses proliferated, resulting in various strategic reviews into issues of discrimination in the regulation of the profession, the use of reflective practice in medical education and the Health and Social Care Secretary's ordering of a review into the current use of manslaughter laws in healthcare.[10]

THE 'SPECTRE' OF 'PUBLIC CONFIDENCE'

It is important to understand, as lay people, how extraordinary the GMC's appeal to the High Court is. In this action, the GMC, the chief regulator of the medical profession, called into question the professional decisions of its own Tribunal and also simultaneously marked this case out as a unique disciplinary example through which to

[6] As Lyvia Dabydeen et al. describe, Bawa-Garba's treatment during this questioning is cause for concern: 'She was detained by police for seven hours away from her baby who was fully breast fed, refusing bottles and at risk of hypoglycaemia. Bawa-Garba was in no state to face sustained police questioning and sign documents'. See Dabydeen et al. An Account By Concerned UK Paediatric Consultants Of The Tragic Events Surrounding The GMC Action Against Dr Bawa-Garba. Available at: http://54000doctors.org/blogs/an-account-by-concerned-uk-paediatric-consultants-of-the-tragic-events-surrounding-the-gmc-action-against-dr-bawa-garba.html (Accessed 20 August 2018).

[7] The legal definition of Gross Negligence Manslaughter, as defined by the Crown Prosecution Service, is: 'where the death is a result of a grossly negligent (though otherwise lawful) act or omission on the part of the defendant'. See https://www.cps.gov.uk/legal-guidance/homicide-murder-and-manslaughter. There is widespread concern amongst the medical profession about the notable increase in manslaughter charges brought against doctors since the 1990s. This concern articulated through campaigning groups such as 'Manslaughter and Healthcare' (see http://www.manslaughterandhealthcare.org.uk), who are collating evidence to argue against the use of this cultural-legal trend.

[8] On 6 August 2016, nurse Isabel Amaro was removed from the nursing register by the Nursing and Midwifery Council and, unlike in Bawa-Garba's case, there has been no professional response mobilised in her defence. There is not space within the scope of this article to consider her conviction and erasure, but there is critical work to be done about the considerable impact of this case upon the regulation of nursing and nursing standards, as well as discussion about the differential status between doctors and nurses and its detrimental impact upon their cultural and regulatory treatment.

[9] In order to practice medicine in the UK, all doctors must be registered with the GMC. If eligible, and upon payment of fees, they are listed on the medical register and granted a licence number. This licence can be revoked in the event of a doctor's practice being found unprofessional. The Medical Practitioner Tribunal Service is the organisation that hears and decides upon sanctions in cases of complaint against doctors. It has a duty to report its decisions to the GMC.

[10] In February 2018, Jeremy Hunt ordered a rapid policy review into gross negligence manslaughter in healthcare, led by his senior clinical adviser Professor Sir Norman Williams. Simultaneously, the GMC commissioned Dame Clare Marx to undertake a review into how gross negligence manslaughter and culpable homicide (in Scotland) are applied to medical practice. The Williams Review published its recommendations in June 2018; one of the key outcomes has been the removal of the GMC's right to appeal the fitness to practise decisions made by the MPTS. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/717946/Williams_Report.pdf. (Accessed 6 August 2018).
In April 2018, the GMC commissioned academics Roger Kline and Doyin Atewologun to lead a research project examining the prevalence of BAME doctors referred for 'fitness to practice' issues.

reinforce 'public confidence' in the profession. The range and definitions of the sanctions applicable to doctors in the UK is laid out in the MPTS' document 'Sanctions guidance'. The section 'Maintaining public confidence in the profession' states that:

> Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see *Good Medical Practice*, paragraph 65). Although the tribunal should make sure the sanction they impose is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of an individual doctor.[11]

This is the repeated claim made by the GMC in its push for Bawa-Garba's erasure. In his press statement made after the High Court decision, the Chief Executive Officer of the GMC, Charles Massey, stated that 'in today's ruling the court has confirmed that the Tribunal was simply wrong to conclude that public confidence in the profession could be maintained without removing the doctor from the medical register'.[12] Massey here recycles the terms used by Mr Justice Ouseley in his Judgment on the case. Ouseley refers to issues of public confidence and invokes the jury's decision as a tangible expression of public opinion: 'I consider that the Tribunal did not give the weight required to the verdict of the jury, and was simply wrong to conclude that, in all the circumstances, public confidence in the profession and its professional standards could be maintained by any sanction short of erasure'.[13] Yet his mobilisation of this notion of 'the public' is made more complex by the observation which immediately precedes his Judgment in which he notes that Bawa-Garba had continued to practice for almost seven years after Jack Adcock's death without a single further incident: 'Undoubtedly the fact that she has addressed the specific failings which arose suddenly and unexpectedly on that day, and that for many years afterwards she has practised safely and competently, is a factor which would weigh with "a fully informed and reasonable member of the public", a useful notion to invoke'.[14] Ouseley's invocation of this figure of a 'fully informed and reasonable member of the public' is a compelling one to consider since the need to shore up the confidence of this figure drives the relentless endeavour to identify and sanction the member of the medical profession who has so grievously 'failed'. What might such a subject be and what discourses might create a 'fully *informed*' member of the public? Barely six months after the Divisional Court decision to uphold the GMC appeal and erase Bawa-Garba's registration, the Court of Appeal met in late July 2018 to hear Bawa-Garba's Appeal against her erasure. Strikingly, the Appeal papers include the strong iteration by Bawa-Garba's Counsel of the 'wider public importance of the Appellant's appeal' and extensive discussion of notions of 'public confidence'.[15] On August 13th 2018, in yet another twist to this complex case, the Court upheld Bawa-Garba's appeal and reinstated her to the medical register. In the recent aftermath of this crucial decision, there has been fervent discussion within the medical profession about change in working conditions within the NHS, the nature of medical regulation and the legal frameworks used in cases of medical error. A nationwide campaign titled 'Learn Not Blame' was launched during the Appeal case by Doctors Association UK which seeks to reconstruct the dominant model of blame within the NHS, and medical culture more broadly, into one which foregrounds the imperative of learning from mistakes, which it terms a 'just culture'. As Cicely Cunningham writes:

> A just culture seeks to address the rawness of families' grief as well as the hurt of staff who are involved when tragedy strikes. A just culture seeks to learn from events and apply this learning to bring about change' (Cunningham, 2018).

I would argue strongly here that practice-based medical humanities has a role to play in this radical shift towards a just culture, since the compulsion towards blame in medical culture is buttressed by the same imperative around medical error within culture at large. One place to start in this regard is to excavate what was so destructively mobilised in this case around notions of 'the public' and 'public confidence'. To return to the GMC's now much-criticised action of pursuing Bawa-Garba's erasure, when Charles Massey cites the protection and sustenance of

[11] See Medical Practitioners Tribunal Service, 'Sanctions guidance', Para 16. Available at: https://www.mpts.uk.org/DC4198_Sanctions_Guidance_Dec_2015_64896602.pdf. *Good Medical Practice* is the core guidance document produced by the General Medical Council, which outlines the duty of a doctor and the definitions of professionalism in practice.

[12] Quoted in 'Full General Medical Council statement over decision to strike off Jack Adcock's doctor', *Leicester Mercury*, 25 January 2018. Available at: https://www.leicestermercury.co.uk/news/local-news/full-general-medical-council-statement-1116613 (Accessed 11 May 2018)

[13] GMC v Bawa-Garba, High Court of Justice – Queen's Bench Division, 25 January 2018 [2018] EWHC 76 (Admin), para 53. Available at: https://www.blackstonechambers.com/news/gmc-v-dr-bawa-garba/ (Accessed 11 May 2018).

[14] GMC v Bawa-Garba, High Court of Justice – Queen's Bench Division, 25 January 2018 [2018] EWHC 76 (Admin), para 52. Available at: https://www.blackstonechambers.com/news/gmc-v-dr-bawa-garba/ (Accessed 11 May 2018).

[15] See Court of Appeal Civil Division, Appeal No.C1/2018/0356.

'public confidence' as the reason for the GMC's drive for erasure, what evidence is he drawing on to determine how members of the public actually *think* and *feel* about this case?

TENTACULAR THINKING IN THE BAWA-GARBA CASE

What kinds of modes of knowledge can provide answers to these complex questions? Seemingly quantifiable notions of reasoning and understanding are here being applied to a notional 'ordinary' citizen in an apparently transparent way, yet the deployment of this putative figure, 'the member of the public', embeds a hidden agenda. Critical thinking here requires tools that allow analysis beneath the socio-cultural surface. Here, the critical tools offered by the feminist theorist of science and technology, Donna Haraway (2016), are productive. In her challenge to current descriptions of the epoch in which we are living as the Anthropocene, and its underpinning logic of humanity as the principal driver of existence on Earth, Haraway argues forcefully for a new epistemological paradigm which foregrounds our more modest status as beings interconnected to the earth and everything else that inhabits it. One of the structuring symbols for this new paradigm is a particular species of spider, *Pimoa Cthulhu*, specific to the redwood forests of North Central California near Haraway's home. The species name, *Cthulhu*, chosen by its identifier Gustavo Hormiga, references H.P. Lovecraft's short story 'The Call of the Cthulhu' (1928) in which an all-powerful underwater deity commands a human cult (Hormiga, 1994).[16] The name provides Haraway with a symbol for systems of elemental natural power that vastly outweigh human capability. Moreover, the spider, in its web-making practices and limited geographical spread, reminds her that 'nobody lives everywhere; everybody lives somewhere. Nothing is connected to everything; everything is connected to something' (Haraway, 2016: 31). Building on the twin images of webs and underwater creatures, Haraway outlines a new epistemological model, *tentacular* thinking. The word 'tentacle', Haraway remembers, comes from 'the Latin *tentaculum*, meaning "feeler", and *tentare*, meaning "to feel" and "to try"' (Haraway, 2016: 31). Thus, tentacular thinking recognises that all things are connected, though these connections are often subterranean and occluded, and socio-cultural power and control are embedded in these deep structures. 'Tentacularity', she argues, 'is about life lived along lines – and such a wealth of lines – not at points, not in spheres' (Haraway, 2016: 32). We cannot then proceed to deep understanding of the world, and our actions within in, without a model of thinking that acknowledges and explores the fundamental interconnectedness of things. For Haraway, the tentacular nature of existence also requires a radical revision of modes of action in the world. Alongside the multitudinous examples of collectivity offered by feminist activism, the insistent pressures of environmental concerns lead Haraway to argue for what she calls *sympoiesis*: 'Nothing makes itself', she notes, 'Nothing is really autopoietic or self-organizing' (Haraway, 2016: 58). Like Despret's concept of 'thinking-with', sympoiesis articulates the need for collaboration in human being and action, in the best and most productive sense. It also identifies the contrasting, reductive process of autopoiesis, the kind of omnipotent 'self-making' practices that dominate much of socio-cultural life by compartmentalising areas of human governance and experience. The organisations of medical regulation (as, perhaps, with many other such professional organisations), might be seen as understanding themselves as autopoietic, deracinated from the broader networks of culture in which they nevertheless sit, and autonomous in their enactment of regulation and alleged safeguarding of 'the public'.

Whilst these terms may feel, in their abstraction, at too radical a remove from the Bawa-Garba case, I suggest that they give us traction on its protean complexity. The notion of 'tentacularity', somewhat like Gilles Deleuze and Felix Guattari's philosophical use of the botanical rhizome, provides a way of conceptualising lines of power, deep and hidden associations, modes of production and seemingly unconnected repercussions in far-flung locations of cultural life (Deleuze and Guattari, 2004). Tentacular thought about the question of the 'public' to whom Massey apparently refers allows us to follow the lines of connection between the medical regulation in the form of the GMC, the government oversight and legislation of healthcare, the role of the law, and the systems of mass communication that intervene in the generation of public understanding. The most prominent organ of mass communication is, of course, the media, with its self-appointed role in mobilising public feeling about this and other cases, and in particular the British middle-market tabloids, such as the *Daily Mail* and its online version, the *MailOnline*.[17] The *Daily Mail* began its reporting of the case in late July 2013 (Wilkes, 2013). In this early reporting, the headline focus is on Jack Adcock's identity as a 'Down's syndrome boy' and Bawa-Garba's mistake is attributed to exhausting working conditions. The *Daily Mail* picks up reporting again in December 2014, after Bawa-Garba and nurses Amaro and Theresa Taylor have been charged with manslaughter, following an investigation by Leicestershire police (Duell, 2014). Notably, the headline focus shifts to the clinical team, placing Bawa-Garba, as doctor, first and Jack's identity is recorded as 'boy, six with Down's syndrome'. This subtle but important

[16] For the short story see H. P. Lovecraft. (February 1928). The Call of the Cthulhu. *Weird Tales*.

[17] Since its public reach is so much larger than the print version of the newspaper, I focus specifically on the reporting of the case in the *MailOnline*.

reorganisation of identity descriptors augurs the move in focus which will come to dominate in the reporting which picks up pace in early October 2015, in the run up to Bawa-Garba's court appearances to answer the charges of manslaughter (Mullin, 2015). For the first time, a photograph of Bawa-Garba appears in print, placed alongside a photograph of Jack Adcock. This reveal photograph of Bawa-Garba, taken as she arrives at Nottingham Crown Court, gives a visual representation of her ethnicity and presumed religious identity. From this point on, photographs of Bawa-Garba in al-Amira hijab dominate the extensive *Daily Mail* coverage. As Leila Ahmed has so powerfully argued, the hijab is legible through many, often contrasting, frames of reference (Ahmed, 2011). Despite the nuances of its use for Muslim women themselves, and as Ahmed notes, these are multiple and not reducible to simple narratives about religious observance, the hijab as cultural signifier in certain dominant Western contexts is freighted with deeply problematic, racist meaning (Ahmed, 2011: 13). My question in relation to these photographs is what lines of connection are being manipulated by the newspaper and consequently drawn by a biased white readership? On 6 November 2015, two days after Bawa-Garba is convicted of manslaughter, the paper runs an interview with Nicola Adcock, Jack's mother. In a paragraph placed next to a close-up face shot of Bawa-Garba, *Daily Mail* interviewer Jenny Johnston writes: 'When Jack stopped breathing, instead of pouring every effort into saving his life, she ordered staff to stop saving him. Dr Bawa-Garba, who is originally from Nigeria but qualified as a doctor in Britain, and who is a mother of two herself, had recently returned from maternity leave' (Johnson, 2015). The issue of Bawa-Garba's ethnicity is returned to later in the interview when Johnson writes: 'Dr Bawa-Garba moved to Britain from Nigeria in 1994 to be privately educated at an international school near Reading. She told the Court that her parents felt she would "do better in the UK"' (Johnson, 2015). On the afternoon of 14 December 2015, immediately after the Court decision to hand down a two-year suspended sentence the *Daily Mail* prints two photographs of Bawa-Garba and Jack Adcock.[18] Into the vortex of this already fraught case, the strategic placement of these photographs alongside each other and the print report of the *suspended* sentence, animates potent narratives about power, identity and vulnerability. These photographs are of faces, and faces, as Deleuze and Guattari argue, represent both individual *and* cultural identity, faces are 'engendered by an *abstract machine of faciality (visagéité)*, which produces them at the same time as it gives the signifier its white wall and subjectivity its black hole' (Deleuze and Guattari, 2004: 187). From a feminist perspective, thinking-with about the case, the image of these paired faces sounds with deep, alarming resonance about gender, childhood, disability, ethnicity, religion. The 'political' work the faces do is to pitch these already disadvantaged and vulnerable subjectivities against each other, subliminally (or perhaps not so subliminally after all) asking the 'public' to reductively read one as powerful perpetrator, the other as powerless victim.[19] Foregoing any nuanced understanding of the complex intersectionality of all identity (to follow Crenshaw and those who have theorised intersectionality in her wake[20]), which might note that in their shared marginalisation these 'opposites inhabit each other', this image rather instantiates a brutal binary of identity (Hekman, 1999: 5). Indeed, to deploy a humanities lens here, in psychoanalytic terms, and specifically those of Melanie Klein (Klein, 1930), this media representation incites the reader to 'split' these faces into 'good' and 'bad' objects.[21] Klein details the ways in which the aggressive psychic defence of splitting is reactivated in adult life in states of anxiety. The primal affects stirred up by the tragedy of Jack Adcock's death, combined with more generalised fears of bad medical practice and the failure of medicine to save and cure, make for a potent mix of readerly feelings. Whilst the causal relationship between tabloid representation and the 'public' understanding of complex, emotive cases with deep human interest is a difficult one to untangle, it is clear that this kind of reporting both ventriloquises and shapes the perception and affects of the lay public. This particular article drew 72 comments from readers, the majority of which yoke ethnicity and poor medical practice, identifying it as 'common' knowledge that doctors from ethnic backgrounds are 'bad doctors'.[22] Many of these comments call for the deportation of Bawa-Garba and her family, and articulate 'injustice' in the fact that Bawa-Garba's own disabled son is still alive, while Jack Adcock is not. The issue of Bawa-Garba's primary medical qualification and country of origin had been circulating in the public domain for some time but here coalesce as markers of 'incompetence'.

To what extent does the remarkable decision made by Charles Massey, to 'safeguard' public confidence by appealing and overturning the MPTS decision to suspend rather than erase Bawa-Garba, turn upon this kind of anxiety and prejudice aroused through media coverage within the public domain? And what happens to Mr Justice Ouseley's emblematic figure of the 'fully informed and reasonable member of the public' in these conditions? The journalist and broadcaster Nick Ross, involved in dimensions of clinical governance and professional regulations

[18] For images see http://www.dailymail.co.uk/news/article-3359630/Doctor-nurse-guilty-manslaughter-six-year-old-s-syndrome-boy-confusing-DNR-patient-walk-free-court-given-suspended-sentences.html (Accessed 12 May 2018)

[19] I cannot fully explore the nature of the 'vulnerability' of Muslim women here but direct the reader to the work of Lila Abu-Lughod for a crucial exploration of its complexity, see Abu-Lughod, 2013.

[20] See Crenshaw, 1989.

[21] Klein's writings on infant development, object relations and the mechanisms of the paranoid-schizoid in which splitting behaviours dominate are manifold, however for a succinct account see Klein, 1930.

[22] See Readers' comments (Cockcroft, 2015).

in various ways including being the longest serving member of the Royal College of Physicians Ethics Committee and Non-executive director of Imperial NHS Healthcare, writes to Professor Terence Stephenson, Chair of the GMC, challenging the GMC's actions and calling into question the role of the media: 'as a journalist and broadcaster I suspect that one of the factors might have been pressure from the media, and I should remind you that newspaper reporters are out to make a story, not nuanced judgements, and whose printed morals tend to be the finger-wagging variety' (Ross, 2017: 359). He continues, 'I believe in this case [the GMC] overstepped its responsibilities. I worry it may have been influenced by vocal and angry coverage, added to which there are unfortunate and immeasurable risks that vengefulness, racism and xenophobia might have played a part' (Ross, 2017: 359). Stephenson's response to Ross, which, following Haraway, we might characterise as profoundly autopoeitic, details various points to do with legal and regulatory practice but studiously avoids picking up on the issue of racism and media influence in the GMC's actions.[23]

Another line of tentacular connection needs to be followed here. The regulator's avoidance of this discussion in his public correspondence with Nick Ross might nevertheless be contextualised by the multiple instances of bias embedded within the structures of medical culture. As various commentators have noted, these issues arise repeatedly in the institutional networks that govern and regulate medical training and practice, such as the Royal Colleges and the General Medical Council itself. These are perhaps symbolised best by the 2014 Judicial Review of the Royal College of General Practitioners (RCGP) licensing exams (the membership exams which confer the right to practise as a GP), which was requested by the British Association of Physicians of Indian Origin (BAPIO). BAPIO accused the College of failing to discharge its Public Sector Equality Duty (PSED), and with directly and indirectly discriminating against international medical graduates (IMGs). BAPIO's evidence for this discrimination was the stark differential attainment for IMG and BAME doctors in College exams, particularly the clinical skills assessment exam, in which candidates are examined undertaking clinical scenarios with a role player.[24] The interconnectedness of lines of discrimination can be unearthed as systemic problems, as Amitava Banerjee notes:

> As well as the difficult immigration climate for those coming to the UK, institutional racism is still a major problem in the NHS. [….] There is evidence of racism in selection, assessment, and training of doctors. In the 1990s, a national study and one focusing on London medical schools found that BME applicants were less likely to be selected than their white counterparts. In the past few years, there has been much controversy regarding potential racial biases in assessment of doctors, such as the MRCGP postgraduate exams. Historical data from the late 1980s suggested that BME doctors were six times less likely to obtain hospital jobs than their white counterparts with identical qualifications. The current situation has not been assessed. Lack of representation of BME staff in the upper echelons of the NHS has been recognised in a National Health Executive report, "The Snowy White Peaks of the NHS". Complaints are more likely to be against BME doctors, and when they proceed to the General Medical Council or the law courts, they are more likely to lead to more serious punitive measures and guilty verdicts. (Banerjee, 2018)

Here, we need to collectively endeavour to identify and address the strands of discrimination that weave through medical culture, as well as attending the potent and sometimes destructive affects that propel public reaction and appraisal of our healthcare systems. It is for practice-based medical humanities, modelled on feminist practice, to think-with medicine's institutions and organisations as they struggle with issues of equality, diversity and inclusion in their curricula, their modes of assessment and their regulation of the medical profession.

THINKING-WITH IN THE WAKE OF BAWA-GARBA

On 24 January 2018, four days before the High Court upheld the GMC appeal and struck Hadiza Bawa-Garba off the medical register, trainee anaesthetist Dr James Haddock started a Twitter campaign to support her with the hashtag #iamhadiza. It started trending immediately and spread beyond Twitter to become an organising call to other medical professionals across the UK and indeed the world. The identificatory statement, modelled on the Twitter slogan 'Je suis Charlie' adopted by defenders of free speech in the wake of the *Charlie Hebdo* killings in Paris in 2015, immediately established an iterative community, capturing the deep sense of solidarity that many junior doctors felt with Bawa-Garba. A solidarity built on sharing the unsustainably pressured working conditions that had prevailed on the day of Jack Adcock's death, and the sense that by sheer luck their own medical errors had not resulted in such tragic consequences. Perhaps the most eloquent example of this solidarity is the front cover of the GP magazine *Pulse*, published on 1 March 2018 (**Figure 1**), in which 141 GPs gave their permission to have their photographs in a collage overlaying one of the images of Bawa-Garba that had been circulating in the media. This

[23] See Stephenson, 2018.

[24] For a good overview of this case see Rendel et al., 2015.

Figure 1. Pulse, 1 March 2018

symbolic statement of identification with her has the double effect of both multiplying ethnic identities and yet at the same time reducing them to a single identity, as all the participants acknowledge they could have stood in her shoes.

In addition to the assertive political statement about ethnicity, there is another key reason that these feelings of identification are so strong. One of the most incendiary details of the whole legal case, for other trainee doctors, is the reported exposure of Bawa-Garba's written reflections to the adversarial barrister of the prosecution. Multiple accounts recall with horror that her written reflections have ended up as material evidence in court, as documents that 'admit' her culpability (Kaffash and Gregory, 2018). The Health and Social Care Secretary Jeremy Hunt himself went on national radio the day after the verdict was delivered to state that: 'For patients to be safe, we need doctors to be able to reflect completely openly and freely about what they have done, to learn from mistakes, to spread best practice around the system, to talk openly with their colleagues. I want to make sure doctors are able to do that'.[25]

It is important to understand the place of written reflection within medical culture. Within the system of British medical education, reflection has become an intrinsic educational tool, constituting a major component of the educational portfolio (e-portfolio) that trainees must submit to demonstrate learning and progression. Written reflection is used to help trainees develop 'the skills of self-reflection and self-appraisal that will be needed throughout a professional career'.[26] In addition, written reflection is required of all doctors in their annual appraisals (Launer, 2015: 357). In cases of medical error or bad medical practice that have come to the MPTS for sanction, written reflection forms part of the evidence that a doctor has remediated and is fit to practice. The

[25] 'Jeremy Hunt says doctors must be allowed to discuss mistakes', BBC News. Available at: http://www.bbc.co.uk/news/health-42833028 (Accessed 20 May 2018)

[26] *The Gold Guide* (7th Edition), January 2018, p. 48. Available at: https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition (Accessed 20 May 2018). The Gold Guide is the reference guide for postgraduate speciality training in the UK.

Bawa-Garba case has, to quote John Launer, put 'reflective writing in medical education' under 'significant threat' (Launer, 2018: 314). Responses from the profession signify an entrenchment in relation to written reflection. GPs have imposed a boycott on reflective entries in their appraisal processes (Bostock, 2018). The Royal College of Physicians and Surgeons in Glasgow has issued guidance that urges caution amongst trainees undertaking reflective writing, stating: 'if you do choose to write a reflective report, ensure that it is fully anonymised. [….] Avoid emotive language, any suggestion of culpability or judgmental statements about any patient or staff who may be involved'.[27] How might practice-based medical humanities think-with the medical profession as it struggles to work through these deeply problematic, anxiety-making attacks upon one of the cornerstones of its safety practice? Over and above making a strong defence for the need of reflective practice, via corollary examples from our own research practices, it is useful here to articulate a critical understanding of what writing is, and can do. John Launer outlines the benefits of writing to other doctors: 'The act of writing itself creates new and original ideas. By recalling an event, slowing it down in your mind, and anatomising it in writing, you can deepen your understanding of it, and even alter your perception of what happened' (Launer, 2015: 357). Yet the defensive retraction of what we might call key elements of writing's ability to do this in the RCPSG's advice above – identity, emotion and judgment – would seem to strip the activity of its utility in reflective practice, removing its capacity to allow for affective processing and learning. Medical humanities might usefully critique what the court thought it saw in the artefact of Bawa-Garba's Training Encounter Form. Autobiographical writing, literary studies will explain, is located in both temporal and spatial terms; it occurs in a time and a place that changes with every iteration. Moreover, to record an event in narrative form is to present one version of events, but neither the workings of memory nor linguistic form are static or 'true' in any absolute sense. Over and above the contested nature of this particular instance of reflective writing (as I detail above, this form was only signed by Stephen O'Riordan, Bawa-Garba's consultant), it is strongly debatable, using humanities' tools, whether reflective writing should ever be included in the documentary materials of a legal case. If we return to feminist epistemology, there is a larger point to be made here about the role of reflective writing within medical education. Feminist researchers across the disciplines have long pushed for a shift towards *reflexivity*, rather than reflection, in feminist research practice. To quote feminist geographer Kim V. L. England, reflexivity is a 'self-critical sympathetic introspection' *and* 'a self-conscious *analytical* scrutiny of the self as researcher' (England, 1994: 244). Lorraine Nencel argues that 'reflexivity is both epistemological — how we should learn about knowledge, as well as methodological — how we should do research to obtain this knowledge' (Nencel, 2014: 76). Moreover, as Wanda Pillow argues, the practice of reflexivity prompts direct change in practice: 'Reflexivity under feminism is not only about investigating the power embedded in one's research but it is also about doing research differently' (Pillow, 2003: 178). There is both ethical and intellectual force in the ability to stand outside one's own interpretive actions and consider both oneself and the 'object' of research. We might understand it as a 360° turn, which takes the researcher back to the self in order to explore how she herself is embedded within the processes of communication with and interpretation of her research subjects. This constitutes an altogether deeper level of self-reflection that the 180° line between writing subject and her written reflection. To what extent might the model of this more complex practice, in which the doctor and her thoughts, feelings and actions become as much the objects of exploration as the patient, be a more productive model for educational purposes than the written reflections now so jeopardised by the Bawa-Garba case? Not least, in educational terms, there is more scope for actual learning and change. Moreover, feminist models of reflexivity go hand in hand with notions of *praxis*, which describes the putting of theory into action. As Liz Stanley argues: 'Feminism outside of the academic mode has insisted on the crucial need for useful knowledge, theory and research as practice, on committed understanding as a form of praxis ('understand the world and then change it')' (Stanley, 2013: 12). Praxis, rather than practice, requires transformation as a result of critical analysis, producing 'knowledge […] not simply defined as "knowledge *what*' but also as "knowledge *for*"' (Stanley, 2013: 15). This would seem to be a far closer approximation of the desired effect of self-reflection within clinical practice and education. Practice-based medical humanities, as it draws on feminist theory, might thus instructively promote reflexive praxis, rather than reflective practice, within medical education, remediation and appraisal.

Importantly, in conclusion, notions of reflexive praxis take us back in a 360° turn to the place at which this article begins, considering the model of a practice-based medical humanities that is built upon feminist epistemological insights and lessons from feminist theory and action. To what extent does reflexive praxis currently appear in the methodologies presently deployed in the competing iterations of medical humanities as a set of disciplines? I would argue that the field, alongside the medical culture it purports to analyse, has yet to properly achieve these principles of practice, preferring the practice of thinking about to that of thinking-with. To return to the appeal made by Julia Kristeva and her collaborators, their call to the medical humanities to rethink its 'grounding assumptions' and to collaborate in the dismantling of the old but still prevailing and instrumentalised

[27] Royal College of Physicians and Surgeons in Glasgow. (2018). The case of Hadiza Bawa-Garba v GMC. Available at: https://rcpsg.ac.uk/news/2480-the-case-of-hadiza-bawa-garba-v-gmc (Accessed 20 May 2018)

binary opposition between "'the objectivity of science" and the "subjectivity of culture"', this appeal surely requires an urgent response (Kristeva et al., 2017: 55). My contention is that it is feminist theory which will best provide the conceptual tools to help move beyond the reductive binary of medicine and the humanities that has prevailed, and that it is its epistemological paradigms which open out the necessary generative space for asking questions, for conversation, for joint problem-solving and collective action.

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Encountering Maude Abbott

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ABSTRACT

This paper explores the ways in which traditional approaches to biography have inscribed and reinforced gendered hierarchies in medicine. Like many other accomplished women, the life story of Canadian cardiologist Maude Abbott (1869-1940) has been told through narratives of constraint. For example, existing biographies of Abbott have focused on her relationship to famous men, such as her cousin Prime Minister John Abbott, her mentor, distinguished physician William Osler, her benefactor, the philanthropist Lord Strathcona, and her nemesis, the pathologist Horst Oertel. Abbott's biographers have granted her negligible agency in how her life unfolded. A material culture approach to Abbott's life, inspired by feminist art and architectural history, means focusing on alternative sources, in particular buildings, artefacts, and representations, rather than the obstacles Abbott faced and the men who supported or rejected her. This trans-disciplinary method, which both *encounters* Abbott's lived experiences and *counters* traditional narratives, allows us to assess her work in new ways. For example, Abbott's research generated global networks and was foundational in the rise of the medical museum, her *magnum opus*. Such an approach offers new insights into the ways in which the Medical Humanities, and in particular the history of medicine, are entwined with feminist thought and agency.

Keywords: medicine, woman, agency, architecture, biography

INTRODUCTION

Dr Maude Abbott (1869-1940) leans forward and stares confidently at the viewer in an undated portrait painted by her childhood friend, Mary Alexandra Bell Eastlake (**Figure 1**).[1] The triangular form of the Canadian physician's head and upper body fill the rectangular painting, with the dull grey of her hair and non-descript clothing almost merging with the plain blue background of the scene. Eastlake provides no clues that the sitter is a world-renowned cardiologist and medical museum curator. While many paintings of medical doctors include identifiable architectural settings (surgery, clinic), clothing (lab coat), and medical technologies (stethoscope) to suggest a sitter's medical identity, Eastlake's painting includes no such professional references.[2] Nor is there any nod to the influential medical museum Abbott created at McGill University in Montreal. Eastlake focuses instead on the famous doctor's overall 'intelligence and hard work,' confidence, and all-knowing composure (Wright et al., 2017: 282). Abbott's plain dress and grey hair, the dark circles under her eyes, abstract backdrop, delicate necklace and posture of grandeur emphasise, instead, a life of generic hard work, not necessarily connected to medicine. This unfixed identity may be one reason that the sitter depicted in the painting was only recently identified as Abbott, erroneously referred to until its rediscovery in 2006 simply as a painting of *An Old Woman* (Wright et al., 2017: 281).

Today, Abbott's anonymity in the Eastlake portrait and beyond is difficult to explain. Maude Elizabeth Seymour Abbott is both a Canadian hero and a medical superstar. She is the subject of several book-length biographies, a historical novel, dozens of articles, and in 2000, her likeness even appeared on a Canadian postage stamp. Among Canada's first female medical graduates, she was best known during her lifetime as the curator of McGill University's medical museum and posthumously as a researcher of congenital heart malformations. She excelled in both roles. She didn't just run the museum at McGill, for example, she was the 'alpha and omega of medical

[1] Abbott herself refers to Eastlake as 'my childhood 'best friend" in her 36-page, typed Autobiographical Sketch (31 March 1928), Osler Library of the History of Medicine, McGill University. The quote also appears in the *McGill Medical Journal* (Abbott, 1959: 131).
[2] On the relationship of portraiture and medicine, see Jordanova's *Defining Features: Scientific and Medical Portraits 1660-2000* (2000: 66-71).

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Figure 1. Mary Alexandra Bell Eastlake, *Portrait of Maude Abbott*, no date, oil on canvas, 20x17 inches. (Reproduced by permission of the Osler Library of the History of Medicine, McGill University)

museums' (McLeary, 2001: 213), serving as the go-to expert for medical museums around the world at the height of their significance in medical education and research.[3] Similarly, Abbott was much more than an expert on congenital heart malformations, she was 'world famous' as the field's top researcher (Gillett, 1990: 179). When William Osler, 'the best known and best loved physician in the English-speaking world' (Roland, 2003), needed someone to write the "Congenital Cardiac Disease" section of his *A System of Medicine*, he turned to Abbott (Osler and McCrae, 1908: 323-425). In a letter to Abbott on 23 January 1908, Osler articulated what he saw as Abbott's supreme authority, referring to her contribution to his book: "[The article] is by far + away the very best thing ever written in the subject in English – possibly in any language."[4]

Given Abbott's extraordinary medical accomplishments—she is sometimes listed with other Canadian medical giants such as Frederick Banting (1891-1941), Norman Bethune (1890-1939), and Wilder Penfield (1891-1976)—her life story may seem like an unexpected research subject for an architectural historian of medicine. What draws me to her, however, is the opportunity her rich life offers to model a feminist biography through (1) a long overdue historiographical review of literature assessing her life and work, and (2) exploring material and spatial evidence from the perspective of a woman doctor. Re-telling women's lives through spaces, that is, may be a way to broaden and enrich the histories of art and architecture as well as feminist biography.

The existing biographies of Abbott are textbook examples for feminist critiques of the genre.[5] Nearly all of them try to fit Abbott's non-conventional life and career into a traditional, biographical arc inspired by men's life

[3] At the conference *Artistic Practice & the Medical Museum*, held at the Hunterian Museum of the Royal College of Surgeons, London, 6 June 2014, then-director Sam Alberti referred to Abbott as 'the mother superior of medical museums'.

[4] Osler to Abbott, 23 January 1908, Osler Library of the History of Medicine, McGill University. The letter is also reprinted in Abbott (1959: 146).

[5] The biographical articles and books considered here include Abbott (1997); Brookes (2011); Frost (1978); Gillett (1989; 1990); MacDermot (1941); Rothman (2009); Waugh (1992); as well as Abbott's own autobiographical notes from 1928 (note 1).

stories. Biographers focus on her struggle, on what she couldn't do, rather than how she managed her accomplishments. Feminist historian Barbara Caine writes, rather, that:

> What is now of interest, even when one is dealing with women who were very prominent as writers, artists, educators or social or political activists, is not just what they did, but how they managed to do it within the familial and social constraints to which, as women, they were subject (1994: 251).

My own starting point for this ambitious, two-part undertaking has been Carolyn Heilbrun's assertion in *Writing a Woman's Life* that traditional biography is an inappropriate framework for most women's lives: "reading women's lives needs to be considered in the absence of 'a structure of critical' or biographical commonplaces. It all needs to be invented, or discovered, or resaid" (1988: 18-19). She points out that certain motifs common to men's biography were denied to women, especially the claim of achievement, the admission of ambition, the recognition that accomplishment was neither luck nor the result of the efforts or generosity of others (1988: 24). Similarly, women as biographers and subjects are challenged 'in conveying their experience of the world in a narrative format that assumes a male life as its norm,' asserted architectural historian Abigail Van Slyck in 1992, pointing to Heilbrun's theory as a call to action for a new type of feminist architectural biography (1992: 19).

A second thought-provoking text has been architectural historian Dana Arnold's proposition that women's biography and space are in dynamic interplay. In 2007, Arnold called for an interrogation of the spatial boundaries that have worked towards women's exclusion in the accounts of our experiences. In her opening essay to the co-edited collection, *Biographies and Space*, Arnold notes the power of the biographical traces we all leave behind—belongings, spaces, texts—for telling our life stories. Women have traditionally left far fewer biographical traces in the world and are thus under-represented in archives, museums, and libraries. Looking at architecture and art thus adds powerful and under-used primary sources to the short list of how researchers can get at women's life stories. Literary critics have noted how feminist biographers often use alternative sources such as photography and material culture to compensate for the dearth of traditional textual sources as bearers of women's history (Alpern et al., 1992; Stanley 1990), and make creative use of fragments in constructing life stories (Booth and Burton, 2009a). Since spatial traces often come from disparate places, they are by nature fragmentary. Spatial fragments are particularly important because they are ubiquitous and are located outside these mainstream, institutional collections. As such they offer additional viewpoints, which may be illegible or contrary to the data from written or curated sources. Arnold compellingly suggests that such traces, evolving in time and intersecting with one another, also help us to understand architectural meaning:

> [I was prompted to] think about architecture, or rather the space it encloses, and the meanings and identities that can be conferred on objects within that space. The space and the objects do not change but our understanding of them does, and this can be influenced by social and cultural circumstances (2008: 7).

As a key figure in early twentieth-century medicine, Abbott left many material traces in built and archival environments. Unsurprisingly, these have attracted next to no scholarly attention.[6] Instead, her biographers have relied solely on textual sources, especially on her own autobiographical sketch of 1928[7] and Hugh MacDermot's 'full-scale' (Gillett, 1990: 179) biography that was published in 1941, just after her death. This heavy reliance on two works has meant that the same narrative arc has been repeated in each subsequent biographical account of Abbott's career. None of Abbott's biographers have paid attention to space or images. If images are engaged, for example, they are more often used as illustration than as evidence. Arnold asserts the potential importance of space to biography: "Architecture is not just a platform for viewing the subject, it also produces the subject," she says (2008: 14). Similarly, Susan Mann Trofimenkoff notes how feminist biography lays bare gender as a historical construct and challenges stereotypes just as the 'female subject of such a biography likely challenged stereotypes in her own life' (1985: 4). I contend that art and architecture are among the most significant of those unexamined traces and can inspire new ways of understanding Maude Abbott and other unconventional, active subjects.[8]

[6] Abbott left a large archival legacy that includes her journals, correspondence, and publications. The collections of specimens from the original medical museum she curated are also extant and have recently been reconstituted as the Maude Abbott Medical Museum (McGill University, 2018).

[7] Gillett reproduces 20 pages from these notes in "The Lonely Heart" (1989: 202-22).

[8] On women in science, see Fara (2015), and other papers in the special issue of *Notes and Records*, 69(1) on 'Women and Science'.

COUNTERING MAUDE ABBOTT: HISTORIOGRAPHY AND WHAT IT TELLS US

The existing biographies of Abbott exemplify at least three major problems in traditional biography. Firstly, they imply that Abbott was completely passive in the way her life unfolded. Writers see her life story as wholly shaped by a series of constraints and by decisions made by others, echoing the observation 'that accomplishment was neither luck nor the result of the efforts or generosity of others' (Heilbrun, 1999: 19). Secondly, noting her unmarried status, biographers suggest that Abbott was instead married to her work, also remarking on behaviour that may have pushed gender norms for the early twentieth century. Thirdly, and not unrelated to Abbott's unmarried state, biographers tend to infantilise, sexualise, and objectify Abbott herself.

Two feminist biographers of Abbott, however, have avoided these pitfalls. Feminist historian of education Margaret Gillett was one of the first researchers to illuminate Abbott's work in the context of women's history. Secondly, historian of women Barbara Brookes undertook an insightful study of Abbott's career in parallel to her caring for her older sister, Alice Abbott, who died in 1934 (Brookes, 2011). While Gillett argues that Abbott's 'eccentricities' (1990: 180) were a coping mechanism for survival in a male-dominated field, Brookes' study underlines the challenges faced by Abbott and other women physicians to keep their private and professional lives distinct, a point also nicely illustrated by the aforementioned Eastlake portrait, where her identity as a physician is obscured. It is difficult to imagine, for example, a portrait of Banting, Bethune, or Penfield going unnamed, or ever given a generic title, such a portrait of *An Old Man*. Needless to say, sexism has thus had a major impact on her legacy, rendering her life and work less visible and/or recognisable than that of her male colleagues.

Narratives of Constraint

Like many other women in medicine and science, Abbott's story has been told through narratives of constraint, as if all her life choices were determined by a series of doors closed by others.[9] Even Gillett's account, arguably the most feminist in its approach, presumes this blatant passivity. Every account, for example, includes the story of Abbott's rejection from McGill University on account of her gender, and her subsequent career as a museum curator as a result of her exclusion from hospital work. "Maude Abbott was also forced to study elsewhere," Gillett says about Abbott's attendance at nearby Bishop's University. Biographer Douglas Waugh declares Abbott's passivity unequivocally: "Maude did not choose the medical museum for her life's work" (1992: 53). Almost all the biographical accounts include the university and the hospital as a series of 'closed doors' to Abbott. In addition to the two cited above—her decision of where to study (or non-decision) and the jump to museum work—we might also include the fact that her father, accused murderer Jeremie Babin, abandoned the family in 1868 (thus leading to the name change, to Abbott), and that her apparent conflict with pathologist Horst Oertel essentially ended her brilliant career as a museum curator. In such accounts, then, these pivotal moments in Abbott's life are determined by the actions of men.

A list of independent actions taken by Abbott, 'doors that opened,' would look like this. McGill University's first medical dean, Charles F. Martin, invited her to write a paper on functional heart murmurs that was eventually published in the *Montreal Medical Journal*, 'one of her very few bits of purely clinical work,' says MacDermot of this paper (1941: 62-3). Similarly, pathologist George Adami asked her to do a paper on pigmentation-cirrhosis, 'the first unmistakable evidence of her powers in pathological research,' comments MacDermot (1941: 63). These invitations by male colleagues seem minor relative to the deterministic impact biographers ascribe to Abbott's introduction to William Osler in December 1898 at Johns Hopkins University, which supposedly led to his invitation to write for his book and to her subsequent career as a medical curator.

Although many of Abbott's major choices, then, appear to have followed on the heels of invitations offered by men, her life story offers plenty of instances of independent action. Abbott willingly took up challenges with alacrity and made projects her own. The medical museum is an excellent illustration of this. Abbott took considerable care in curating the specimens on display to maximise their teaching potential. She took her role as an educator seriously and shaped the space as an effective teaching tool. She then used what she had learned to advise colleagues around the world in creating their own museums.

An even earlier independent action is her decision to pursue postgraduate study in Europe for three years. Traveling with her sister, Abbott attended the operations of Victor Horsley in London, and subsequently surgeon Vincenz Czerny in Heidelberg. In Bern she observed Theodor Kocher operate. The two women settled in Zurich, finding a place in Hugo Ribbert's laboratory. She stayed two years in Vienna, appreciating the courses of Norbert Ortner, one of the few to accept women. She calls out the courses of Ortner, Eugen Kolisko and Heinrich Albrecht as being particularly influential in her own work: 'determined my bent and made possible my later work at McGill'

[9] Frost says, for example, that Abbott was 'knocking on a closed door' in 1890 (1978: 266).

(1959: 138).[10] She gleaned expertise in Listerian methods of asepsis in Glasgow and even worked in an asylum in Birmingham. Slides she obtained during her European travels were useful back in Montreal (1959: 139). She thus saw her personal decision to travel and study as formational and having significant, positive consequences.

Married to Her Work

Like so many early women in male-dominated fields, Abbott remained unmarried and childless throughout her life.[11] This made those around her, including and perhaps especially her biographers, unsure of what to call her. During her lifetime, colleagues such as physicians F. J. Shepherd and Thomas Roddick called her 'Miss Abbott' (Waugh, 1992: 60), refusing to address her as Dr. Abbott even though she received her M.D. degree in 1894. Some authors suggest that Abbott's character flaws and/or eccentric personal habits may have shaped her destiny as well as her gender identity. Perhaps employing the term 'mannish' as a code for lesbian, as was common at that time, MacDermot says:

> She had a sturdiness of mind which, for the lack of a better term, one might call masculinity, although it never supplanted her essentially feminine qualities. She was never 'mannish.' Sensitive she always was, but her association with men gradually taught her how to take her part in working with them (1941: 81).

Relatedly, biographers explain Abbott's 'spinsterhood' through her 'love' of her work, illustrating how many accomplished women were forced to choose between professional and family responsibilities. Although this love-of-work theme is common in many women's biographies, it may be especially prominent in Abbott's case because of her specialised research on the heart. As is well known, the heart has long been associated with love and romance, perhaps because it was once thought to be the source of emotions. Waugh writes:

> There can be no doubting of Maude's affection for McGill, but it was such a one-sided romance that she might have been forgiven if she'd walked away from it (1992: 81).

In her autobiographical sketch, Abbott wrote about this affection as if for another woman: "I was literally in love with McGill or so the girls said, and I have never really fallen out of love with her since" (1959: 129). A family biography, *All Heart*, written by family member Elizabeth Abbott, echoes this trope of institutional love:

> like true ecclesiastical celibates, the 'sublime' state is often not attained without a symbolic crucifixion of the purely natural self. Her sense of the divine found expression in her love not only for individuals but for institutions as well, not the least of which was toward her Alma Mater, McGill (1997: 84).

For some, unmarried Dr. Abbott and her specialisation in cardiology even made her 'The Madonna of the Heart.' As Gillett has noted, the publisher of Abbott's epic *The Atlas of Congenital Cardiac Disease*, her magnum opus, dedicated the first copy to her with this unexpected inscription (1990: 187).

At the same time, many Abbott biographers infantilise Abbott, a tendency underlined by the overuse of her first name and anecdotes like this regarding her relationship with Martin, whom Abbott described as 'my best friend at the University' (MacDermot, 1941: 105): "Whenever she burst into tears he would console her and she got what she wanted" (Waugh, 1992: 83). Likewise,

> Although Maude's hero was Sir William Osler, it was to Dr Martin that she most frequently turned for support and advice on personal matters. In terms of age, they were almost contemporaries but in his frequent letters to her Martin's tone was often that of a doting parent offering praise and encouragement, or chiding her for being too emotional (Waugh, 1992: 113).

"She had an almost child-like innocence when it came to promoting herself," reports Waugh, and "[i]n her frustrations she could burst into tears, which Dr Martin would soothe by solving her problem of the moment" (1992: 91).

Other authors eroticise the relationship between Abbott and Osler, even suggesting that her work was the product of an imagined romance. Waugh's book, *Maudie of McGill*, is the most alarming example: "The intimacy between Osler and Maude produced a synergism that was the source of much of Maude's professional productivity" (1992: 59). "Like other women who met him," he continues, "Maude fell in love with Osler […] She remained his acolyte for the rest of her days" (1992: 56). Waugh further claims that:

[10] Note Abbott used only surnames in her account. Thank you to Thomas Schlich for assistance with the full references.
[11] Gillett reports that Abbott 'was by no means a man-hater' (1990: 190).

> The encouragement she received from Osler was the most powerful stimulus to her in her work, but it was also the inspiration for the almost idolatrous affection that she was to bear for him for the rest of her days (1992: 60).

Waugh's is the most offensive of all the biographical accounts in this regard, even including a chapter title 'The Museum's Lover.'[12] In *The Heart Specialist*, a fictionalized account of Abbott's life, novelist Claire Holden Rothman adds a steamy sexual relationship between Abbott, whom she calls Agnes White, and her German-Jewish, working-class assistant Jakob Hertzlich, whose medical aspirations had been dashed by McGill's quota of Jewish students, a parallel narrative of constraint. In the book's central sex scene, the Abbott-inspired character pulls Jakob towards her after the pair had drunk some champagne. "My eyes stayed closed and there was a sudden surge, like electricity," recounts Rothman. She immediately reverts to Abbott's presumed sexual inexperience and naïveté: "is this what people did? He was like a fish trying to swim inside me. I clamped down and pushed him off" (Rothman, 2009: 208). Such eroticised references can be found outside the Abbott biographies as well. Michael Bliss writes of Abbott in his biography of Osler, "As curator of McGill's medical museum she became almost literally the keeper of [Osler's] body parts" (1999: 347).

Another way to examine Abbott's relationship with Osler is through the letter he wrote in January 1908 that she apparently carried around in her purse. Has the significance of this Osler connection grown out of proportion in the biographical narratives? Perhaps it functions in the same way that Betsy Ross's legendary narrative, told through her unannounced meeting with George Washington, satisfies our appetite for female heroines created by powerful men. This famous legend overshadows the history of the United States flag and a more nuanced life story of Ross, so beautifully told in Marla Miller's recent biography of America's favourite seamstress.[13] In Abbott's case the stand-in for Washington is Osler. Abbott herself used highly charged language to describe the famous physician's influence on her career. In a much-cited quote from a fateful dinner of Abbott and Osler in Baltimore in December 1898, Abbott engages terminology from reproduction and fertility to illustrate his 'seminal' role: 'And so he gently dropped a seed that dominated all my future work,' she remembered in her autobiography of 1928 (1959: 141). On this same theme, MacDermot's book reproduces the quote and describes Osler's influence as 'fermenting' (1941: 74-5). Even Abbott's own words tend to the erotic, conjuring up images of piercing, veils, stimulation, and passion in a single sentence. She says that Osler's 'keen interest in my work and broad human sympathy pierced the veil of my youthful shyness with a personal stimulus that aroused my intellect to its most passionate endeavour' (1959: 152).

It is important to note that many men also idolized Osler. Bliss describes the widespread adoration Osler enjoyed in a chapter entitled "We All Worship Him":

> Everyone loved the Chief. He was so warm, so friendly, so happy and charming, so funny, so interesting and interested (in today's jargon, so upbeat and positive) that he enchanted everyone, from patients to his most senior colleagues [. . .] nowhere is there dislike of Osler (1999: 226-7).

The fact that Abbott was a woman, however, has led biographers to sexualise the relationship, whereas receiving encouragement from Osler was never seen this way by male physicians. Since the medical climate at McGill was relatively unfriendly, it is not surprising that she basked in his warmth.[14] Still, noting this difference reveals much about how gender shaped the relationship of pioneering women with the institution, seeing it as something of a stand-in for an absent husband and/or an imagined lover.

ENCOUNTERING MAUDE ABBOTT: MATERIAL EVIDENCE AND WHAT IT TELLS US

Turning to the material and spatial evidence of Abbott's career, the photographic trace documents Abbott's marginality in a male-dominated sphere, one of Heilbrun's tropes. Her anomalous position in the Montreal medical scene is evident in a photograph (**Figure 2**) of the Royal Victoria Hospital's (RVH) surgical theatre where Osler performs an autopsy.[15] Abbott occupies the centre of the top row, watching the proceedings from a shadowy vantage point, perhaps even wearing a dark veil across her face. Although she is at the centre of the image, she is in the furthest row from the central actor, Osler, and is the sole figure in the group whose face is not illuminated.

[12] This apparently refers to chemist Robert Fulford Ruttan's statement that the museum 'needed a lover' (Abbott, 1959: 142; Frost, 1978: 268).
[13] Miller's book is a wonderful model for this study (2010). Other relevant examples include Upton (1996); Byrne (2013); Gordon (2012). On the myth, see Ulrich (2007).
[14] I am grateful to Reviewer 1 for this insight.
[15] While Osler is the white knight in all accounts, the black knight is Horst Oertel, generally understood to be responsible for Abbott's demotion. The best account of the tensions between Oertel and Abbott is in McLeary (2001: 242-3).

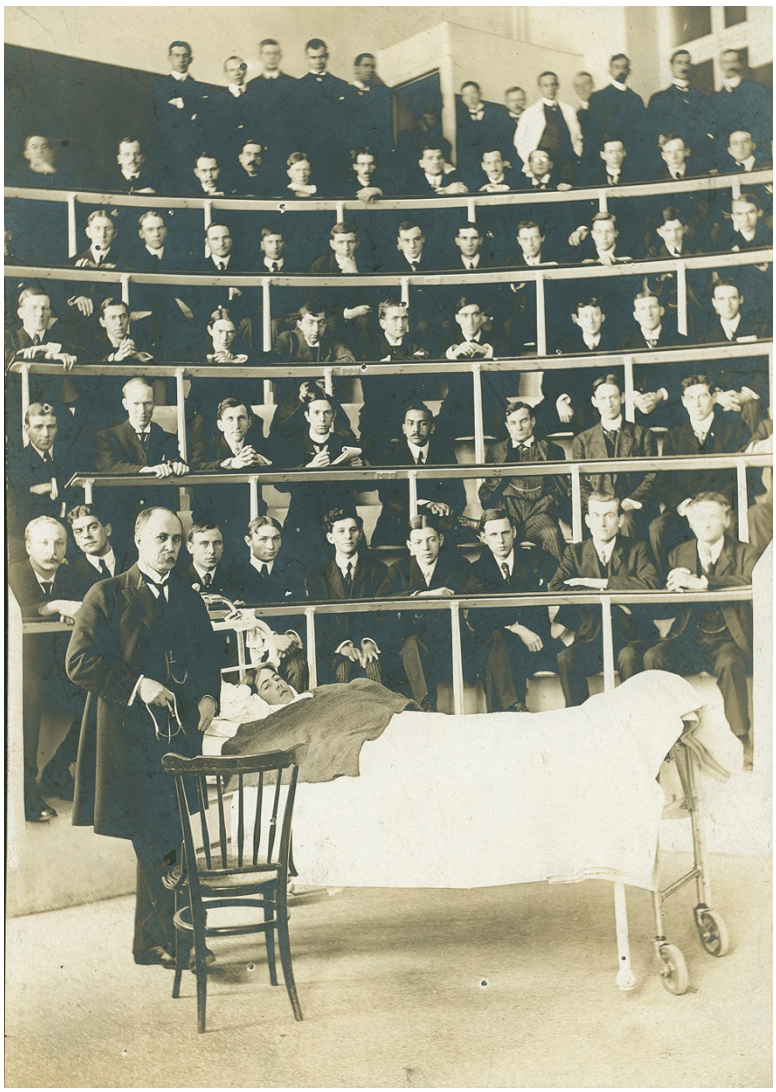


Figure 2. William Osler conducting a clinic at the Royal Victoria Hospital's surgical theatre, Montreal, 1905. (Reproduced by permission of the Osler Library of the History of Medicine, McGill University)

In 1898 Abbott was appointed Assistant Curator of McGill University's Medical Museum (the story goes that this was in lieu of an opportunity to treat live patients). Her mandate as curator was to organise the collection of specimens amassed since 1823 for teaching purposes, and cataloguing approximately 180 (by 1890) specimens collected by Osler himself from 750 autopsies performed at the Montreal General Hospital from 1876 to 1884 (MacDermot, 1941). The first purpose-built site of the university's medical museum (**Figures 3-4**) was a rather strange, conglomerated building designed by architects Hopkins & Wily in 1872, with significant additions by Andrew Taylor in 1885, 1895, 1897, and 1901, which eventually dwarfed the original building (Wagg, 2013: 130-2).[16]

Nine years later, a fire tore through McGill University's Old Medical Building, destroying the adjacent anatomical museum and 2000 pathological specimens, including the entire bone collection. One thousand specimens were secured, including the famous three-chambered heart known as the Holmes heart.[17] In the 2009 fictionalised account of Abbott's life, *The Heart Specialist*, Rothman describes the scene after the fire when Abbott first spotted the burnt-out building from a distance, drawing on a literary analogy: "I felt like Jane Eyre returning to Thornfield Manor after the madwoman had torched it" (2009: 190).[18] This moment in Charlotte Bronte's 1847 novel parallels the heroine's relative autonomy, allowing her to marry the man she loves rather than one more obviously available. Is Rothman using the Eyre reference to signal the importance of the fire in Abbott's life story?

With the university's Faculty of Medicine left homeless, a new building was constructed, the Strathcona Medical Building, opening its doors as the faculty's second, purpose-built home in 1909. Significantly, the stately new

[16] For an expanded analysis of the three museum sites described here, see Adams (2017).
[17] Curator's Report of Donations Received in the Museums of the Medical Faculty of McGill University, 16 April 1907 to 1 July 1910, Osler Library of the History of Medicine, McGill University.
[18] Note Rothman's fictional account is described as an 'intelligent biography' in Donoghue (2009).

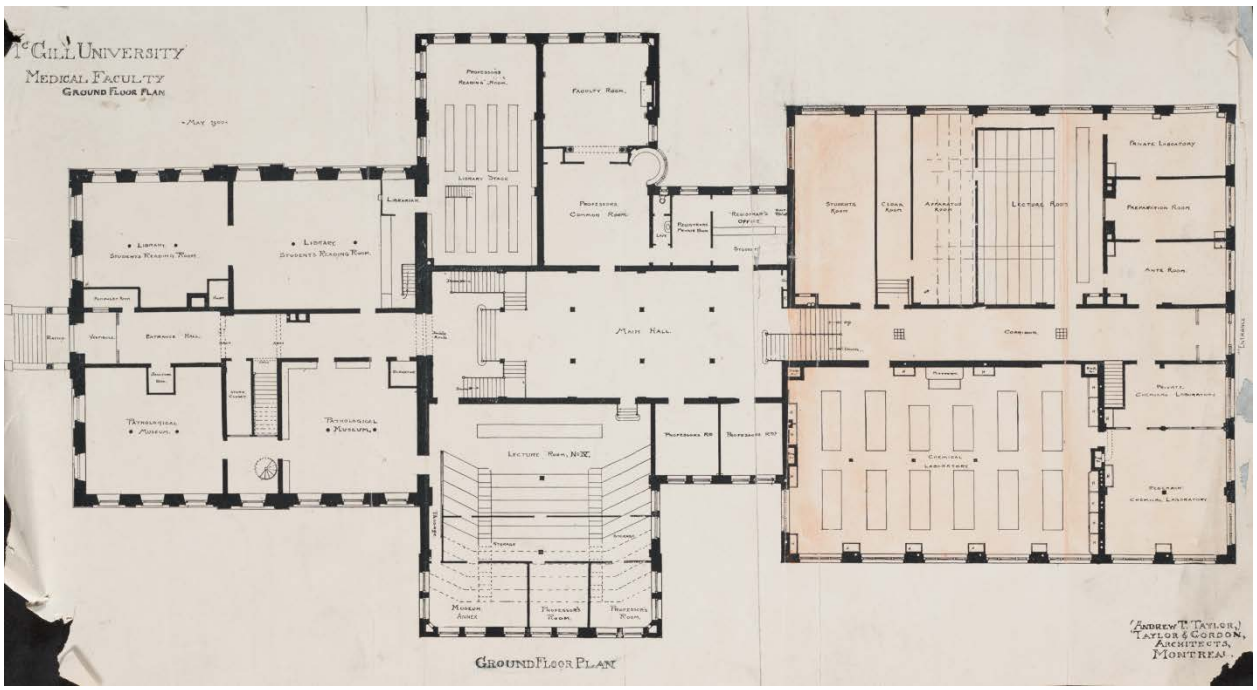


Figure 3. Ground floor plan of Old Medical and additions, included in course calendars from the Medical Faculty. (McGill University, *Faculty of Medicine Annual Calendar: Sixty-Ninth Session, 1901-1902* (Montreal: Gazette Printing Co. 1901), Osler Library of the History of Medicine, McGill University)

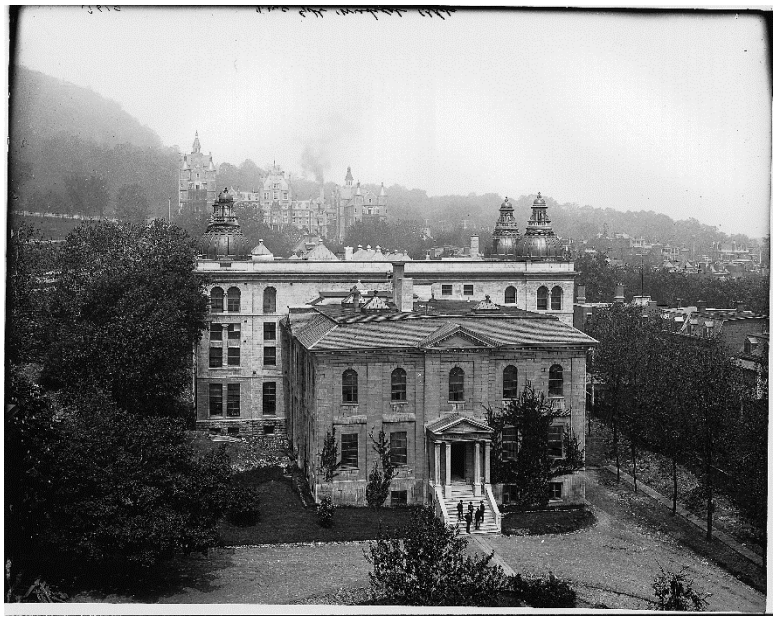


Figure 4. Photograph of Old Medical, McGill University, Montreal, about 1900. (VIEW-3619, McCord Museum, Montreal)

building (**Figure 5**) was the outcome of an architectural competition, eventually won by Brown & Vallance. Seven other architecture firms were invited to participate in the competition, submitting plans, elevations, and sections for the new building on the busy corner of Pine Avenue and University Street, the northwest corner of the campus. The competition identified no cost limitations, and aside from a list of programmatic elements, included no other special requirements. The submissions were remarkably diverse, representing the architects' own interpretations of the complex site and program adjacencies necessary for medical education. As such, they are outstanding architectural evidence for understanding (and encountering) the history of medical education.[19]

Brown & Vallance's winning scheme gave the museum utmost importance, with adjacent spaces defined only through their relationship to the gallery spaces. The architectural evidence thus confirms the importance of

[19] There is only one study of the architectural history of medical education (Carroll, 2012). The Faculty of Medicine occupied the Strathcona Medical Building until 1965.

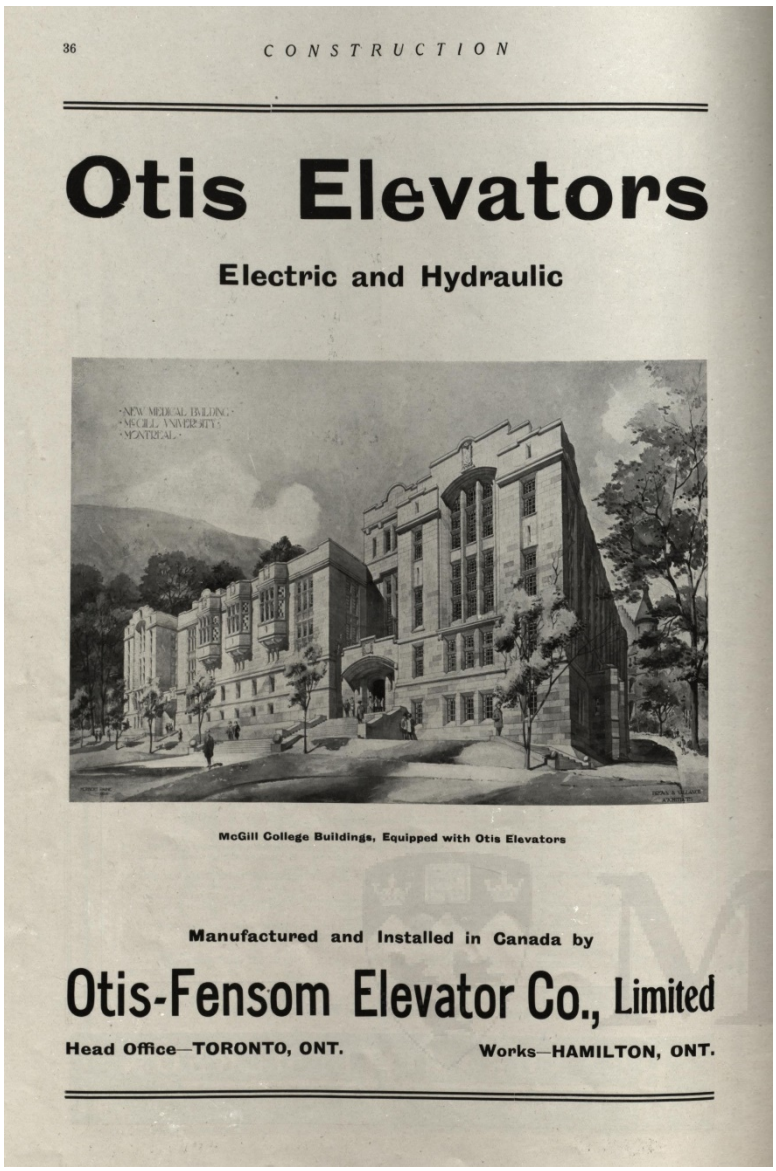


Figure 5. Otis Elevators advertisement featuring the Strathcona Medical Building, McGill University, Montreal. (*Construction* 5(4) (March 1912), 36)

Abbott's work in the context of the Faculty of Medicine and the university in general. The domed museum space also functioned as somewhat of a hinge between the Royal Victoria Hospital and the plan of McGill, with Abbott at its centre. A journalist writing in *Canadian Architect & Builder* emphasised the connections of the museum with other spaces:

> In the centre is the museum, top-lighted, and having two galleries. On each floor the outer corridors of this museum form the communication with the pieces in front and rear of the centre block […] In this way good corridors of communication all around the museum are secured on each floor. The main stairways of the building being in direct proximity to the museum, the museum itself is not cumbered by special stairs of its own. […] In the rear of the centre block is the principal assembly hall, with its platform against the rear wall of the museum (McGill Medical Building Competition, 1907).

Abbott's administrative centre was likely in a 43 x 30 foot, tripartite room on the ground floor (**Figure 6**) just east of the museum. Functioning as a workroom, prep room and museum storage, Abbott likely shared these quarters with the specimens yet to be classified and prepared for display in her museum. According to the building's strict symmetry, this room has the identical footprint and location to the lecture room on the first floor and the anatomical theatre on the second floor, serving as evidence of how museum curatorship and teaching had equal value in the medical curriculum at this time.[20] This type of evidence, in this case the siting of the building, the

[20] The plans were published in Turner (1912).

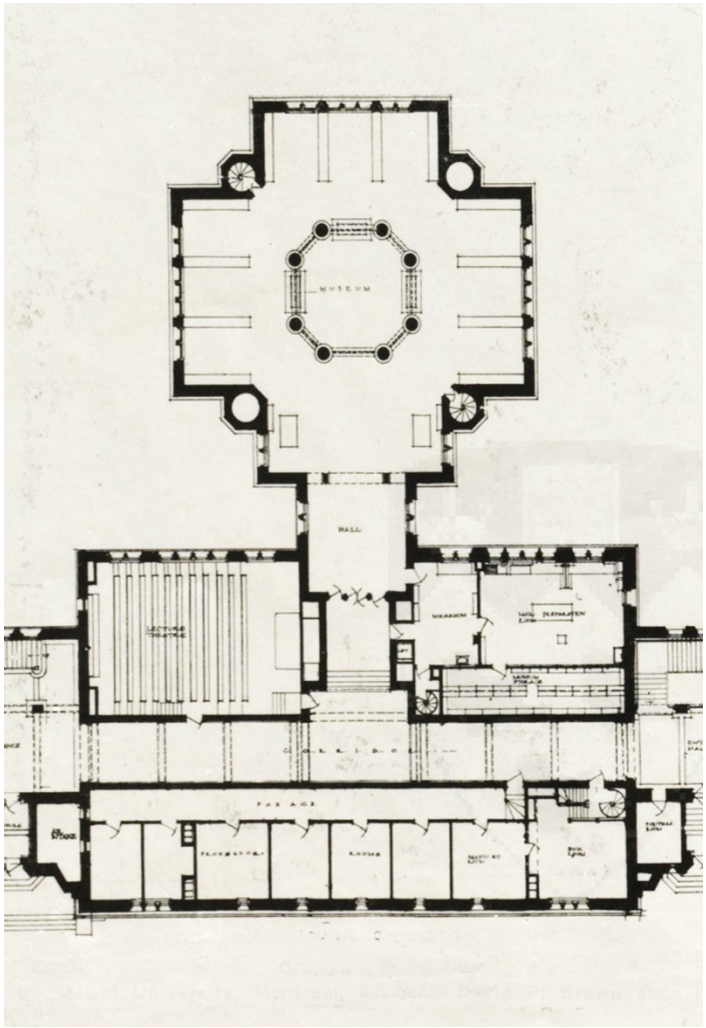


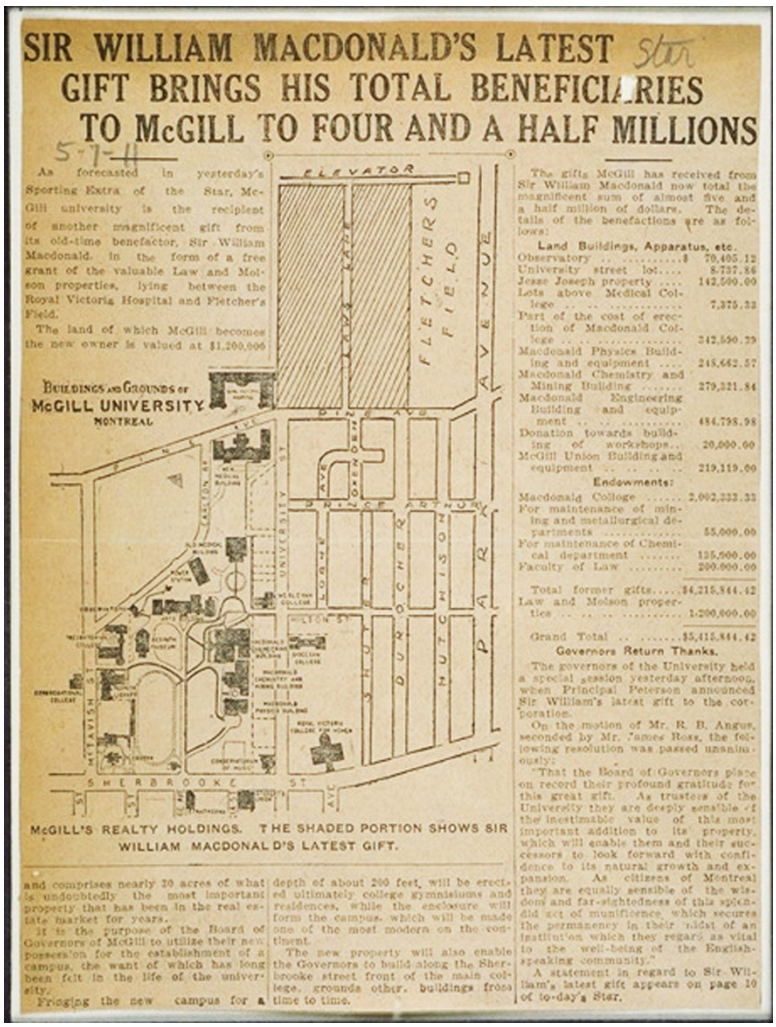
Figure 6. Partial view of the ground floor plan of the Strathcona Medical Building showing the museum's administrative centre, McGill University, Montreal. (*Construction* 5(4) (March 1912), 54)

location of the museum, and the footprint of her office, is never used by biographers. It points to Abbott's significant role in medical education at this time.

The campus site plan, too, **Figure 7** shows how the museum and its larger container, the Strathcona Medical Building, occupy the 'heart' of medical education and serve as a connector between the hospital and the university. This relationship is articulated clearly by the axial layout of the plan which lines up with the main entrance of the Royal Victoria Hospital, its immediate neighbour to the north, while at the same time providing gracious entries to the campus on the south. As the specimen collection moved into the new Strathcona Medical Building, Abbott oversaw the transfer of surviving material and was given a blank slate upon which to realise her ideal museum. She thus operated as an 'actor' in the museum, in the sense intended by Susan Mann Trofimenkoff in her feminist critique of biography: "When so much of our cultural heritage has stressed women's passivity, feminist biography allows us to see women as actors" (1985: 4). Abbott adapted the new space, 'bringing her intense work habits to bear' (Brookes, 2011: 182). She had a revered capacity for work and gave a 'meticulous and detailed order' to the museum, creating a world-renowned, invaluable resource to medical students and researchers (Brookes, 2011: 172). Under her watch, the museum 'functioned as a mechanism for honing the eye, practicing the skills of observation, and learning how to see' (McLeary, 2001: 23).

By seeing museums as 'distributed institutions,' historian Kate Hill has convincingly argued that 'women made museums modern, while museums made women modern' (2016: 220). In her 2016 study, *Women and Museums, 1850-1914*, she shows how museums in Britain during Abbott's era blurred the boundaries between public and private, or the scholarly and the domestic, opening up the institution to a much wider public. Hill says,

> A feminine vision of modern culture did not distinguish between or ascribe differential values to knowledge and affect, research and engagement, old and new, seeing them all as ways of negotiating a new, modern world (2016: 2).



SIR WILLIAM MACDONALD'S LATEST GIFT BRINGS HIS TOTAL BENEFICIARIES TO McGILL TO FOUR AND A HALF MILLIONS

Star

5-7-11

As forecasted in yesterday's Sporting Extra of the Star, McGill university is the recipient of another magnificent gift from its old-time benefactor, Sir William Macdonald, in the form of a free grant of the valuable Law and Molson properties, lying between the Royal Victoria Hospital and Fletcher's Field.

The land of which McGill becomes the new owner is valued at $1,200,000

BUILDINGS AND GROUNDS OF McGILL UNIVERSITY MONTREAL

ELEVATOR

FLETCHER'S FIELD

AVENUE

PRINCE ARTHUR

SHERBROOKE ST

McGILL'S REALTY HOLDINGS. THE SHADED PORTION SHOWS SIR WILLIAM MACDONALD'S LATEST GIFT.

and comprises nearly 20 acres of what is undoubtedly the most important property that has been in the real estate market for years.

It is the purpose of the Board of Governors of McGill to utilize their new possession for the establishment of a campus, the want of which has long been felt in the life of the university.

Fringing the new campus for a depth of about 200 feet, will be erected ultimately college gymnasiums and residences, while the enclosure will form the campus, which will be made one of the most modern on the continent.

The new property will also enable the Governors to build along the Sherbrooke street front of the main college grounds other buildings from time to time.

The gifts McGill has received from Sir William Macdonald now total the magnificent sum of almost five and a half million of dollars. The details of the benefactions are as follows:

Land Buildings, Apparatus, etc.	
Observatory	$ 70,405.12
University street lot	8,737.86
Jesse Joseph property	142,500.00
Lots above Medical College	7,375.32
Part of the cost of erection of Macdonald College	242,590.39
Macdonald Physics Building and equipment	248,662.57
Macdonald Chemistry and Mining Building	279,321.84
Macdonald Engineering Building and equipment	484,798.98
Donation towards building of workshops	20,000.00
McGill Union Building and equipment	219,319.00
Endowments:	
Macdonald College	2,002,333.33
For maintenance of mining and metallurgical departments	55,000.00
For maintenance of Chemical department	135,000.00
Faculty of Law	200,000.00
Total former gifts	$4,215,844.42
Law and Molson properties	1,200,000.00
Grand Total	$5,415,844.42

Governors Return Thanks.

The governors of the University held a special session yesterday afternoon, when Principal Peterson announced Sir William's latest gift to the corporation.

On the motion of Mr. R. B. Angus, seconded by Mr. James Ross, the following resolution was passed unanimously:

"That the Board of Governors place on record their profound gratitude for this great gift. As trustees of the University they are deeply sensible of the inestimable value of this most important addition to its property, which will enable them and their successors to look forward with confidence to its natural growth and expansion. As citizens of Montreal they are equally sensible of the wisdom and far-sightedness of this splendid act of munificence, which secures the permanency in their midst of an institution which they regard as vital to the well-being of the English-speaking community."

A statement in regard to Sir William's latest gift appears on page 10 of to-day's Star.

Figure 7. Newspaper article including plan of the McGill University campus. (*Montreal Star*, 1911)

Did Abbott's penchant for collecting and arrangement serve to 'domesticate' the hospital? Did her work at the medical museum (in addition or perhaps even more than Osler) thus facilitate the acceptance of her clinical research? Hill's work shows, too, how museums granted women agency while at the same time, contained it, which is precisely the role of the medical museum in Abbott's list of accomplishments (2016: 6).

Among the most interesting of Abbott's visual legacies is her depiction in painter Diego Rivera's *A History of Cardiology* murals for the National Institute of Cardiology in Mexico City (see Lomas, 2005). Cardiologist Ignacio Chávez commissioned the two murals in 1944 at the time he founded the institute (Chávez, 1946). Like the photographer of the RVH surgical theatre, Rivera positions Abbott at the top of a pyramidal composition. The notes Chávez gave to Rivera asked that the murals

> should indicate the ascending trend of knowledge and if possible should express how slow and difficult has been the advance, how each of those men had to fight routine, prejudice, ignorance and fanaticism […] If you could find the way, it would be beautiful to paint this group of men moving, striving in an upward march (quoted in Lomas 2005: 1534).

The only Canadian included, Rivera's Abbott tends to a child and is accompanied by a uniformed nurse (assuring she is not read as a nurse herself). Perhaps conscious of the significance of material culture in Abbott's career, Rivera also included a museum specimen and a drawing from her celebrated atlas (**Figure 8**). Nonetheless and perhaps because she appears to be tending to a child, some art historians have emphasised her work as a paediatric cardiologist (Lomas, 2007: 472). I would assert that Rivera was also including a reference to Abbott's mobility, looking to a photograph (**Figure 9**) from California included in MacDermot's biography: a snapshot from her post-retirement lecture tour (1936+) in California (1941: 186-7).

A spatial, material culture approach leads us to another important artefact, the so-called Holmes heart, which came from an autopsy of 1823. The unusual heart had three chambers and had been used by Osler as a demonstration specimen with students. According to MacDermot, the heart had been mislabelled 'ulcerative endocarditis,' while it actually had no ventricular septum (1941: 76). Osler had directed Abbott to Andrew Holmes'

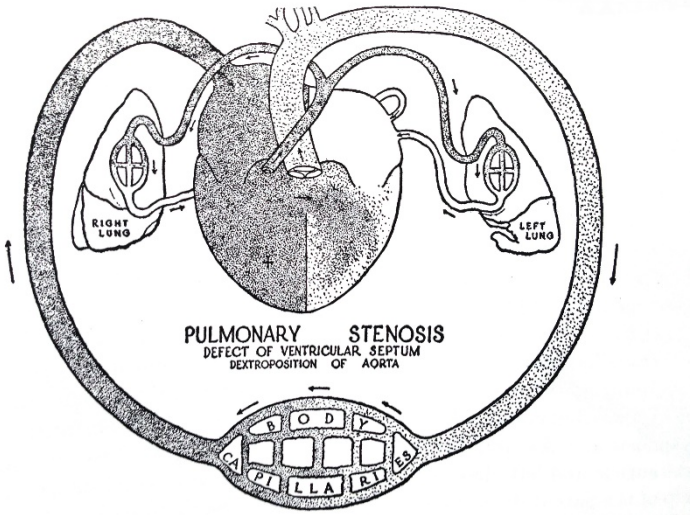


Fig. 1.

Figure 8. Maude E. Abbott, *Pulmonary Stenosis and Atresia with Defect of Ventricular Septum (Tetralogy of Fallot)*, 1936. (Maude E. Abbott, with an introduction by Richard Fraser, *Atlas of Congenital Cardiac Disease*)

Figure 9. Photograph of Abbott during her post-retirement lecture tour in California. (H.E. MacDermot, *Maude Abbott: A Memoir*)

description of it in the *Transactions of the Medico-Chirurgical Society* of Edinburgh of 1824, which she republished in the *Montreal Medical Journal* in July 1901. Abbott herself 'traces her original interest in congenital heart disease to the finding' of the Holmes heart (MacDermot, 1941: 97). In this instance, then, Abbott's scientific work on the heart was only tangentially related to Osler. Nonetheless, Osler's input is unduly emphasised by her biographers.

Finally, Abbott's influence as a curator waned when the collection moved from the Strathcona Medical Building to the Pathology Institute (**Figure 10**) in 1923, designed by Scottish-born, Montreal-based architect and educator Percy Nobbs. According to biographers, Abbott's former technician, Ernest Lionel Judah, moved with the collection to the new Pathology Institute, while Abbott stayed in the Strathcona Medical Building as the curator of what came to be called the Central Medical Museum. Pathologist Horst Oertel, who articulated a clear idea of what the new pathology building was intended to serve and to mean, was notably unsupportive of Abbott, closing another door. By the 1930s, the rotunda in the Strathcona Medical Building, which had once housed Abbott's specimens, accommodated historic totem poles and spinning wheels. Indeed, medical historian Jonathan Reinarz

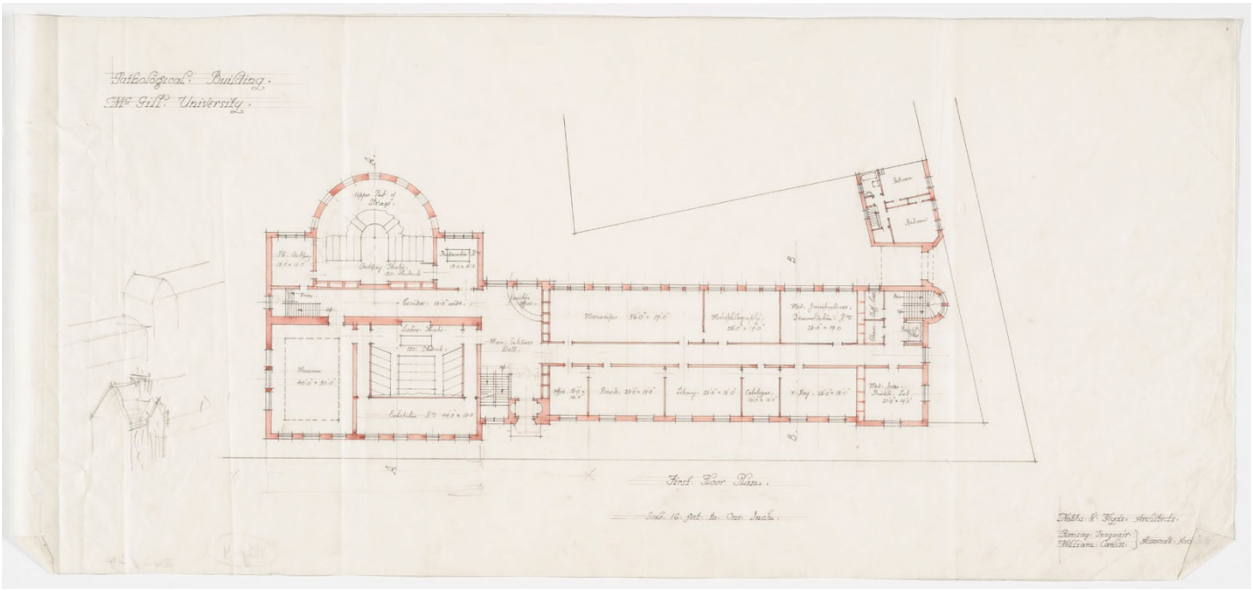


Figure 10. Nobbs & Hyde, Architects, First Floor Plan of the Pathological Institute, McGill University, Montreal, ca. 1922-1924. (Courtesy of John Bland Canadian Architecture Collection, McGill University Library)

has noted that the importance of museums waned in general in medical education about World War II (2005: 435); this material evidence, however, suggests the decline began a generation earlier.[21]

Networks

While these architectural traces point to her curatorial effectiveness and the importance of the museum in medical education, Abbott's professional network also had enormous impact. We can document this impact by looking at her publications and correspondence. Apart from her most famous book, *Atlas of Congenital Cardiac Disease*,[22] Abbott's main textual trace is the run of the *Bulletin of the International Association of Medical Museums*, for which she served as editor for 31 years. She used the bulletin, described in its inaugural issue as an 'organ' (Introductory statement, 1907: 2), as an arena from which, for example, to call for new specimens after the McGill fire, to showcase diverse ways of displaying medical specimens, and to discuss the ideal medical museum. The inaugural issue had an astonishing 44 participating institutions (List of Organizing Members of the International Association of Medical Museums 1907: 6-8).

Relationships and networks have been a central theme in feminist biography as an effective way to capture women's life experiences. Booth and Burton exclaim that:

> It is indisputable that the notion of a life as enmeshed in, and as in a sense organizing, a network of circuits and connections is one that has been salient to feminist biographers as long as the practice of something that could be called feminist biography has been around (2009b: 8).

One of the problems with most of the existing biographies is how they do the opposite, spotlighting Abbott's isolation and difference, rather than her connections to others. I contend that two spatial networks show Abbott's rise to prominence in the medical world, completely invisible in the extant biographies: her correspondence and her contacts. This map (**Figure 11**) is a graphic analysis of the archive of Abbott's letters (numbering 213) currently held in the Maude Abbott Fonds, Osler Library of the History of Medicine, McGill University. The places of origin of correspondence received from named individuals appear here as red dots. The line from Montreal to Perugia, for example, is one piece of correspondence (in other words, the thickness of the black line shows the number of pieces). The city with the highest number of letters is New York. This map shows that during her career, Abbott's influence was far reaching, as many physicians wrote to her to gain advice on particular cases. Her reputation was global and her perspective was frequently sought.

A second map (**Figure 12**) shows the home bases of authors she brought to the bulletin from 1907 to 1938. She saw the journal, I would argue, as a space for outreach, engaging it as a textual classroom or space that had global reach. Researchers and curators from around the world, especially the United States, presented their work in an orderly framework designed by Abbott. Her long-time role as Secretary of the International Association of

[21] On the museum's significance in imperial practices of classification and knowledge production during the Victorian era, see Barringer and Flynn (1998); Bennett (2004); Conklin (2013); Edwards et al. (2006); Hall (1997); Kriegel (2007); MacKenzie (2009).

[22] The *Atlas* of 1936 is also a spatial trace as it was intended to be a published record of a series of exhibitions in 1931, 1932, 1935, and 1936 curated by Abbott that included specimens and graphic material. Fortunately for us this material is extant.

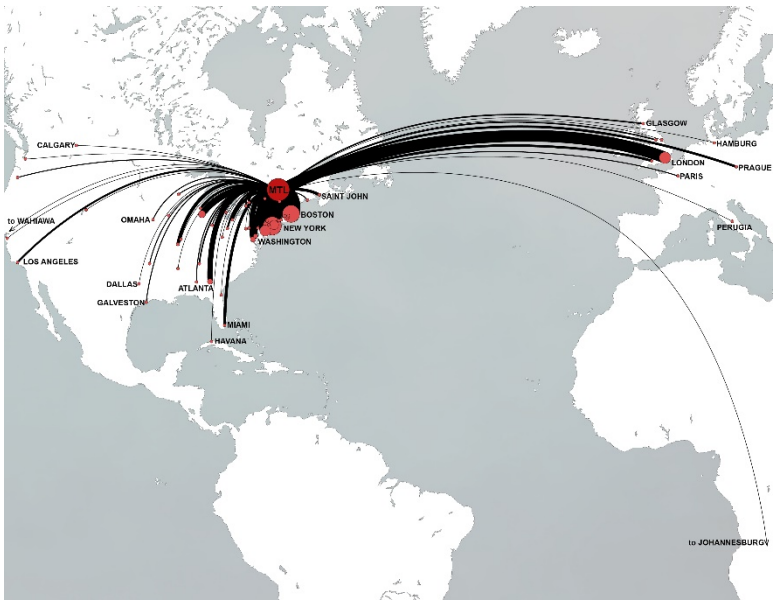


Figure 11. Map of Abbott's correspondence. (Drawing by Newsha Ghaeli, 2014)

Figure 12. Map of the home bases of authors of the *Bulletin of the International Association of Medical Museums*, 1907-38. (Drawing by Newsha Ghaeli, 2014)

Medical Museums also helped to fund her travel and bring in funding. For example, in 1913 she attended a conference in London in this role. Her work resulted in a favourable mention in the *Times*, which she subsequently sent to Lord Strathcona, the benefactor of the Strathcona Medical Building. She requested 1,000 pounds and Lord Strathcona followed up with five times that amount. She was made 'permanent International Secretary,' travelling to Germany and Italy before returning home. Abbott's work as bulletin editor thus placed her at the hub of a vast network of institutions. Mapping Abbott's reach complements the other material and spatial evidence of her work and agency, linking the approach to the literature on feminist biography. And in practical terms, it also likely led to her appointment as Acting Editor of the *Canadian Medical Association Journal* during World War I (1959: 148-149), expanding her publishing network to another influential magazine.

CONCLUSION

'Encountering' Maude Abbott through material evidence offers a different understanding of her extraordinary work and life. Museum spaces in three unique buildings—Old Medical, the Strathcona Medical Building, and the Pathology Institute—her correspondence and editorial work, portraits and photographs direct readers on a

Figure 13. Photograph of the Annual Dinner, International Association of Medical Museums, Toronto, 27 March 1934, showing Maude Abbott in the top-right corner. (Report – 27th Meeting American and Canadian Section, Osler Library of the History of Medicine, McGill University)

different course than the traditional signposts of the biographies we know: her rejection from McGill, curatorship over physician-ship, doors held variously open and closed by figures like Osler and Oertel.

What may not be obvious is that spatial approaches link architectural and art history and the medical humanities, enhancing all three disciplines. Engaging spatial and material evidence contributes additional sources and methods to those commonly used by scholars engaged in the medical humanities. In the case of Maude Abbott, a powerful new spatially and materially oriented reading intervenes in and brings into dialogue debates about feminist life writing and the medical humanities. For example, many medical humanities scholars focus on the patient experience, but Abbott's material and spatial traces show there is much more to uncover of physicians' experiences of early twentieth-century medicine, particularly for those like her in non-traditional roles and spaces. Employing architecture and art as primary sources, too, calls into question the dominance of narrative in the medical humanities. Anne Whitehead and Angela Woods, editors of *The Edinburgh Companion to the Critical Medical Humanities*, call for work that explores 'new scenes and sites' (2016: 2) that might 'offer alternative vantage points' (2016: 7), particularly those that '[open] up the question of the medical site' (2016: 22). Architectural history's focus on the hospital, for example, would miss the significant role of the medical museum altogether, embedded as it was in buildings designed for medical education in general. What of Abbott's significant activity with body parts and human specimens? This work is a misfit in a discipline that focuses on the history, sociology, and anthropology of patient care.

Let's return to where we began: Eastlake's portrait of *An Old Woman*. In revisiting the material evidence of Abbott's life story, I discovered (almost by accident) that it was likely painted from a photograph of the doctor taken at the International Association of Medical Museums annual dinner at the Royal York Hotel, Toronto, on 27 March 1934 (**Figure 13**). Did Eastlake use the photograph after the death of her friend? Was she perhaps making a subtle reference to Abbott's place and impact in this network? 'Encountering' the portrait with this photo in mind casts the representation in a different light, worlds away from the image of an anonymous old woman it was long thought to be. As we noted, Eastlake focuses on Abbott's confident and knowing look, removing all traces of deference and passivity. Via this abstraction, Eastlake also suggests that Abbott's impact was beyond medicine. The painting serves as more than a platform for viewing the subject, as Arnold asserts, but is rather a way to produce the subject (2008: 14). As such, it also shows how medical humanities research that engages alternative and especially material sources can destabilise traditional biography, making room for extraordinary women like Maude Abbott.

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Sexless Marriage in Japan as Women's Political Resistance

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ABSTRACT

A recent survey by the Japan Family Planning Association (JFPA) shows that nearly half of married couples in Japan are in sexless marriages. Japanese society is paying attention to sexless marriage because it is considered to be related to prolonged working hours and the current low total fertility rate. However, this interpretation of the phenomenon ignores the social conditions of sexuality and marriage relations in Japan, in which the sexuality of heterosexual married women is objectified for the needs of men in a patriarchal-androcentric society. I will use Judith Butler's theory on gender performativity to analyse the gendered aspect of sexless marriage, and argue that sexless marriage should be viewed as a form of women's political action against the present power system. This discussion corresponds to other related phenomena such as postponing marriage, choosing men who do not demand women to be housewives, not bearing children, and staying single. These women's choices can and should be understood as political actions that resist constructed social norms and expand women's modes of agency within the norms of Japanese femininity.

Keywords: sexless marriage, gender performativity, political action, Japan

INTRODUCTION

The Japan Family Planning Association (JFPA) recently published a survey that reported that almost half of married couples in Japan are in sexless marriages (Kitamura, 2015). Not long after, Tomomi Yamaguchi (2016) provided critical insight into a similar survey about Japanese sexuality by questioning the heteronormative assumptions, accuracy, and popular media articulations of the survey. Yamaguchi's article also questions the reception of the 'sexless' phenomenon by Japanese society, which is largely focusing on this phenomenon because it is considered to be related to Japan's low total fertility rate. For example, Japan's total fertility rate was 1.42 in 2014 (this number represents the average number of children that a woman produces in her lifetime). However, Yamaguchi's article focuses on the increasing pressure faced by single people to find heterosexual partners; in other words, it is an analysis of 'sexless singles.' While her questioning of the heteronormative bias in the survey is an important contribution, this paper is an attempt to initiate a critical sociohistorical analysis of the wider implications of the 'sexless marriage' phenomenon.

Increasing weight has been placed on working conditions as one of the causes of sexless marriage, since more than 30% of men in the JFPA survey gave the reason that they were 'too tired to have sex because of work' (Hosokawa, 2017). Thus, sexless marriage is increasingly thought to be caused by lack of time and energy, especially for men. However, this interpretation of the phenomenon does not consider the struggles related to women's marital sexuality in Japan, even though the most common reason given for sexless marriages by married women was *mendōkusai*, hassle. Japanese speakers use the word *mendōkusai* when they feel reluctant to do things that they are obligated to do.

What makes women feel like having sex is a hassle in their marriages? Judith Butler's theory on gender performativity is key in considering this question. Butler (2009) states that gender is performative, explaining that:

> gender is prompted by obligatory norms to be one gender or the other (usually within a strictly binary frame), and the reproduction of gender is thus always a negotiation with power (…). (p. i)

That is, the binary of gender between men and women is a social construction produced by norms that reflect dominant discourse, which constantly regulates what one can be as a gendered subject. Thus, Butler (1993) indicates that this process of performativity must be understood in light of the historicity of discourse, instead of

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being seen as a single act. Yet importantly, her account of performativity makes us aware that resistance against norms matters. Gender norms are not unchangeable, as subjects are not unchangeable. Butler's account of gender performativity shows that experiences where gender is involved are inseparable from social and cultural discourse. This suggests that to understand the phenomenon of sexless marriage in Japan requires a historical analysis of discourse on gender and sexuality, because, as a gendered issue, it is part of a reiterative process of normativity which by necessity happens through long spans of time and political interaction rather than singular data points. Through this analysis, I will argue that contemporary sexless marriage can be, for a woman, a political act in which she resists the constructed social norms that signify women only in relation to reproduction, motherhood, and androcentric values. A married woman's choice not to have sex is not merely a random action, but rather it can, and should be, understood as resistance against dominant sexual discourses in Japan, which limit her modes of agency in the presence of gender inequity. The argument of women's abstinence as political resistance can be possible only if we understand that gender is performative, and performativity is a reiterative process that normalises gendered subjects; Butler's philosophical framework of gender performativity makes it possible to reveal the conceptual barrier that prevents us from seeing that saying 'no' to marital sex, for a woman, is a political action rather than simply a private matter.[1]

I begin by examining the social conditions of sexuality in two different periods of Japanese history. The first period is that of the regime of Japanese imperialism (the mid-1870s to 1945), where sexual and gender norms were constructed and reinforced in the process of modernising Japan into a nation-state. The other is during the post-war period, when capitalistic patriarchal society needed women to provide free labour as housewives to maintain economic growth, and when, at the same time, the sex industry became a significant part of business culture in Japan.[2] This historical analysis reveals a certain level of continuity in the social conditions of sexuality in the capitalist-patriarchal-androcentric society of Japan. To say that sexless marriage is a form of women's political resistance also requires reconsideration of the current conception of political actions in the Japanese context. In other words, we need to examine what has been considered as legitimately 'political' in Japanese history. This kind of examination will illuminate a binary lens through which women's lived experiences have been thought to be domestic matters, and thus apolitical. In this light, we can politicise related phenomena surrounding women's sexuality, such as the increasing number of women postponing marriage, bearing no children, and staying single. These women's choices can and should be understood as political actions that resist constructed social norms and expand women's modes of agency within the norms of Japanese femininity.

SEXUALITY IN JAPAN FROM THE MEIJI PERIOD (1868)

一盗二婢三妾四妓五妻—*ittō nihi sansyō shigi gosai*

(1st another man's wife, 2nd a maid, 3rd a mistress, 4th a prostitute, 5th own wife.)

This old Japanese maxim is a ranking of types of women based on men's sexual fantasies. The most sexually attractive woman for a man is another man's wife, and the least attractive one is his own wife. Considering the maxim, Tamaki Horie (2005) says that a wife can be a very attractive figure for men other than her own husband (pp. 21-22). The old maxim aptly describes the male-dominated sexual discourse during the regime of Japanese imperialism. Husbands having extramarital sex were not a particular problem, especially when the sex was with mistresses or prostitutes (Suzuki, 2013: 330). On the other hand, wives engaging in extramarital sex was not acceptable, as evidenced by *kantsuzai*, the law relating to adultery. This law applied to those people who had affairs, specifically to married women and their sexual partners, and allowed husbands to file for divorce and for compensation from their partners. The discourse about adultery, therefore, was centred around the notion that a wife's body is her husband's property (Hayashi, 2017; Suzuki, 2013; Ueno, 2003). The moral and legal code of chastity did not equally apply both to men and women, but more heavily criminalised married women.

Why were some women, such as prostitutes, allowed to be sexual objects for men if women were subject to the code of chastity? In other words, with what conceptual lens did men distinguish non-married women as acceptable sexual objects, and married women as non-sexual beings? This question can lead us closer to an understanding of how gender has been constructed through performativity, corresponding to male-dominated sexual discourse. Hiroshi Yamane's work on sexuality in the Meiji period (1868-1912) shows that the concept 'love' was introduced from the West to Japan during the early modernisation period, and the concept was somewhat

[1] The general claim that private matters are political is not original. This critical analysis of the dichotomy between the public and the private has been contributed by many feminist scholars, especially in Anglo-American tradition. For further information, see Joan B. Landes, ed., (1998), *Feminism, the Public and the Private.* (New York: Oxford University Press).

[2] It should be noted that I can only offer a brief sketch of the social conditions of married female heterosexuality due to the length of periods that I cover and the limited space in this paper, and I mainly analyse the history of heterosexual normativity in Japan, as this paper aims to discuss sexless marriage: marriage is still thought to happen between one heterosexual man and woman. Yet importantly, this is not to deny the existence and history of queer sexuality in Japan, of which further analysis is needed.

difficult to describe in pre-existing Japanese vocabulary; thus, a new word, *ren'ai,* was coined for *love* (Yamane, 2008: 315-317). Yamane states that when this new concept 'love' arrived, Japanese intellectuals argued that the word 'love' was different from pre-existing concepts related to affection since such concepts included impurity, i.e., sexual desire. According to Yamane's historical analysis of men's sexuality in the Edo period, men had sought prostitutes for novelty and their wives for stability; the novelty implied sexual fantasies and the stability indicated procreation. In other words, men considered that the main purpose of marriage was procreation that did not necessitate 'love,' whereas they needed prostitutes to excite their sexual desire. Thus, the introduced concept 'love' was thought to be unsuitable for describing a marital relation between a husband and a wife at that time (Yamane, 2008: 315-319).

Arguably, this history of men's sexual preferences suggests that there were two different types of sexual activities for men: reproductive sex and sex for pleasure. That is, a husband considered his wife to be primarily for reproductive sex, whereas he considered other women to be potential sexual objects who could satisfy his need to enjoy non-reproductive sex.[3] In considering the adultery law, the dichotomy between non-reproductive sex and reproductive sex was created on the basis of male-dominated sexual discourse which invited discrimination against those women who transgressed the boundary.

Yōko Hayashi's account of the newly modernised licensed prostitution system might explain how and why the society and the government attempted to maintain the dichotomy between non-reproductive sex and reproductive sex. The licensed prostitution system was introduced during the late 19th century and continued through the end of WWII, in which licensed prostitutes were forced to undergo inspections for syphilis (*kenbai*) (Hayashi 2017). First, Hayashi (2017) states that the Japanese imperial government created the licensed prostitution system due to serious concerns about the spread of sexual diseases among men, i.e., men's sexual hygiene, because many men became not only carriers of sexual diseases but also transmitters among both prostitutes and their wives, who were responsible for producing healthy offspring. Arguably, the government legalised prostitution specifically for non-reproductive sex, by enforcing syphilis inspections of licensed prostitutes, in order to protect reproductive sex. Second, Hayashi says that the licensed prostitution system was inseparable from the gender norms of men's sexuality at that time. There was an assumption that men naturally possess 'unlimited sexual desire,' as opposed to the assumption that women naturally do not possess this same desire; thus, men need prostitutes like they need toilets for excretion (Hayashi, 2017: 447). In short, society and the government justified sacrificing some women to be prostitutes for the need of men's sexual desire and forced licensed prostitutes to undergo the syphilis inspection regularly in order to keep men's bodies safe. That is, prostitutes' bodies were used for the common good (Hayashi, 2017: 56). The dichotomy between non-reproductive sex and reproductive sex was maintained through the licensed prostitution system for the sake of male-dominated sexual discourse.

A well-known ideology of women during the Japanese imperial regime was *ryōsai kenbo* (good wives, wise mothers), which reinforced gender norms of femininity by encouraging women to be educated to be good wives and mothers for family and society. This was an idealised role of women in patriarchal society; patriarchal society idealised women to become domestic (Mackie, 1995: 5-6). Moreover, women were barred from participating in politics by a law passed in 1890. These social conditions made it difficult for women to be political as they were ought to talk only about domestic matters (Hayashi, 2017: 106-118). Notably, some women, including abolitionists of the licensed prostitution system, supported colonialism, which ironically justified the violence and exploitation against some women and girls of their own country, as well as other countries living under Japanese imperialism (Hayashi, 2017). This means that women could not socially form a coalition to advocate for human rights for *all* women. Thus, Hayashi (2017) indicates that men were the main activists in the abolition movement since the discourse was oriented around a new 'manhood' as the symbol of civilisation; male abolitionists claimed that civilised men were opposed to the savage men who could not control their own sexual desire (pp. 447-458). Having said that, male abolitionists did not simply abolish all kinds of sexual desire to become civilised men. They believed that sexual desire can be natural and sacred for reproduction purposes. Sexual activities for reproduction, therefore, should be derived from appropriate sexual desire, which should only happen within marital relations. Hayashi mentions that those who wanted to promote civilisation considered the modern structure of family as an idealised institution where sexual desire and reproduction can be combined (Hayashi, 2017: 455-458; Mackie, 1995: 5-6).

Discourse by male abolitionists did not necessarily consider the subjectivity of women but rather reinforced men's subjectivity by developing a new conception of manhood. Analysis of this political environment suggests that men dominated the movement, yet women's political actions did not necessarily advocate for the rights of all women. This could be attributed to the fact that these female actions were restricted by institutional gender

[3] This distinction does not mean that all infants were born from intentional reproductive sex; there was always a possibility of unintentional pregnancy resulting from non-reproductive sex. For example, a graphic satire published in the late 19th century illustrates a pregnant woman who does not know the man who made her pregnant. Yōko Hayashi says that such satires were not unusual and the intention was to exhibit contempt for women who had been fooled by men. The stigma of unwanted pregnancy had to be borne by any women who became pregnant if the pregnancy was attributed to non-reproductive sex. See Hayashi, 2017.

segregation and by social and cultural discourse, such as seen in the ideology *ryōsai kenbo,* concerning gender and sexuality in patriarchal androcentric society.

As Butler (1993) explains, gender is not constructed within a day but through a repetitive process over a long period, as it is performative. Japanese discourse materialises a specific model of heterosexual femininity that produces feminine subjects whose agency is constrained in relation to heteronormative masculine desire.[4] This makes it difficult for women to advocate for their rights, because the concept of heterosexual femininity does not encourage women to care for themselves but always for somebody else, such as the nation, the emperor, fathers, husbands, and children.

SEXUALITY IN THE POST-WAR PERIOD

内助の功—*naijyo no kō*
(the success due to wife's help)

This Japanese maxim describes a situation in which a husband successfully achieves something, thanks to his wife's help. *Nai* means 'inside,' and *jyo* means 'help,' so the literal translation is 'inside help.' Husbands sometimes describe their wives as *kanai*, which literally means 'inside the house.' The term *kanai* implies that a wife is someone who stays inside the house, and this maxim '*naijyo no kō*' suggests that a wife's help is not something shared with her husband in public, shoulder to shoulder, but rather arises from inside the house. This means that she stays invisible, unless her husband states this maxim to show his gratitude in public. The implication of this scenario is as if husbands own their wives for the needs of their own success.

There was a social shift for married women during the mid-1950s to 60s when Japan experienced rapid economic growth. During this period, Ayako Kano (2016) says that developing industries dragged married women away from the house, and yet importantly, married women also sought jobs to meet a better standard of living. This became possible because of a change in the social and material structure (pp. 117-120). For example, Yasuko Tama (2009) states that the family planning movement initiated by the Japanese government and supported by corporations during post-war economic growth sought population control. Married women were encouraged to have fewer children to form small-sized families, which benefited wives, husbands' corporations, and the Japanese economy. As a result of smaller families, wives found it possible to spend more time on child raising, self-improvement, financial planning, and working part-time. As for corporations, they could reduce the amount of welfare for the employees' families and make married-male employees devote their whole lives to their work (pp. 304-317). At the same time, technological development, such as the advent of rice cookers and inexpensive ready-made food, changed material realities for housewives, which reduced their labour hours inside the house (Kano, 2016: 118-119). A small nuclear house became an ideal model for the Japanese post-war economy, in which housewives played a very important role as an economic foundation.

Yet, married women were still not socially and culturally expected to be breadwinners; they were considered to be housewives regardless of whether they had an outside occupation (Kano, 2016: 117-120). In the 1970s, there was a societal debate concerning the relation between mother and child, which was about the so-called three-year-old-myth. According to Nobuko Uchida (2010), this myth argues that:

> For the sake of healthy psychological childhood development, children should spend every single day from morning to afternoon with their mother until they become three years old. (pp. 76-77)

This myth coincided with women's entrance into the labour force (Uchida, 2010). Although there is no scientific evidence to suggest that the amount of time spent with mothers is related to psychological defects in their children, this myth remains in Japanese society as biological 'truth.' This mind-set prevents employed mothers from utilising nursery schools or nannies. It also assumes that mothers who are not with their children 365 days a year are not good mothers (Uchida, 2010: 77-83). Kano (2016) indicates that later Japanese society perceives this 1970s' family structure (the full-time housewife and the male breadwinner) as the 'traditional Japanese family,' and conservatives in particular use this quasi-tradition to reject policies for gender equality (pp. 159, 168). In short, women who have children are deemed to be solely responsible for domestic work and child raising regardless of whether they had occupations or if they wanted to work outside the home.

What, then, were the expected tasks of husbands as full-time employees? Anne Allison's anthropological work (1994) on *mizu shōbai*, the nightlife business in Japan, reveals the tight relationship between corporations and nightlife entertainments. She shows that business outings (*settai*) paid for by corporations became common practices, especially among large corporations, in the period of post-war economic growth. Business outings with workers or clients were thought to be a very important part of successful business since settings away from work

[4] This does not deny the diversity of femininities or masculinities already existing within Japan, but rather suggests that within heteronormative discourse, women are reiteratively constructed as providers of sexual service for masculine subjects.

can fortify workers', especially male workers', relations and bonding. Allison (1994) points out that from 1954 to 1982, corporations were legally allowed to treat most of their corporate entertainment expenses as tax-deductible (p. 9). In short, the government legitimised this business culture as an accepted norm. Allison's own field research in a high-class hostess club in Tokyo shows how white-collar male workers strengthen their homosocial bonding in relation to hostesses' performances. First, a hostess club is legally considered as a *settai* restaurant, in which male customers chat and drink with female hostesses who usually offer great hospitality to the customers. Allison describes hostess clubs more in details as follows:

> The hostess must be, or must act like, a woman; the hostess must treat the customer as a superior and tend to his various desires; the service, while alluding to sex, cannot proceed to genital penetration or oral sex; and the service is conducted primarily at the level of conversation. In short, what characterizes the hostess and differentiates her services form that offered by others in the *mizu shyōbai* is that her medium of service is primarily talk. The job of the hostess, as both speaker and listener, is to make customers feel special, at ease, and indulged. Or, as one Japanese man told me, the role of the hostess is to make a man "feel like a man." (pp. 7-8)

That is, hostess clubs allow male customers to perform an ideal manhood through subjecting ultra-feminised women to the male gaze. Men become 'masters' not through their physical domination of hostesses' bodies, such as direct sexual activity, but based upon the promise that any speech, including dirty talk such as 'your boobs are my type,' will be not only listened to, but also accepted and praised as flattery (Allison, 1994: 22, 46-49). Allison refers specifically to Hegel's theory of the master-slave narrative: men can maintain their identity as masters only when hostesses as slaves serve up their flesh as sustenance for masters; thus, masters cannot exist without slaves (pp. 164-167).

Allison describes this flattering talk as foreplay, differentiating it from other ways of having the sexual excitement and sexual desires in the sex industry. Indeed, there are plenty of other places for men to achieve ejaculation in the sex industry, but a hostess club is a place where they can perform their heterosexual masculinity together (pp. 20-21). Hostess clubs are important places for men to strengthen their common bonds of mastery by distancing themselves from women; the objectification of the female workers in the form of male homosocial bonding becomes an important means to reaffirm those male customers' masculinity.

According to Allison's interviews with Japanese married women, some women considered that their husbands' absence from their home due to after-work entertainment is an inevitable part of their job. It is a common understanding that white-collar husbands work hard into the late night and are absent from their homes, and mothers become used to being in families where their married partners play little active role in the home (pp. 102-107). These social conditions illustrate that almost anywhere men do not have to perceive themselves as fathers and husbands is a place for men's homosocial bonding, whereas almost anywhere women are signified as wives or mothers can be their spaces for homosocial bonding, such as homes, their children's schools, and part-time employment sites. While homosocial bonding itself is not necessarily wrong, since it helps to form communities, the issue is the ways in which homosocial bonding tends to reinforce gender-based segregation, which, moreover, tends to signify men's positions over women's within the capitalistic-patriarchal-androcentric society. Women cannot gain legitimacy in male-dominated business spheres, unless women perform ultra-feminised, normative gender roles. In other words, if society considers the practices of male homosocial bonding as a necessary part of successful business, women will remain marginalised.

That said, I am not attempting to deny the legitimacy of sex workers or those who work for hostess clubs, nor to victimise those who perform ultra-feminised gender roles for their clients. For some sex workers, their work may carry the possibility of exemption from the marital obligation to perform reproductive sex. Nevertheless, this also does not mean that all workers live in the non-reproductive realm. Some people, such as single mother sex workers, live in both worlds, which should not be overlooked. While we should acknowledge the diversity and fluidity of different ways that women in Japan live, the issue that we need to address here is that there is a strong gender-based segregation in socio-political contexts which allows men to continually exploit women. Accordingly, single female full-time workers are marginalised in this dichotomy and they can be delegitimised as workers if society sees them as potential housewives or mothers. As Allison's work shows, men prey on women to be successful in business as a part of heterosexual normativity. This normativity is justified by the sustenance of the domestic sphere where the roles of husbands or fathers are not significant other than in their obligation as breadwinners.

POLITICAL RESITANCE OF WOMEN IN JAPAN

公私混合 –*kōshi kongō*
(the mix of public and private matters)

Kōshi kongō is a Japanese maxim that implies the negative connotation of mixing public and private matters. Japanese speakers usually use this maxim to criticise someone for bringing personal matters to his or her public sphere, such as the workplace. For instance, if a female worker takes a day off due to family matters such as her child's sickness, she could be criticised for not being professional since she cannot keep her private matters away from her work. The above maxim confirms that there is a dichotomy between the public and the private, and that normatively, these spheres should always be separate and should not be integrated, for the sake of the public good. This implies that there is a clear-cut line separating the public and private spheres (Allison, 1994: 80).

Japanese business practices, such as business *settai,* show that 'work' as public is vaguely defined, because hours spent outside of employment are considered to be 'work' if the hours are related to so-called business entertainment. The dichotomy of public and private in this context is set on the notion that things related to paid work are public, and the rest is private. In other words, anything related to unpaid matters, such as family, is private or personal, which, according to this maxim, should not interfere with public spheres. Therefore, this boundary can potentially marginalise anybody who is subject to both spheres, such as married women who have full-time jobs. Single female workers can also be marginalised due to this dichotomy since society perceives them as potential mothers. As Kano (2016) states:

> Indeed, in much of the policy discourse on women in modern Japan, womanhood has been equated with motherhood, and all women have been understood to be potential mothers. Modern gender policy has been driven by the assumption that all women will at one point become mothers—and that almost all of them will do so within the context of a married family life. (p. 106)

That is, regardless of women's social status or their sexual orientation, society sees them as potential caretakers of private matters. In Japan, women are born to be mothers. The presumption of women as mothers conditions women to fulfil their reproductive role in the private sphere. This suggests that the political dichotomy of the public and the private spheres mutually reinforces the sexual dichotomy between non-reproductive sex and reproductive sex. The presupposition that all women are potential providers of reproductive sex is a key factor in the segregation of women from public spheres; this assumption keeps women away from the workplace and marginalises women in a money-worshiping society.

However, it is important to note that this reinforcement of the sexual dichotomy does not only marginalise women, and my analysis may not adequately articulate all aspects of marginalisation. For example, as Takashi Kazama (2003) points out, homosexual couples are illegitimated both in public spheres and private spheres, due to heterosexual social norms. Kazama's work (2003) draws a distinction between the public and the private based on heterosexuality. The private is the sphere wherein men and women have intercourse, and the public is where such sexuality has to be omitted, i.e. it is asexual. Following this distinction, a homosexual couple could not fit in either the private nor the public since, first, they are not one man and one woman, and secondly their sexual identities cannot be revealed due to the asexuality of the public (Kazama, 2003: 34).

Nevertheless, marriage made heterosexual men's desire sacred, because it was seen as a legitimate means to achieve reproduction. Thus, reproductive sex became the symbol of modern monogamous families in Japan. In turn, the social institution of marriage has helped to maintain the dichotomy between non-reproductive sex and reproductive sex. In 1987, the Japanese Supreme Court case judgement in a divorce case stated the definition of marriage as follows:

> To our way of thinking, the nature of marriage is to live devotedly with a spouse in *permanent mental and bodily unification* of the sexes; thus, when one member of the couple or both decisively lose the will to pursue this unification, and when there is no potential recovery from the loss, it becomes unnatural for this marriage to remain in the family registry since it lacks the actuality of its fundamental function in society.[5]

The juridical definition of marriage, in short, is the unification of mind and body between the two sexes. According to the definition, to maintain a marriage, married couples are obligated to pursue this unification permanently. In considering the history of marital sexuality in Japan, the permanent unification of bodies implies

[5] See *Rikon* [Divorce], Supreme Court of Japan, 民集 41 巻 6 号 1423 頁 [vol. 41, no.6, p.1423], (2 September 1987). Available at http://www.courts.go.jp/app/hanrei_jp/detail2?id=55213 (Accessed 21 January 2018). This translation is mine and emphasis is added.

reproductive sex rather than non-reproductive sex since reproductive sex is perceived as a privilege for married couples. In this regard, reproductive sex becomes an obligation, and non-reproductive sex is a choice.[6]

Considering this history, how should we understand the current phenomenon of sexless marriage in Japan? According to the survey published by JFPA, nearly half of married couples are in sexless marriages (Kitamura, 2015: 5-6). In considering Japanese tradition, sexual activity within marriage is a private matter that should not be discussed in the public sphere. However, Japanese society has politicised this private matter as they consider it to be related to prolonged working hours and the current low total fertility rate (see Gotō, 2015; Hosokawa, 2017; McCurry, 2017). In such political discourse, there is no implication that sexless marriage is a form of women's political action against male-dominated sexual discourse that always already sees women to be married for reproductive sex, which historically has enabled men and women to see women as apolitical.

Arguably, the prolonging of men's work hours, and therefore resulting in a lack of men's time and energy is not a major reason for sexless marriages even though it could still influence sex drive. As noted, the working culture established during the post-war period has diminished the role of husbands within the home since husbands are culturally exempt from spending any time and energy in the domicile anyway. According to the data published by the Cabinet Office, average hours of labour per person for a year in 1970 was 2,214.5, whereas that in 2008 was 1,835.0.[7] This shows that the average of work hours significantly declined from the 1970s to the 2000s; if sexless marriage is related to the length of men's working hours, then the issue should have been improving for 30 years. Likewise, in data from 2016, the Cabinet Office shows that husbands with children under 6 spent more time (83 minutes) per day for domestic chores, including taking care of their own children, than they did in 2011 (67 minutes).[8] Thus, the lack of men's time and energy due to work as a major factor of sexless marriage is not a strong inference. Interestingly, absence of husbands from the home of course can affect the frequency of sexual activity with their wives; but it does not necessarily affect their frequency of extramarital sex. According to Chineko Araki's survey on the sexuality of middle-aged men and women, the number of those men who have extramarital relations including prostitution increased from 2000 to 2012, whereas that of their marital sex decreased during the same period. Those married men who do not have sex with their wives have 1.7 times more extramarital relations than those married men who have sex at least once a month with their wives. She also denies the loss of libido since more married people, both men and women, reported that they masturbate more often than in 2000 (Araki, 2017: 2-4).

These analyses rather suggest that sexless marriage can be attributed to the current social situations surrounding women. Araki (2017) suggests that more married women became capable of saying 'no' to their sexual life, as they may have more economic power and may consider marital relations and sexual activity insignificant (pp. 2-4). As JFPA's survey shows, the most common reason given by married women who are in sexless marriages is '*mendōkusai*', hassle (Kitamura, 2015). The word *mendōkusai* does not specify much of the situations that make them feel hassled. However, people say *mendōkusai* when they acknowledge that they need to do things that are not appealing. For example, mothers express *mendōkusai* about laundry since they are aware that laundry is their job at home and yet they are not happy to do it. Thus, those women who feel hassled by sexual activities may perceive having sex to be an obligation of wives to their husbands, an obligation they do not enjoy fulfilling. JFPA's survey published in 2017 shows that the most common male view of having sex with their partners is for sexual pleasure, comfort, and body contact, whereas that of female view of having sex with their partners is for love, procreation, and obligation (Kitamura, 2017: 5). Sexless marriage is not simply a matter of libido nor laziness, but arguably it can and should be considered as a potential form of women's political resistance against Japanese sexual discourse derived from sex segregation norms and policies.

Why should sexless marriage be considered to be political resistance? The long history of sexuality surrounding women in Japan shows that women are locked into the dichotomy between what is public and what is private. If we are not aware of this dichotomy, we might not even realise that our identification of political matters is related to this dichotomy. Thus, our definition of politics does not allow women to politicise their experiences, because those experiences tend to be framed as *private* matters. In other words, failure to recognise women's actions as potential political actions will continue to result in the marginalisation and neglect of women's' struggles, which have their roots in an oppressive political discourse about sexuality.

Butler's account of gender performativity indicates that repetition of the power of identification is the process by which subjects are formed; thus she states that the exposure of this repetition should be considered 'as a critical resource in the struggle to rearticulate the very terms of symbolic legitimacy and intelligibility' (Butler, 1993: 12).

[6] The fact that non-reproductive sex is now seen as a choice also masks the exploitative and problematic situation of the sex industry for the women involved by focusing on the male choice.

[7] For the details of yearly record of work hours, see the website for Cabinet Office, Government of Japan (2009). *Nippon Keizai 2009-2010* [Japanese economy 2009-2010]. Available at http://www8.cao.go.jp/shoushi/shoushika/data/ottonokyouryoku.html. (Accessed 21 January 2018)

[8] See the Website for Cabinet Office, Government of Japan (n.d.). *Otto no kyōryoku* [Support of husbands]. Available at: http://www8.cao.go.jp/shoushi/shoushika/data/ottonokyouryoku.html (Accessed 21 January 2018)

That is, resistance against gender norms reveals the operation of performativity, which should be used to push the boundary of who are considered to be subjects through resignification of norms. In Sara Salih's interpretation of Butler, Salih (2004) states about this resignification of norms in political performativity that:

> A radical democratic politics works to open up the norms which sustain viable life, making those norms available to communities that have previously been disenfranchised, excluded, subject to violence. (p. 12)

In other words, democratic resistance can expand the boundaries that define acceptable ways of life; thus, it can include those who are marginalised. This suggests that a subject is not fixed but rather that it fluidly changes.

Viewed in light of Butler's account, Japanese sexless marriages can be seen as one way in which the possibilities for women in Japan might be expanded. The choice to resist having sex is becoming more available to those who feel *mendōkusai* about sexual activity. This resistance reveals gender performativity in Japan, in which institutional power privileges marriage for the sake of reproductive sex.[9] Furthermore, as Butler (1993) states, her theory of performativity does not refer to a single act of performance but to the reiterative operation of identification; yet it has the possibility of expansion of norms through radical resignification of what can be included in norms (pp. 21-22). Thus, viewing resistance to sexual activity as a political matter helps to solidify the reiterative process through which women's 'private' actions can become political ones. Through this resistance, performativity exposes that which prevents women from living outside of contemporary gender norms. This exposure may raise awareness of the dichotomy between the public and the private in relation to the binary between non-reproductive sex and reproductive sex.

Sexless marriage is not the only phenomenon that allows us to see women's experience as political. The fact that there has been repetitive social pressure on women to marry and to bear children suggests that oppression for women, regardless of their marital status, is significant. As Kumiko Nemoto (2008) argues, increasing numbers of women postponing marriage is another contemporary social phenomenon wherein women show their struggle against gender inequity in Japanese society. Nemoto's study indicates that postponing marriage is not a rare phenomenon, especially among those women who have high levels of education and full-time jobs, i.e. privileged women. Women's struggles are not all the same, but there are certain similarities in that those women who postpone their marriage consider that marriage reduces their modes of autonomy and can prevent them pursuing their careers (pp. 226-228). They distance themselves from marriage to sexist men, who tend to see career-track women as unsuitable wives since they are not feminine enough (pp. 228-232). These women also avoid marriage with men who hold lower income and education status than them, since some of these women still consider marriage to be a marker of socioeconomic status (p. 233). Nemoto (2008) concludes her study as follows:

> (…)Women want gender equality, which none of their institutions are set up to provide. Thus, they are forced to fashion individual solutions to structural problems. (…) With meager public outlets for their grievances regarding gender inequality and their demands for social change, more women (and possibly men) might resort to strategies such as delaying or completely avoiding marriage and childbearing to cope with their socially suppressed frustration and resentment. (pp. 234-235)

That is, these women may choose to postpone or reject institutional marriage as an expression of opposition to gender inequality in Japanese society, since social institutions, such as the government, have failed to adequately address gender inequality.

In this paper, I am not asserting that women should resist sexual life nor postpone their marriages. What I want to suggest is the importance of reinterpreting these women's actions as political in order to help us overcome the political dichotomy that has oppressed women as domestics. Women's bodies and sexuality have been politicised by capitalistic-patriarchal-androcentric society and have been restricted to the domestic domain as a result of the male gaze, which subjects women to a binary between non-reproductive sex and reproductive sex. This restriction has made it difficult for women to recognise that their lived struggles are derived from a long history of gender inequity, and the choices they make in their struggles can be a form of political resistance. Viewing these women's choices as *political actions* is both accurate and a political action in its own right—an action that can help expand the modes of agency within the norms of Japanese femininity, and support the empowerment of women in Japan.

[9] For example, a 2013 annual report of the Minister of Health, Labour and Welfare shows that the percentage of extramarital children out of total birth in Japan is very low at 0.8 in 1980, and 2.1 in 2008 compared to other developed countries such as United States at 18.4 and 40.6. This suggests that many people in Japan still assume that marriage is the primary way to have children. See the Ministry of Health, Labour, and Welfare (2013), *Kōsei rōdō hakusyo – wakamono no ishiki o hakaru* [Annual Health, Labour and Welfare Report 2013], pp. 56-57.

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Mishima Yukio and the Homoeroticisation of the Emperor of Japan

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ABSTRACT

This article aims to contextualise Mishima Yukio's works and nationalist politics into a history of Japanese queer politics. Mishima Yukio is considered as one of the most prominent artists in modern Japan, famous for his homosexual-themed works and nationalist politics. This article explores the discursive relationships between Japanese national politics and homoeroticism through analysing Mishima Yukio's works. It will review discourses about Mishima, his performance, works and sexuality; it points out how these discourses contain homophobic presumptions and overlook the wider social and historical contexts of Mishima's works. The article will discuss Mishima's far-right political discourses and representations in his famous political essays *The Defense of Culture* (*Bunka bōuei ron*) (1969) and *The Manifesto of Anti-revolution* (*Han-kakumei ron*) (1969) and the film *Patriot* (*Yūkoku*) (1966). This article points out that Mishima intertwined homoerotic ethos and Japanese national politics through the emperor, establishing a space for queer homoerotic desire in Japan's public culture and politics. In conclusion, this article discusses how Mishima's representation of the homoeroticised emperor prepared the ground to limit political discourses of queer politics in contemporary Japan.

Keywords: Mishima Yukio, homosexuality in Japan, gay politics, the emperor system, queer in Japan

INTRODUCTION

Mishima Yukio (1925-1970) was a distinctive artist and popular figure in post-war Japan, bringing homoeroticism to national culture. Mishima is not only one of the most popular writers in post-war Japan, but he is also considered as an artist who was the successor to traditional Japanese culture (Keen, 2006). Even though more than forty years have passed since his scandalous death, his novels, photographs and academic books about him, have been published constantly in Japan.

Mishima remains influential as an ideologue of far-right politics in Japan. He often represented himself in public as a traditional Japanese man, or 'samurai' warrior who is a protector of the emperor (Mishima, 2006b). He wrote several stories and political essays for nationalistic causes in Japan and passionately engaged in right-wing politics. His followers, who frequently admire his far-right political beliefs, have organised events, called *Yūkoku-ki*, which means the 'anniversary of patriot's death', every year. His performances, acting the 'samurai' in post-war Japan, are well-remembered among the Japanese. His most iconic performance was when he appeared with his self-designed militant uniform at the Tokyo headquarters of the Eastern Command of the Japan Self-Defense Forces in 25 November 1970 and addressed officers involved in his attempted coup d'état to revoke Japan's pacifist Constitution and re-militarise Japan with the emperor as the state head. After he realised the failure of his attempted coup d'état, Mishima committed a premodern ritual *seppuku*, suicide by disembowelment and beheading by his associate.

At the same time, however, he is considered as a homoerotic artist or 'gay writer' both outside of Japan and within the Japanese gay community[1]. Mishima published several 'gay' themed novels in the 1940s and 1950s, as well as his own homoerotic portrait photographs. His works attract interest by queer scholars and critics (Izumo, 2010; Saeki, 1997; Vincent, 2012; Watanabe, 1997). As Keith Vincent describes, Mishima Yukio is 'everyone's favorite homofascist' (Vincent, 2003: 1).

[1] I will review the arguments whether Mishima is a 'gay writer' or not later in this article. For fandom of Mishima Yukio as a gay icon among Japanese gay community in the 1970s, see Mackintosh (2012).

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Thus, Mishima has three faces: as a popular and representative writer in a post-war democratic and economically-expanding Japan, as an ultra-nationalist ideologue, and as one of the iconic writers and artists of homoeroticism, especially for homosexual audiences. Although some literary and cultural critiques focus on Mishima's sexuality for understanding his personality and works (Izumo, 2010; Piven, 2004; Vincent, 2012; Yamazaki, 1971), it is rare, if not at all, to discuss Mishima in the context of male same-sex politics in post-war Japan, for he is widely regarded as too nationalistic to be a gay pioneer. In this article, I regard Mishima as a distinctive artist who has offered a unique discourse, bridging a male homoerotic ethos with Japanese national politics through a trope of homoeroticising the emperor. This article aims to explore discursive relationships between Japanese national politics, homoeroticism, and homosexual politics through analysing Mishima's works and the published critiques of him. I will contextualise his discourse and politics into the history of male same-sex politics in Japan, rather than repeating previous research, which primarily focuses on his life, personality, and works, or contextualises him into a history of Japanese post-war -era politics and society (Miyoshi, 1991). Following Oguma Eiji's and Yumiko Iida's distinctive works on nationalism in post-war Japan, 'nationalism' here will refer to the political and emotional voices expressed through and for a nation, ethnicity, or the people (Oguma, 2002: 826; Iida, 2002: 2). The article will focus on how Mishima redefined Japanese national political domains through his commitment to the emperor system to include desire, gender expressions, and sexual passions, which were predominantly culturally excluded. Then, this article will argue how Mishima's adaptation of the emperor system as the homoerotic object has later influenced *gei* [gay] activism and development of gay studies, and demonstrates the limitation of Japanese contemporary queer national politics.

MISHIMA YUKIO AND JAPANESE STEREOTYPES

Mishima's performance as a modern 'samurai', the man who embodies the Japanese soul, who Mishima claimed post-war Japan had lost, succeeded in making people believe that he was one of few men who could represent true Japanese tradition and culture in post-war Japan. However, his exhibitionism as the authentic Japanese man has been criticised as strengthening Japanese stereotypes in the West, and some Japanese intellectuals have openly expressed their embarrassment about Mishima's embodiment of such an anachronistic Japanese stereotype for the West. For example, Kazuo Ishiguro and Ōe Kenzaburō, both now Nobel Laureates in Literature, agreed in conversation that his death was a performance directed primarily at Western audiences:

> Ishiguro: [M]y suspicion is that the image of Mishima in the West confirms certain stereotypical images of Japanese people for the West. And this is partly why I think he is much easier for Western audiences. He fits certain characteristics. Of course, committing *seppuku* is one of the clichés. He was politically very extreme. The problem is the whole image of Mishima in the West hasn't helped people there form an intelligent approach to Japanese culture and Japanese people. It has helped people perhaps to remain locked in certain prejudice and very superficial, stereotypical images of what Japanese people are like. (…)
>
> Ōe: The observations you just made about the reception of Mishima in Europe are accurate. Mishima's entire life, certainly including his death by *suppuku*, was a kind of performance designed to present the image of an archetypal Japanese. Moreover, the image was not the kind that arises spontaneously from a Japanese mentality. It was the superficial image of a Japanese as seen from a European point of view, a fantasy. Mishima acted out that image just as it was. (Shaffer et al., 2008: 55-56)

In this conversation, both writers openly expressed their discomfort and embarrassment with the fact that people outside of Japan, especially ones in the West, think of his performances as authentically Japanese. Ishiguro even goes as far as to suggest that such stereotypes reflected an ignorance toward Japanese culture.

In *Off Center: Power and Culture Relations between Japan and the United States* (1991), published just after the Showa period ended, Masao Miyoshi insisted that the Japanese people had lost interest in Mishima as a writer and instead tried to historicise Mishima in the context of post-war Japan, resisting the portrayal of Mishima as a legend. Miyoshi interpreted Mishima's aesthetics in relation to consumerism in post-war Japan, saying that 'much of Mishima Yukio's dazzling performance now looks merely flamboyant, or even kitschy' (Miyoshi, 1991: 149). Miyoshi's efforts to strip Mishima of his 'samurai' mask and to bind him to the past reflects typical Japanese intellectuals' trepidation for Western interpretations that 'misunderstand' Mishima as being authentically Japanese.

Miyoshi compares Mishima to other writers in the Showa age, such as Tanizaki Jun'Ichirō and Ōe, arguing that Mishima is writing from a centralist position of Japan. According to Miyoshi, Tanizaki's and Ōe's strategies were to place themselves as writers in a 'foreign' place, removed from the centre of Japan, in order to see Japan from distinctly off-centred perspectives. In contrast to them, Mishima was treated as just a fashionable man of his age,

writing conventionally in order to claim authentic Japanese culture. In the USA, the 1960s were a time of dissent and conflict, questioning social hegemony, seeing the emergence of political activism and idealism such as the anti-war, civil rights and women's liberation movements and student protest. On the contrary, however, in the 1960s, Japan succeeded in expanding its economy. Japan's social struggles focused more on the question of whether, and how, Japan should be independent from the hegemony of the United States (Miyoshi, 1991: 156-7). Arguably, in this period, Japanese progressive intellectuals withdrew into their bourgeois daily lives after Japan's economic expansion; they became narrowly concerned with Japan's national independence from the United States, and the national pride that had been lost by the defeat in The Pacific War, (ibid:155). Miyoshi recalls that Mishima was a snob, but was a popular writer in the age of consumerism, who liked to talk about brands such as Tiffany and Jaeger and was proud of his iconoclastic Western house (even though he is remembered as the man who wanted to be a modern 'samurai' in Showa-era, who must be stoic) (ibid: 161-2). Miyoshi argues that Mishima's ideas on nationalism merely reflected the enthusiasm of a Japanese society endeavouring to recover nationalistic pride through economic recovery.

Even if Miyoshi were correct about Mishima's superficial consumerism (which is conventionally associated with femininity), Miyoshi still ignores Mishima's sexuality. At the time when Mishima enjoyed his public life, gay activism was not even imaginable for people in Japanese society. Although Miyoshi tries to represent Mishima synchronising with the 'orthodox' history of Japan, Mishima's sexuality produces excesses that cannot fit into such explanations. Mishima's sexuality is marked as an enigma, and a sign of his extremism. Mishima's sensational death and his sexuality — homosexuality and sadomasochism — are intertwined with a form of fetishistic nationalism.

MISHIMA AND 'PERVERSION'

Jerry S. Piven, an American psychologist writing about Mishima's 'perversion', insists that 'his life and writing are a palimpsest of early trauma, severe conflict, narcissistic injury, the obsession with death, sadomasochism, vengeance, and the terror of disintegration' (Piven, 1997: 2). His analysis reproduces the misogyny and homophobia that he finds in Mishima:

> The elucidation of perverse sexualities thus entails tracing not only the obvious sadistic fantasies but also more elusive and unconscious rage and malice suffusing erotic desire. I believe that Mishima adopted and fantasized a number of perverse or neosexual strategies for coping with horrific terror and loss, including misogyny, the sexualization of violence, sadomasochistic fantasies, even his homosexual interactions, which in his case (not necessarily in other cases) implicate real emotional problems — as he often *knew*. [Emphasis in original] (ibid: 11)

Piven's rather clichéd analysis maintains that the problems of Mishima's ego were caused by the failure of proper gender identification in his childhood because of his weak father and his authoritarian grandmother: Mishima is a poor victim of the failure of his father's Oedipal Complex. He explains Mishima's personality through gender identifications: either via a hyper-identification with masculinity, an internalisation of femininity, or both. Firstly, he argues that Mishima identified with masculinity through the rejection of femininity, which, in his diagnosis, was especially symbolised by his grandmother (ibid: 44). One page later, however, he insists that Mishima also identified with 'perverse' women too. Thus, in his discussion, the homosexuality and sadomasochism of Mishima was always already perverse and the result of the failure of proper gender identifications, caused by destructive women, in this case, his grandmother. He constitutes the double bind of Mishima's homosexuality that Eve Kosofsky Sedgwick criticises: the gender separatist model or the gender inversion model (Sedgwick, 1990: 88). In Piven's explanations of Mishima's homosexuality, it was caused by misogyny, and his naked exhibitionism exceeded 'proper' masculinity.

With Mishima's scandalous death, in Vincent's words, 'Mishima became the writer that everyone loves to hate' (Vincent, 2003: 1). Ishiguro and Ōe, express worries over Mishima's 'misrepresentation' of the Japanese for the West. But such embarrassments belie a concern about the desire for recognition of the 'authentic' Japanese by the West. These discourses about sexuality, masculinity and authentic 'Japaneseness' well reflect Mishima's strategy to construct his image as the *authentic Japanese man,* even though all of such discourses invoke questions of 'realness' just as they are performed. Why does Mishima's masculinity and sexuality disquiet so many public figures? In the following discussion, I will analyse his ultra-nationalist political arguments rather than his personality, focusing on the relationships between Japanese politics, masculinity and homoeroticism.

THE EMPEROR AND HOMOEROTICISM IN MISHIMA'S POLITICAL THOUGHTS

In his political essays, Mishima certainly links eroticism to political terrorism for the reconstruction of Japan, especially in his famous political essays *The Defense of Culture* [*Bunka bōei ron*] (2006a) and *The Manifesto of Anti-revolution [Han-kakumei ron]* (2006b), published in 1968 when left-leaning student activists were active and influential in Japanese society. His political thoughts need to be contextualised through key elements: Japan's historical uniqueness, the emperor, and homoeroticism.

According to Mishima, Japan is a unique country, which has had unusual historical continuity and cultural wholeness since its beginning as a nation. The Japanese, he insisted, must protect such continuities and prevent divisions and schisms in Japan:

> Japan is a rare country in the world which is an ethnically homogeneous and unilingual one and our nation, which shares the language, culture and tradition, has kept political unity since the dawn of time. Thus, our cultural continuity is entirely dependent on the inseparability of the people from the state. (Mishima, 2006a: 60)

Such nostalgia for national 'purity' is of course a common fantasy of nationalisms. Mishima claimed that the left creates artificial conflicts between people within Japanese society:

> Problems of Koreans and ethnic minorities in Japan, the left insists, are deceptive. (…) They already need to claim the problems of human alienation and alienation of ethnic minorities based on a fiction. Then, when they find alienation of one group, they will rush at it and only think to utilize it for a revolution. (Mishima, 2006b: 20-21)

Despite Mishima's asseveration, his idea of Japanese ethnical homogeneity since the beginning of Japanese history is rather mythical, if not self-deceiving. Although Mishima emphasises Japanese history for his polemic against the revolutionary left, he ignores the historical fact that Japan, the Empire of Japan, used to be a multi-ethnic state including Koreans, Taiwanese, and so on, despite post-war Japan relinquishing its territory due to its defeat of World War Two in 1945.[2] Thus, Mishima – like nationalists everywhere – erases historical and social facts in order to promote myths of historical continuity and ethnic homogeneity in Japan.

Mishima's political purpose is to retrieve oneness between the Japanese ethnic people and the state through culture, not political institutions. What is distinctive about Mishima's concept of culture is that it embraces eroticism and disorder as essential elements. He argues that the concept of culture is in contraposition to the one of politics because politics supposedly exists to impose order whilst culture, such as poetry, exists creatively for the diversity of human life and activity. This means, he notes, that his idea of cultural wholeness is neither totalitarianism nor fascism repressing human freedom and controlling their behaviour. Rather, he insists, his idea of the emperor system radically accepts freedom of speech because it must include anything indiscriminately in its cultural space (and in that sense, he was a libertarian).

Mishima argued in favour of the emperor system of Japan which he construed as 'the emperor system as a cultural concept' (ibid: 66). He rewrites the character of the emperor since the Meiji Restoration, which reformed Japan as a modern state with the emperor as the monarch to maintain the political and social order in Japan. Mishima calls this reduced model 'the emperor as the political concept': "The emperor as the political concept had to sacrifice a great deal of the emperor as the cultural concept which is comprehensive and allows more freedom" (ibid: 75). This view of the emperor is both highly abstract and removed from the actual modern emperor system in Japan. Mishima insists that his political purpose is to make a coalition among the Japanese people under the emperor system as the cultural concept, which is even open to anarchism, in his view (ibid: 74). Despite such libertarianism, Mishima's extreme hostility against communists in Japan and his attempt at a coup d'état in the name of the emperor, belies his impulses to the contrary.

Mishima was fascinated by political battles under the name of the emperor and had created himself as a political agent through such battles. He claimed, as a romantic hero, that his position is the minority of the strong, the last guardian of Japanese culture, history, and tradition, intended to oppose the weak majority of the revolutionary thoughts in post-war Japan. When he opposes communism in *The Manifesto of Anti-revolution [Han-kakumei sengen],* due to the left's hostility against the emperor system and Hirohito himself, Mishima insists that their conflict must be a life-or-death battle, which can only happen once. In *For Young Samurai* [*Wakaki samurai no tameni*] (1969), published one year before his death, he regards the male body as a weapon: 'men's body must always be tense like the bow which is drawn toward a crisis' (Mishima, 1996: 29). Mishima ties together the Japanese male body, politics

[2] For the historical changes of discourses on who are 'the Japanese', see Oguma (2014).

and culture aesthetically through a crisis.[3] His politics evoke homoeroticism among men through the image of physical battles by well-trained, stereotypically beautiful men. His concept of culture-eroticism is destructive in nature, as Mishima was strongly influenced by Georges Bataille (Hirano, 1991). Thus, his political battle is supposed to be both homoerotic and (self)destructive, in love with death.

Homoeroticism functions at several levels in Mishima's political discourse. Firstly, erotic passion toward the emperor constitutes the foundation of his politics, which is destructive and combative and encourages self-sacrifice. Secondly, the homoeroticism of his politics defines the domain of politics, where only Japanese men are allowed to participate.[4] Thirdly, his combative politics demands that Japanese men build up their bodies to use as attack against other men. Watanabe Mieko characterises his works as the paradise of death without women; he was obsessed with masculinity, death, male bodies, and the emperor (Watanabe, 1997). Mishima regarded the Japanese male body as being intrinsically political.

MALE NUDITY, BLOOD, AND POLITICAL HOMOEROTICISM

Mishima's highly symbolic use of a naked male body and blood amalgamates the celebration of masculinity for the nation and emperor with homoeroticism. Mishima directed the movie *Yūkoku* [Patriotism] based on his same titled novel published in 1966, which was a highly sympathetic portrayal of the young officers involved in the coup d'état in the incident of February 26[5]. In the film, Mishima acted as the main character, a young officer who was ordered to crush the coup d'état organised by his best friends in the incident of February 26, and kills himself for dilemmas he experienced between justice and loyalty for friendship, the nation, and the emperor. Mishima explained his intentions about the film: "My main idea was to explore how Japanese Eros would fuse with death and under politically embattled circumstances, what the highest form of Eros would look like for justice or martyr" (Mishima, 2003a: 38). In the film's scene of *seppuku,* Mishima acted passionately, devoting five minutes of the 28-minute movie to the scene of the officer's painful death. From the planning stage, this movie was produced for possible release outside Japan, as its style is stereotypical of Japan and is, thus, easily comprehended by Western audiences (ibid: 40). The movie starts with a scene in which the lieutenant tells his wife about his decision to commit ritual suicide by *seppuku*. He and his wife make love for the last time in front of a wall scroll, on which is written '*Shisei* (allegiance)', and then comes the scene of their suicide: sacrificing themselves for the emperor and for the nation. In this sense, this movie is a part of Mishima's expression for his far-right thought and admiration of the pre-war loyalty for the emperor among Japanese military officers: an example of eroticisation and anesthetisation of fascism as Susan Sontag and Tanaka Jun point out in Mishima's works (Sontag, 1980; Tanaka, 2008).

The film critic and lesbian activist Izumo Marō (2015), highlighted the importance of Dōmoto Masaki's memoir published in 2005. Dōmoto was one of Mishima's closest friends and helped Mishima with stage effects in the movie production. According to Dōmoto, *Patriotism,* was also based on another novel anonymously written by Mishima, *Ai no shokei [Execution of love]* and published in the special issue for homosexual novels of an underground gay magazine *Adonis* (Izumo, 2010: 115-6, Dōmoto, 2005: 61-8). *Ai no shokei* was a homosexual pornographic novel fetishising *seppuku* in which a young, beautiful, and sadistic boy demands a masculine man to commit *seppuku*. The boy demanded *seppuku* as symbolism for the masculine man to prove his love for him. In his memoir, Dōmoto affirmed that he rewrote Mishima's handwriting transcript of '*Ai no shokei*' ensuring anonymity (Dōmoto, 2005: 62, 65-6). Thus, the film can be interpreted as both an experimental film expressing Mishima's political thought and aesthetics made by Mishima himself and a queer film eroticising and fetishising *seppuku*.[6]

In the film, Mishima presented his body as a highly symbolic object. It is repeatedly shown either naked or uniformed; firstly, the lieutenant appears wearing his uniform, then he becomes fully naked for the sex scene. He wears his uniform again as part of the ritual suicide, with the help of his wife; he then becomes half-naked, opening his jacket for disembowelment. Finally, his wife puts his uniform back onto his dead body. His body is symbolised as the national through repeatedly changing between naked and uniformed.

In the scene where he commits *seppuku* in front of his wife, his body is objectified by his sword and his wife's gaze. During his ritual death, the viewer cannot see his facial expression because of the shadow of his hat, and the camera mainly focuses on his belly, though it sometimes gives a close-up of his mouth to indicate pain. When he stabs the base of his left leg to begin the *seppuku* and blood emerges from the wound, the camera focuses on his

[3] Mishima emphasised militant masculinity characterised by their muscled bodies in his introduction for a private militia, *Tate-no-kai* [the Shield Society] too. See Mishima (2003b: 721).

[4] Tanaka Jun points out that Mishima's theorisation of far-right terrorism evokes homoerotic bonds between Japanese men and the emperor through political anesthetisation rather than merely strengthening the emperor's authority (Tanaka, 2008: 250-258).

[5] The February 26 incident was an attempted coup d'état, organised by a group of young Imperial Japanese Army Officers in 1936. It was considered to have put Japan on the path of militarism.

[6] For Mishima's '*seppuku* fetishism and simulation play (*seppuku shumi*)' in private life, see Domoto (2005: 33-58).

wife's face with her expression of shock at seeing his blood. After the stabbing and slitting of his belly, with its massive outpouring of blood, the camera switches to his face in pain, to her face, to his blood, to her face, then to his face. When the camera returns from the pained expression on his face to his belly, his intestines have come out. By these repeated shots, his blood and pain symbolise his loyalty to the emperor, and sanctified through the gaze of his wife, the only spectator. Even though she commits suicide after his death, this symbolises her love for him, not for the nation. She puts on makeup after his death, then commits suicide by slitting her neck with a knife. Her dead body nestles against his in the last scene.

In this film, the image of his blood is differentiated from that of hers. While the film's image of dark bright blood from his belly is realistic, the image of her blood is inversed, black and white reversed, so it appears as a white liquid splattered on the black wall. The images of blood in this film are gendered and differentiated through the classifications of love; one is love for a nation and the other is love for a person. This gendered expression of blood is inspired by the formation of gender roles in pre-war Japan: the male role is that of a warrior for the emperor, and the female role is that of a mother for men.

In the film, Mishima's expressions intertwine homoeroticism and nationalism – which is ambivalent, either he is expressing Japanese national ethos through homosocial desire and homoeroticism or homoeroticism in guise of Japanese nationalist manners. Therefore, Mishima's nationalist politics has been a controversial subject for gay critics[7]. The obvious connection between homoeroticism and his ultra-nationalist politics provides his opponents with a reason to attack his sexuality. In the book *Homosexuality and the Emperor System in Mishima Yukio* [*Mishima Yukio ni okeru nansyoku to Tenno-sei*], published the year after Mishima died, Masao Yamazaki argued that Mishima's radical nationalist politics was caused by his sexuality, which failed to develop in the 'proper' way: into heterosexuality. Following Susan Sontag (1980), who pointed out the eroticisation of fascism in Mishima's works, Tanaka Jun (2008) also regards Mishima as the representative figure to explain the relationship between Japanese homosocial ties and fascist desires.

QUEER CRITIQUE ON MISHIMA'S FASCIST AESTHETICS

Mishima is probably one of the best known homoerotic artists in post-war Japan and also connected to far-right politics. Gay Studies in Japan in their early stages had to analyse the connection between nationalist politics and homosexuality. Keith Vincent criticised Yamazaki's homophobic connection between homosexuality and nationalist politics in *Gei Sutadizu* [*Gay Studies*] in Japan (Kawaguchi et al., 1997: 104-9, 139-140). Vincent tried to offer an alternative reading of the relationship between Mishima's fascist politics, homosexuality, and his ideal of being heterosexual in Japanese society (Vincent, 2003).

Izumo Marō recognises a historical fact that post-war society, which commonly joined homophobia with fascism, failed to liberate homosexuality and continued to repress it after fascism. Stressing such social contexts, she tries to interpret Mishima's works and performances as more than merely anachronistic works that express the close relationship between homoerotic desire and fascism. She writes: "What Mishima Yukio is, cannot fully be explained only by fascist aesthetics: his shocking self-images disseminate and then disappear into the ambiguity of mysticism" (Izumo, 2010:104). Izumo notes that it was the late 1970s when the critique of the alienation caused by sexuality and questions towards heterosexism emerged in the Japanese fourth estate. Before that, Izumo points out, representations of sexual minorities in underground culture, including drag queens and lesbians, were a part of a 'freak show', which existed outside of heteronormativity. Against such a social background, Izumo interprets, Mishima had spent his later life daringly exhibiting his male body as a spectacle. Izumo calls Mishima's performance of Japanese masculinity 'emotional right-wing kitsch' (ibid: 105). Izumo writes:

> Looking back from the present of 2010 to the 1960s, Mishima's kitsch representation, which utilises a 'male body' determinately subjected to the norm belonging to the supreme man in politics and power, seems a challenge against the demands of explanation posed by heterosexism. Thus, I think, for queer gazes, what Mishima Yukio is to be deeply tied to the rhetoric of a blatantly openly secret like being in the glass closet. (*ibid*: 105)

In her interpretation, Mishima's aestheticisation of fascism is not the result of his homosexuality but rather the reappropriation of history and politics for expressing his sexuality in a homophobic society. Izumo focuses on the gay symbols in his film *Yukoku* and tries to read Mishima's performance as a self-expression of sexuality by a homosexual man in the closet in a homophobic society, rather than his yearning for fascism.

However, Izumo's conclusion is pessimistic about Mishima's efforts to express his desire and sexuality within social norms. She relates:

[7] As Dōmoto and Izumo emphasise, Mishima's works were intentionally written for homosexual audiences to enjoy as homosexual texts through queer reading and imagination which read female characters as men (Dōmoto, 2005: 82-3; Izumo, 2010: 115-6; Mackintosh, 2012).

> The alienation of sexuality is one of the important factors to understand Mishima's works. Mishima well acknowledged the structure of repression. That is the structure that when an alien raises questions, the questions are recognized as only aliens' problems, then excluded. Repressors never listen to aliens' crying. Mishima must have known such a nightmare.
>
> It is the 1990s, twenty years after Mishima's suicide, that studies which question heteronormativity – the dualistic repressive structure which sets homosexuality against heterosexuality – are introduced and discussed in Japanese fourth estate. What Mishima attempted was the strategy to hide himself in his legend made by himself while accepting such a dualistic repressive structure. (ibid: 128)

Izumo regards his attempts to be doomed from the beginning because his body performances represent emptiness and signifies 'null'. She suggests that his fascination with death and attempt to be political, which was also hopelessly doomed, came from his emptiness, hiding his sexuality within the heteronormative norms as if it were 'a phantom in the ruins' (ibid: 128).

Although his attempt seems hopeless, do his discourses and performances really only signify his desperate expressions of his desire? It is notable that critics who emphasise the relationship between his sexuality and fascist politics contextualise him within history, while queer critics tend to liberate his expressions of sexuality through individualising them, focusing on his closeted sexuality. How can we best contextualise his expressions of sexuality in the Japanese history of male homosexuality?

HISTORICISING MISHIMA YUKIO IN THE HISTORY OF HOMOSEXUALITY IN JAPAN

In reading Mishima's works, a question has been repeatedly posed as to whether Mishima's novels, especially his representative work, *Confessions of a Mask,* published in 1949, can be called the first 'gay' literature in Japan and whether it expresses gayness in the sense of Westernised sexual identity or not.

Saeki Junko (1997) insists that we cannot identify the same-sex desire of 'I' in *Confession of a Mask* as 'homosexuality' in the modern Western sense, because she finds traditional forms of same-sex sexual relations such as existed in pre-modern Japan in his narrative, including his attraction to men of a different age group from his own. But she also argues that 'I' is influenced by 'Western prejudices' about male love, as 'I' considers his same-sex desires sinful and shameful, compared to traditionally tolerant Japanese attitudes towards same-sex sexual conduct in pre-modern Japan. She therefore concludes that the character 'I' in *Confession of a Mask* represents the mixed characteristics of indigenous and exogenous elements of male love in modernised Japan.

Keith Vincent maintains that 'homosexuality' in *Confession of a Mask* is not understood as an identity but, rather, echoes what he calls 'homosocial narrative', which is the early modern Japanese narrative of same-sex desire that regards same-sex sexuality as 'a developmental stage belonging to adolescence that would eventually and inevitably give way to heterosexuality in adulthood' (Vincent, 2012: 178). This is the opposite to the critic Atogami Shiro, who insists that *Confession of a Mask* is the 'dawn of modernity in homosexual literature' expressing same-sex desire as one's sexual orientation (ibid: 175). Vincent notes the movements of desire in a narrative rather than a fixed identity based on sexual desire, while admitting the possibility that *Confession of a Mask* can be retroactively interpreted as a 'homosexual novel'. Thus, Vincent's conclusion is closer to Saeki's. It expresses not both traditional homosexual narratives and new identity-oriented same-sex desire, but neither of them. 'In my reading', Vincent writes, 'Mishima's novel is neither a piece of "homosexual literature" nor a homosocial narrative, but a text that hovers uncomfortably in between' (ibid: 175.).

It is noteworthy that the critiques which focus on sexual minorities in modern Japan are divided over whether Mishima's novel belongs to traditional Japanese sexuality or indicates the dawn of a Westernised sexual identity, or whether it belongs to both of them or neither of them. However, the coexistence of opposing discourses rather suggests that the question that they both rely on is not a proper one in analysing Mishima's works, as both of them only produce their interpretations but fail to contextualise the works, even though they have tried to. Nevertheless, what is notable in the coexistence of opposing discourses is the fact that Saeki and Vincent insist on the opposing conclusions but stand on common ground that Mishima's work includes something different about same-sex sexuality in Japan, alienating itself from the past and from contemporary Japan.

Here, instead of asking the question – the question non-Western cultures are almost always forced to answer – of whether Mishima belongs to 'traditional' Japanese sexuality or to the dawn of a 'Westernised' sexual identity, I will focus on contextualising Mishima's discourses in the history of same-sex sexuality in Japan and on clarifying the features of Mishima that still have an influence on ideas of same-sex sexuality in Japan. Although Mishima became a popular writer by producing works about homosexuality, in later years he did not write 'homosexual' novels anymore. However, his later works still retained elements of homoeroticism, and those have often been

linked to his far-right politics. What is notable in Mishima is not his homoerotic expression itself, but his change of style of homoerotic expression. Thus, one question we need to ask is: what is the difference between his early style and later style of homoeroticism?

Contextualising Mishima's works, Sabine Frühstück (2003) and Gregory M. Pflugfelder (2007) have already shown that Western medical discourses on sexuality were translated into Japanese in the early stages of Japan's modernisation. As early as 1890, the conduct of 'homosexuality' was beginning to be formulated through translations of Western medical concepts, and people's sexuality was considered a subject that society had to deal with in Japan. As 'homosexuality' was already standardised as 'same-sex love (*doseiai*)' by the 1920s, and homosexuals and 'pervert' characters were often represented in popular culture after the 1920s, it is reasonable to suppose that Mishima, who was familiar with Western classical culture, was well acquainted with homosexuality in the modern Western sense when he wrote *Confession of a Mask*. Thus, it is rather anachronistic and misleading to focus on the question of whether he expresses the sexual identity familiar to homosexuals, or 'gay' identity in contemporary society, or whether he expresses 'traditional' Japanese sexuality.

His second homosexuality-themed novel published in 1951, *Forbidden Colors,* also echoes pre-war expressions of homosexuality: *ero-guro-nansensu*. Pflugfelder characterises the discourses about homosexuality in *ero-guro-nansensu* as demonstrating three elements: firstly, 'same-sex love' was linked with a vaguely 'grotesque' urban environment at the time when cities such as Tokyo and Osaka were rapidly growing in Japan and new subcultures of male-male eroticism were emerging in the large cities; secondly, prostitutes were frequently portrayed as central actors in this subculture, embodying an 'inverted' trope of male-male sexual behaviour; thirdly, same-sex love is represented conceptually as having a close relationship with criminality (Pflugfelder, 2007: 310-311). Even though it is a heavy work of literature, rather than popular novels as *ero-guro-nansensu* were*, Forbidden Colors*, which portrays the underground culture of homosexuals in Tokyo in the early 1950s, clearly takes over the characteristics of the genre of *ero-guro-nansensu.*[8]

As Mishima turned from being a 'homosexual' writer to being a far-right activist, the expression and meaning of same-sex desire in his work also changed. In his early works, same-sex desire is expressed as being disturbing for the men who hold it; it is a shameful desire, or a desire isolating men from society. In his later works, however, homoerotic desire is not shameful but rather an essential desire to participate in national politics. As Mishima's homoerotic desire functions as an expression of loyalty to the emperor and identification with war heroes who also were loyal to the emperor, homoeroticism, or a desire for strong male bonds, represents national politics, masculinity and a nation-state itself. In his discourse, homoeroticism builds a mutually complementary relationship with Japanese national politics. Now, homoerotic desire is something essential in a nation-state.

Certainly, representations of cultural and political homoeroticism existed in pre-war Japan before Mishima (Pflugfelder, 2007; Reichert, 2006). However, those representations used to be regarded as something negative, temporarily indicating the past, of pre-modern federal Japan or excess of modernisation (Kawasaka, 2018; Vincent, 2012). In Mishima's discourse, on the other hand, homoerotic desire has become something central in Japanese politics, relating *the present*, or *the living tradition*. In his redefinition of the emperor system for his politics, Mishima succeeded in involving homoeroticism, or something very close to homosexuality, in national politics, and in explicitly recontextualising it from Japanese tradition to contemporary Japan. Retrospectively, it is a politically distinctive moment for homosexual politics in Japan, as same-sex desire is now regarded as something not outside of contemporary Japanese society, either the past or the West, nor something in underground cultures but central. He redefined it as a political desire that allows Japanese men to access the emperor.

Ironically, Mishima's political discourses, which constructed close relationships between the emperor and homoeroticism, was reappropriated and succeeded by a far left sexual dissident activist in the 1970s, after Mishima's death, but in this case mobilised against the emperor. Togo Ken (1932-2012), a pioneer of gay activism in Japan, challenged the emperor's political holiness by grotesquely homoeroticising him. Although Mishima reformulated same-sex desire as something denoting loyalty and national unity, Togo insisted that Japanese society regarded same-sex desire as inferior (Togo, 1979: 152). He utilised it against morals, norms and the emperor by expressing his same-sex desire and identity openly (McLelland, 2005; 2012). Togo's political purpose is the opposite of Mishima's but the latter's discourse of same-sex desire, which admits it into the national political domain, enabled Togo to promote his desire as a political issue in Japanese society.

THE EMPEROR SYSTEM AS THE LIMITATION OF QUEER POLITICS IN JAPAN

The contextualisation of Mishima's ultranationalist political discourses into Japanese politics appear to be repeating already well-discussed topics of 'homofascism' in Sexuality Studies: how essential homoeroticism has been in fascist aesthetics and ideology (Champagne, 2013; Mosse, 1985; Tanaka, 2008). On the other hand,

[8] For representations of homosexuality in *ero-guro-nansensu*, see also Kuroiwa (2013).

connections between fascism and homosexuality have been criticised as potentially a part of political obsessions which distort homosexuality and attach it to unfavourable political radicalisms - either far-left or far-right movements such as McCarthyism and Frankfurt School's analysis of 'authoritarian personality' (Halle, 1995; Hewitt, 1996; Johnson, 2004). Rather than discussing Mishima in relation to these issues as Vincent (2003) has, I argue that the emperor system has been essential for sexual politics in post-war Japan and must not be ignored by queer politics, even now. Mishima's homoerotic nationalist discourse and performance indicate an under-argued political-emotional function of the emperor in Japan: the emperor system in Japan is not only the ideological grounding of the heteronormative family system, but also can embrace male homoerotic ethos and prepare a cultural circuit for Japanese male sexual minorities into Japanese nationalism.

Traditionally, Japan's emperor system has been regarded as the political institution to sustain the Japanese patriarchal heteronormative family system (Maree, 2014). When Maruyama Masao, a representative political philosopher in post-war Japan, reflected on Japanese wartime fascism in 1946, he argued that Japanese fascist ideology was differentiated from Italian fascism and Nazism. According to Maruyama, one of its characteristics was 'familism [*Kazoku shugi*]' which represented the nation as a big family with the emperor as the symbolic patriarchal head and Japanese ethnic citizens as his children (Maruyama, 1964: 42). Through Japanese familism as a fascist ideology, Maruyama insists, Japanese ethnic people were actually imagined as the consanguineous group, not a metaphoric family, which helped to form a strong Japanese national identity differentiated from the West and other Asians (Maruyama, 1964: 42-3). Even in contemporary Japan, the emperor system is utilised to cement Japanese national identity along with 'traditional' family values, sustaining Japanese institutionalised sexism and xenophobia. For example, in the 2000s, the conservative backlash movements grew against feminism, sexual education, issues of war sexual slavery [*ianfu*], and gender equality policies. Their campaigns collaborated well with powerful politicians such as Abe Shinzō, have often exploited homophobia and transphobia, and called for protecting the 'traditional' family values and the emperor system. They employed disinformation in a conspiracist manner, with feminists promoting communism that would abolish Japan's emperor system (Soku, 2016; Wakakuwa et al., 2011).

The double-binding representations of the emperor system – the source of heteronormative family values and the fetish object of homoerotic admiration by Mishima's followers – have influenced the development of Japanese gay activism and gay studies, especially after the AIDS crisis which was represented as a threat to Japanese society from homosexuals and foreigners (Treat, 1999). To avoid Japanese nationalism and homogeneity, gay activism such as OCCUR (*Ugoku Gei to Rezubian no Kai* [Group of acting gays and lesbians]) employed identity politics for their strategy (McLelland, 2005) and gay scholars, such as Kawaguchi Kazuya, Kazama Takashi, and Keith Vincent, adopted Eve K. Sedgwick's 'queer reading' as a method to read hidden homophobia in Japanese society, not queer desires as Sedgwick (1990) originally practised (Kawaguchi et al., 1997). For the emperor system can both be the institutional guarantee of heteronormative family values and embrace male homoerotic ethos, it cannot be a threat against Japanese political and sexual normativity to expose hidden queer and homoerotic desires among Japanese men. Rather, these exposures can be utilised against queer activists' claims about Japanese discrimination and repression against sexual minorities.

Criticism against the emperor system still can be treated as a taboo in LGBT activisms in Japan as well. In May 2018, Tokyo Rainbow Pride was targeted by the conservative online media and Twitter users as the pictures showed some participates holding placards with political messages such as 'Resign, (Prime Minister) Abe' and 'Crush the Emperor System [*kutabare tennō-sei*]' (News Vision, 2018). A gay writer also criticised these messages as 'LGBT activists exploit the "weak" for their political purpose' (Jack, 2018, 45). What is noticeable in this phenomenon is that criticism against the emperor system can bring together the gay community and the conservatives against LGBT rights, and limits what queer movements can politically speak out about in Japanese society. The emperor system is a part of Japanese political institutions which sustain heterosexism and marginalise queer lives, but there is a strong social pressure not to criticise this, even within LGBT community.

Mishima Yukio offered a new homoerotic far-right discourse and redefined the emperor system as the homoerotic object which can theoretically embrace Japanese male homosexuals. His redefinition of the emperor system may be seductive for some Japanese male homosexuals as it offers a membership of the nation through their desire, without changing political institutions and culture. At the same time, however, it politically limits the possibilities of queer activism and even contributes to repress social minorities' inclusion in the Japanese imaginary.

CONCLUSION

Mishima's nationalist discourses have made space for male same-sex desire in Japanese public culture and national politics. His ideas about the emperor system radically embrace male homoerotic ethos and has prepared a cultural path for Japanese male sexual minorities into Japanese nationalism. In this sense, he is one of the first celebrities to change the concept of the relationship between male same-sex desire and contemporary national

politics in modern Japan. He shaped a new form of discourse on male same-sex desire, differentiated from the previous and concurrent medical discourses or the *ero-guro-nansensu* discourses, both of which marginalised homosexuals. Mishima, we can say, has broken new political ground for male sexuality in post-war Japan.

Unfortunately, his discourses still define the contemporary Japanese queer political environment in a negative way. Mishima expanded the figure of the emperor for Japanese male homosexuals to be included within Japanese ethnonationalism. At the same time, however, his discourses enclose them within Japanese national norms and identity, obstructing transnational/cultural solidarity and political cooperation with feminists as well.

Some critics of Mishima tend to treat his sexuality and personal desire as the source of his far-right politics and extremism. These criticisms, which alienate Mishima's 'homofascism' with implicit homophobia, only serve to naturalise and enforce heteronormativity based on the Japanese emperor system. I suggest that it is more fruitful to understand Mishima's nationalist homoeroticism as a product of the emperor system at the centre of people's desire and admiration, in post-war Japan. The relations between the emperor and socially marginalised people, promote dynamics of inclusion and exclusion of social members through Japanese ethnonationalism. But at the same time, such dynamism itself is a product of social hierarchy based on the emperor system and predefines and restricts minorities' lives. Mishima prepared the new political ground for Japanese male homosexuals but it means he invited and confined them to such political dynamism by the emperor system as if it is the safest and happiest place.

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Book Review

Perverse Taiwan

Lin Song [1]*

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With a rapidly growing corpus of works over the last two decades, researches on gender and sexualities in East Asia not only yield new vantage points to theorise the formation of identities, but also challenge Eurocentric modes of knowledge production by underlining the importance of cultural hybridity and specificity. The latest addition to this productive field of research, *Perverse Taiwan* presents a volume of essays that focus upon a range of literary, media, ethnographic, and cinematic texts spanning nearly seven decades in Taiwan's recent history. Diverse in temporal frames and disciplinary backgrounds, these essays are organised around the book's central theme of re-mapping non-normative gender and sexualities in Taiwan by re-visiting their genealogies, positionalities, and embodiments.

Comprised of ten chapters, the book is divided thematically into four parts. It starts with an introduction to the concept of 'perverse Taiwan' as a critical intervention, and the following three sections provide case studies exploring different facets of non-normative gender and sexuality in historical and contemporary Taiwan. Howard Chiang and Yin Wang's introductory chapter marks out the urgency of challenging both the hegemonic knowledge formation about modernity and the monocausal view of history. Highlighting the ambiguity and intricacy of Taiwan's queer history and culture, it raises doubts about the unidirectional rhetoric of post-martial law (i.e. post-1987) liberation and calls for new perspectives and interpretive strategies in understanding Taiwan's sexual modernities.

The three chapters of Part One revolve around a common concern about genealogies, and offer analyses of various discourses in Taiwan before the lifting of the martial law. Collectively, they demonstrate that dominant narratives of Taiwan's queer histories fall short of capturing the richness and complexity of the island's non-normative genders and sexualities. Howard Chiang's chapter zooms in on mainstream Taiwanese newspapers' coverage of the local figure Zeng Qiuhuang's *renyao* stories in the 1950s. Tracing *renyao*'s genealogical roots in Ming-Qing China and the denaturalisation of the category in republican Taiwan, Chiang posits that such a practice of archiving contributes both to re-imagining Taiwan's queer past and to re-interpreting the island's supposedly peripheral position as a critical vantage point of queer historical knowledge production. Ta-wei Chi's chapter challenges the monumentalisation of Hsien-yung Pai's 1983 novel *Exiled Sons* (*Niezi*) as the single founding work of literature of homosexuality in Taiwan. Evoking an understanding of the literary subject as a 'subject-effect', Chi identifies a pluralist cohort of writers in the 1960s, whose works on homosexuality not only exert fundamental influence on later authors but also illustrate the subtlety and nonlinearity of Taiwan's history of homosexuality in literature. Jens Damm's chapter provides rich data of public opinions on homosexuality in the late 1970s to the

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late 1980s, a transformative period of social upheavals and unrest. Through a closer look at medical, psychoanalytical, popular, and literary discourses, the chapter examines how disjunctive flows of U.S. discourses influenced local approaches to gender and sexuality. These approaches, though mostly conservative, are characteristically pluralised, constituting important historical roots for Taiwan's post-martial law democratisation.

Shifting focus to contemporary Taiwan, the two chapters in Part Two draw on detailed ethnographic data to explore queer subjects' identificatory practices and showcase how global and local knowledges converge to produce new sexual identities, experiences, and positionalities. Yu-Ying Hu's chapter teases out categorical politics in local lesbian women's creative engagements with the binary *T* (normatively masculine) - *Po* (normatively feminine) division. Observing how they use hybridised subcategories such as *bufen* (no particular gender inclinations) to complicate existing structures of identification, Hu argues that negotiations among global, local, and subjective sexual knowledges engender an ever-changing and never-complete process of queer identity formation in post-martial law Taiwan. Also writing on local queer subjectivities, Amy Brainer delves into the relationship between transgender identities and Chinese patrilineal kinship ideologies. Her chapter offers a fascinating account of a transman's negotiations with his family throughout the process of his transition, and illustrates how transgender embodiment is profoundly relational to family roles. While Brainer suggests that the recalibration of family roles indicates fluidity and flexibility that unsettle the ideological antagonism between queerness and Chinese kinship, she also cautions that the negotiative process may cost a high psychological and cultural price and needs deeper scholarly attention.

With four chapters on performing arts, cinema, and literature, Part Three unpacks the cultural politics of imagining, representing, and embodying gendered identities in Taiwan. Chao-Jung Wu's chapter offers a detailed case study of Redtop Arts (*Hongding Yiren*), an enormously popular cross-dressing entertainment troupe in the 1990s. Examining how the troupe hybridises a variety of Japanese, Chinese, indigenous, and Western genres and popular cultural contents, the chapter brings to light the ways in which Redtop Arts' bodily practices, motivated by commercial and cosmopolitan aspirations, signify the constant re-making of contemporary Taiwanese identities at the intersections of tradition and modern, local and global, and nativism and nationalism. Chun-Chi Wang's chapter turns to Taiwanese *tongzhi* cinema and critiques the recent proliferation of queer-themed films in the mainstream market. She points out that although the visibility of queerness has drastically improved, newly produced commercial feature films' representation of *tongzhi* is problematically removed from the rights movement and subordinated to heteronormative ideologies. She calls for a return to the 'offensive' and 'unapologetic' modes of queer representation in order to challenge hetero-mainstream portrayal of domesticated queerness (176-177). Whereas Wang's skepticism toward homonormative politics is well-justified, the exclusion of arthouse cinema and independent documentaries in her analyses seems to have led to a partial judgement of Taiwan *tongzhi* cinema as 'normalising'. The relationship between *tongzhi* visibility and commercial culture needs further exploration, and the chapter also needs to address the key underlying question of whether radical and confrontational politics is the only route to queer representation and embodiment in the Taiwanese context[1]. Te-hsuan Yeh's chapter is arguably the most theoretically dense chapter in the book. The chapter contends that Western theorisations of shame as a universal humanising feeling premised upon the Cartesian model are inadequate for understanding affect in Sinophone societies today. Drawing on Tsai Ming-liang's celebrated work *The River*, Yeh argues that the queer film revises the Deleuzian sense of shame by foregrounding the process of disconnection and deterritorialisation, as opposed to association with the disgraced subject, as a key component of shame in Confucian culture. By doing so, the chapter calls for a new theoretical framework that understands nomadic, rather than self-contained subjectivities as capable of generating effective counter-discursive queer strategies. Yin Wang's concluding chapter investigates contemporary female Taiwanese writer Lai Xiangyin's novels as windows to the interwar and postwar formation of Taiwanese consciousness. Looking into Lai's literary representations of Taiwanese intellectuals' ambivalent affective investment in Japan and a generalised West, Wang examines how Taiwan's colonial modernity is deeply embedded in individual sense of subjectivity. The asymmetrical relationship between Taiwan and Japan, Wang suggests, produces battling feelings of love and shame, aspiration and frustration, and hope and pain that constitute 'habitable signs of selfhood' (210).

Presenting rich case studies, *Perverse Taiwan* illuminates how non-normative gender and sexual identity formations in Taiwan are intertwined with its complex histories and unique geopolitical settings. In particular, it

[1] See, for example, Song Hwee Lim's discussion about the burden of presentation in *The Wedding Banquet* in *Celluloid Comrades: Representations of Male Homosexuality in Contemporary Chinese Cinemas* (U of Hawai'i P, 2006), Ching Yau's observation about Hong Kong queer subjects' desire to access normality in *As Normal As Possible: Negotiating Sexuality and Gender in Mainland China and Hong Kong* (Hong Kong U P, 2010), and Elisabeth Engebretsen's further theorisation of the "close-to-normal" strategy in *Queer Women in Urban China: An Ethnography* (Routledge, 2014).

offers an original and powerful historical critique that not only re-imagines Taiwan's queer genealogies, but also prompts new understandings of its non-normative gender and sexual subjectivities. However, I also find the chapters on contemporary Taiwan a little disconnected from the book's historical insight. The question of how a re-thinking of queer histories in Taiwan would inform new theorisations of contemporary Taiwanese queerness still needs to be fully addressed. And the uniqueness of Taiwan's political and cultural settings could be better foregrounded in the analyses of cinematic representations, identificatory practices, and kinship relations in a contemporary setting.

On the whole, the edited volume is a timely contribution that not only re-maps sexual histories and geographies of East Asia, but also deepens understandings of queer subjectivities in the world today. The book's interdisciplinary approach makes it appealing to scholars of diverse backgrounds, including history, Asian studies, gender and sexuality studies, literary studies, film studies, and media and cultural studies, to name but a few.

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Book Review

Queer Comrades: Gay Identity and Tongzhi Activism in Postsocialist China

Xiaodong Lin [1]*

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Book's Author: Hongwei Bao

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Hongwei Bao's monograph, *Queer Comrades: Gay Identity and Tongzhi Activism in Postsocialist China* is a timely book as issues of gender and sexuality are at a particular critical moment in China. Bao is an established scholar in the field of critical theory and cultural studies and *Queer Comrades* demonstrates his highly sophisticated theoretical innovation, while at the same time, remaining accessible for a wide readership. I particularly liked the title of the book 'Queer Comrades': it captures the shifting nature of identities and emphasises a complex process of identification, addressing the continuities as well as the transformations in the formation of gay men's subjectivities in modern China. This emphasis on continuities serves as a critical lens to engage with key analytical boundaries in relation to different historical periods. In Bao's conceptualisation, gay identity and queer politics in China can be best understood through a discourse of the 'queer comrades', which is situated within the context of China's shifting social, economic and political ideologies. As Bao maintains:

> If China's postsocialism is characterised by the synchronic non-contemporaneity of different modes of economic, political and ideological legitimacy, and cultural production, the term 'queer comrades' can be seen as an articulation of forms of subjectivities, power, governmentality and social imaginaries produced in this shift' (p. 4)

Queer Comrades brings together cultural studies and modern Chinese history to make sense of gay identities. As Bao states:

> 'I refuse to Orientalize and compartmentalize Chinese queer studies, but I also appreciate the careful historicization and contextualization of queer subjectivities and cultures by many Chinese queer studies scholars, which serves as a necessary caution against some universalizing claims and tendencies in queer studies in general." (p.31)

Navigating through key theoretical paradigms, including queer theory, neoliberalism, Marxism and queer Marxism, Bao develops his own theoretical framework. In particular, the book engages critically with key studies in the field of Queer Marxism and situates the contribution of the experience in the People's Republic of China in the literature, alongside other literatures in the field, from Lisa Rofel's *Desiring China* (2007), Petrus Liu's *Chinese Queer Marxism* (2007), to Howard Chiang's discussion on 'self- or re-Orientalisation' (2014). The importance of the book is in its theorisation of 'queer comrades' as an analytical framework that enables us to examine subject, power,

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governmentality, social movement and everyday life in today's China with more intellectual precision, and cultural specificity (given China's modern history).

Bao identifies himself in the book as a 'tour guide' who guides us through a journey into queer China. I especially enjoyed Chapter 2 as I remember reading the chapter on a Saturday afternoon, sitting in a café, enjoying the once-a-year 'heat wave' in England whilst learning about the spatial stratification between the cosmopolitan translational gay scene and Lailai dancing hall as a predominantly working class gay space in cosmopolitan Shanghai. This chapter addresses how queer people identify themselves with different terms, including 'gay', *tongxinglian* and *tongzhi,* in relation to transnational capitalism, the state and local governance in China. What is of significance in this chapter is the identification of different types of sexual subjectivities read through the theoretical lens of queer space, which then go on to unravel the different forces shaping queer subjectivities. Importantly, Bao highlights how class or class identification serves to make sense of queer space in Shanghai. As he states:

> many queer interviewees identified Starbucks cafes as popular meeting places, in part because, as one explained, cafes and bars have a 'petit bourgeois ambience' (xiaozi qingdiao). (p. 43)

Equally of importance, Bao underlines the flexibility of identifications within the identities as 'gay', 'tongzhi', 'tongxinglian', which are always 'multiple, fluid and contingent… they are never fixed or singular' (p. 61). While demonstrating the proliferation of individualities, Bao critically engages with the concept of 'cosmopolitanism', maintaining that 'people from different social backgrounds may imagine cosmopolitanism in divergent ways' (p. 40).

I particularly appreciated the way that Bao analyses his data in a culturally reflexive way. For example, in one section where he analyses the expression of *wo shi gay*, 'I am gay' in Chinese (p. 52), Bao notes, 'most of the people I met in the event organized by Shanghai LGBT groups and at these commercial gay bars identified themselves as 'gay' – as in the frequently-used phrase *wo shi gay* (I am gay). The English word is not often translated into Chinese even in a conversation in Chinese. It does not need to be. It both embraces a transnational and cosmopolitan identity and manifests a classical Chinese aesthetics of *hanxu* (implicitness or reticence), that is, one does not need to articulate it clearly'. His analysis follows this. In this example, Bao demonstrates a more nuanced interpretation of what seems to be a common-sense expression from a Western perspective. Readers can find similar nuanced analysis throughout the text.

Another striking chapter is chapter 4, which is a powerful but disturbing chapter on the diaries of Chinese gay men receiving conversion therapy, concerning how homosexual desire was rejected through shocking medical practices. In this chapter, Bao investigates the different layers of governmentality in the formation of human subjectivities, drawing upon Foucault's notion of 'technologies of the self' with a focus on 'becoming' that involves sophisticated life/artwork that one makes and remakes gay subjectivities. The chapter highlights the role of affect in the process of subject formation and transformation.

Last, but not least, one of the strengths in Bao's book is that he does not shy away from political and human rights issues. The book demonstrates his continuing commitment to engaging with LGBT communities and issues through his rich and detailed empirical data, as well as his nuanced analytical approach. Overall, I consider *Queer Comrades* will become one of the key texts in the field of Queer Studies.

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Book Review

Russian Homophobia from Stalin to Sochi

Radzhana Buyantueva [1]*

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Dan Healey's work, *Russian Homophobia from Stalin to Sochi* offers an extensive historical analysis of state and public homophobia in Russia. In line with the growing literature examining sexuality in post-Soviet Russia, such as Burawoy and Verdery (1999); Essig (1999); Hörschelmann and Stenning (2008); Mizielinska and Kulpa (2010); Stella (2015), Healey questions the relevance of Western terminology, including the term *homophobia*, to a post-Soviet context. The book attempts to resolve such epistemological impasses by tracing the genealogy of modern Russian homophobia.

The book offers a nuanced and sophisticated analysis of the discrimination, prejudice, and violence experienced on the basis of sexual orientation[1] in modern Russia by drawing on a remarkable array of legal documents, media sources, archival documents, and biographies. Healey shows how Soviet and Russian state policies worked towards the sustainment of invisibility of same-sex desire. In line with further archival works, it is important to acknowledge the importance of Healey's analysis of archival data, notably police documentation, seeing the restrictions imposed by the Russian state. The author also traces the origins of modern Russian homophobia to the intertwining of the imperial Russian past with religion (Orthodox Church), prior to the Soviet times. This presents an important addition considering the largely-consumed narrative of the Soviet period being noticeably repressive towards male homosexuality. The Russian Church/state nexus prohibited sodomy in the Russian military in the eighteenth century before extending it to the wider population.

Part 1, titled 'Homophobia in Russia after 1945', is dedicated to the lives and experiences of gay men following the criminalisation of homosexuality in 1993. It examines a history of labour camps (Gulags), and sexual humiliation and violence engulfing that space. Drawing on police investigative files, the text also explores public attitudes towards same-sex relations (gay men in particular) in provincial Soviet Russia. It also introduces the reader to a captivating and tragic personal story of the victims of political homophobia by drawing on personal diaries.

The second part, titled 'Queer Visibility and Traditional Sexual Relations', focuses on post-Soviet times, when neoliberally-informed political and socio-economic changes allowed for the growing visibility of LGBT community. It argues for the distinctive differences in its development (i.e. not being concentrated in certain neighbourhoods) in comparison to Western LGBT communities. The text introduces the reader to a fascinating

[1] The book employs terms 'LGBT' and 'queer' interchangeably when discussing non-heteronormative sexuality in Russia. It also includes such terms as 'gay', 'homosexual', 'bisexual', 'lesbian', and 'transgender' but focusing for the most part on analysing same-sex relations between men.

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window on the world of post-Soviet gay pornography that emerged and developed during the 1990s. Following Healy, the 1990s was a time that is sharply marked by social and cultural changes, and a 'sexual revolution'. This sexual revolution epitomises the media's misuse of the topic of sex and erotica following decades of silence, in addition to being perceived by the political and religious elite as negatively impacting public morals. Although LGBT individuals gained some degree of visibility, they became convenient political 'scapegoats' blamed for the sexual corruption of the younger generation.

The final part, titled 'Writing and Remembering Russia's Queer Past', brings the reader back to Soviet times and presents a historical analysis of gay men and their encounters with discrimination and violence, drawing on archival and biographical data. The biographies of three homosexual Russian artists (poet Nikolai Kliuev, poet and diarist Mikhail Kuzmin, and singer and songwriter Vadim Kozin) convey both vertical (Russian state) and horizontal (Russian society) homophobia, and it is important to account for both forms of homophobia in order to better understand the Russian state's treatment of same-sex relations.

The book is focused, for the most part, on analysing male same-sex desire, and neglects further sexualities, such as lesbian women or transgender bodies. The text could benefit from integrating a more sophisticated gender analysis, instead of relying on a historical reading exclusively. Despite this minor criticism, *Russian Homophobia from Stalin to Sochi* makes a significant contribution to the analysis of the role of political homophobia in state-building processes as well as its impact on public attitudes towards homosexuality. Healey writes in an engaging and accessible manner, which makes the book suitable for a broader audience. It maps out a rich direction not only for future research on sexuality in Soviet and post-Soviet history and society, but for a cross-cultural examination of the shifting location of homophobia.

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Book Review

Victors, Victims & Villains, Women & Musical Arts in Zimbabwe- Past and Present

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Gender dynamics within African musical arts are presented in this collection, which is a welcome contribution to the academy and the general reader. With thirteen chapters, the authors ranging from rising young scholars to senior experts work together in *Victors, Victims & Villains: Women in Musical Arts in Zimbabwe-Past and Present.*

In the first Chapter, Munyaradzi Nyakudya et al. draw out women's experiences in their participation in music from pre-colonial, colonial and post-colonial eras. The author describes how women were represented as victors or victims. Colonial historiography depicts women as marginalised into private spaces thereby falling into a replica of the Victorian domestic ideology of the 'Angel in the House' which was dominated by male chauvinism. Despite that, women used their agency in musical arts to negotiate for their voices to be heard in both urban and rural settings. Contrary to general perceptions that women were always passive victims of an androcentric society, they were in fact 'active history makers of their own, from the pre-colonial times to the present.'

In chapter 2 and chapter 3, the authors build further on the broader theme of the role of women in musical performance. Deploying Ethnomusicology, Perminus Matiure focuses on musical performances in Shona societies from the Chikomba District in Mashonaland East, and urban Gweru in 2015. Extracting information from various contexts: funeral music, songs for welcoming a new bride, church music, traditional ceremonial songs for the Shona, contemporary music and women as dancers, the author describes new vistas which demonstrate the involvement of women in music production in Zimbabwe. They make clear that women played a pivotal role in performance of traditional music. At the same time, Excellent Chireshe uses content analysis to look at the famous 'Dr. Love', Paul Matavire, to analyse how women are represented in his songs as victims or villains or indeed finally victors.

In chapter 4, Jairos Gonye examines selected literary works of Bernard Chidzero and Solomon Mutsvairo in which women are depicted as sexual 'toys'. In chapter 5, Ushehwedu Kufakurinani et al. examine how women have been portrayed in selected Zimdancehall songs. Most notable in their study is that, 'the music industry is a microcosm of the macrocosm', implying their representation in dance hall songs is typical of the broader Zimbabwean patriarchal society.

The under-representation of women and their sexual objectification continues to be critically addressed in chapter 6 by Tanaka Chidora. Zimdancehall is defined as a Zimbabwean version of Jamaican reggae/dancehall which dates back from the 1980s in Zimbabwe and gained popularity during the post-2000 period (98). Tracing

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the perceived subversive operation of women within nationalists' discourse, Chidora uses the example of Stella Chiweshe. The nationalists interpreted mbira as having various interconnected meanings and powers. Zimdancehall becomes the game changer in that it was initially viewed as an epitome of 'youth rebellion and subversion of the nationalists' project' (103). Some of the Zimdancehall artists captured in Chidora's study includes Bounty Lisa, Lady Squanda and Lady Bee. These three women use their bodies as sites for a Zimdancehall aesthetic which stretches beyond the conventional moral codes of Zimbabwean femininity. Furthermore, Chidora views female agency and freedom to transcend what he refers to as the hypocritical morality of society, with men too often playing the part of undermining women (7).

In chapter 7, Kelvin Chikonzo and Portia Chifamba deal with the controversial issue of the commercialisation of the feminine body through the genre of pole dancing. The case of Beverly 'Bev' Sibanda a pole dancer is used to examine how she challenges popular disapproval. Resistance theory was successfully deployed to address important tenets of defiance, displacement, ambivalence, appropriation and mimicry. Reggmore Marongedze and Enock Machanja in chapter 8, investigates the topical issue of what they called, 'an artistic bazaar' that is, the way female dancers particularly Sandra Ndebele and Beverly Sibanda, exhibit erotic body manoeuvers as a survival strategy in the face of economic hardships. Mainly grounded in post-modern feminism, the authors argue that the two artists, Sandra Ndebele and Beverly Sibanda demonstrate their diverse skills and techniques amidst the economic and political crises which have engulfed post-independent Zimbabwe society (148). The two artists were made visible to Zimbabwe's huge public eye due to national events which were held periodically from post-2000. Sandra participated in national galas which gained her popularity from the 2000s with patriotic performances forming the centre of Zimbabwe African People's Party for the Patriotic Front (ZANU PF) propaganda. Bev performed at national expos for the purpose of showcasing tourism, thereby attracting the attention of the media and Zimbabweans in general.

In chapter 9, Gibson Ncube and Gugulethu addressed the concept of the marginalisation of female music artists in academic discourse. Deploying Nick Stevenson's theoretical framework on 'cultural citizenship' and the late Italian Marxist scholar, Antonio Gramsci's notion of hegemony, the two authors argue the possibility for singers such as Busi Ncube, Sandra Ndebele and Dudu Mangena to rise to national prominence. However, the female Ndebele singers encounter the stumbling block of the 'cultural and linguistic supremacy of the Shona.' The only options identified for the Matabeleland region singers then, becomes their relocation to Harare or to sing in Shona, thus portraying ethnolinguistic tensions and the political geography of song.

In chapters 10 and chapter 11, Doriah Mhako-Mutonhodza deals with gender dynamism in the light of the protest theatre of the Africana Womanist tradition, the author introduces the contributions of women in national affairs since the era of the liberation struggle. In this regard, the author goes on to examine the extent to which Zimbabwean protest theatre confronts the socio-economic and governance issues in relation to women. In chapters 11 and 12, more themes of protest art are dealt with, with the last chapter focusing on strides made in challenging patriarchy by three singers Chiwoniso Maraire, Hope Masike and Stella Chiweshe. The song *Rebel woman* by Chiwoneso can be singled out as a typical example of how these women have used their lives to resist male hegemony in Africa, particularly deploying the musical arts.

For me, however, there is need for more academic research using feminist methods to consider ethnomusicology, just like in Ruth Meena's now classic edited book, *Gender in Southern Africa; Conceptual and Theoretical Issues (1992)* which focused on feminist voices from female writers. We also need to see more interviews with living women musicians in Zimbabwe. This book remains an invaluable contribution to modern Zimbabwean and African scholarship.

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