

The Woman in the Body

A Cultural Analysis of Reproduction



Emily Martin

With a new Introduction

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in The Body

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of Reproduction**

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For Jenny and Ariel

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Introduction to the 1992 Edition

In the five years since its publication, *The Woman in the Body* has led me through a range of emotions. I felt intense delight when, lecturing at the University of Illinois, a graduate student who is also a nurse told me she went about the corridors of the hospital where she worked with my book tucked under her arm like a talisman. "That way," she said, "when the doctors don't believe me about the kind of discriminatory language they are using, I can point to the page in the book where it says so." Yet I felt frustration when, lecturing at Woods Hole, an elite biological research institution, most of the scientists in the audience were angry with me for arguing that the concepts of reproductive biology are permeated with cultural stereotypes. Even in the midst of that frustration, though, there was pleasure, when a graduate student sitting in the back of the lecture hall hesitantly spoke out. Barely audible, her head bowed, she said that my descriptions of the cultural assumptions in biological accounts that portray sperm as virile and aggressive, strongly thrusting forward into the deepest recesses of the female reproductive tract, were accurate.¹ Just such assumptions had affected her own scientific observations. When she first started observing lobster sperm through the microscope, she concluded that all of them must be dead since they were not moving. Later she found out that lobster sperm do not move at all, even when they are alive and well. She was amazed to realize that her cultural expectations about the vigor and motility of "male" cells had mislead her scientific observations.

One of my motivations in writing *The Woman in the Body* was to

increase the awareness not only of the scientific community but also of the public of what a feminist analysis of science is. I hoped to influence the self-perceptions of women, the content of public policy, and the course of scientific research. I'm gratified by events that indicate the book has indeed helped get the word out. An article in *Glamour* magazine, for example, used my analysis of the metaphors in ordinary descriptions of male and female reproduction to shed light on why infertility and birth defects are so often blamed on flaws in the woman's body.² An article planned for *Discover* magazine uses my analysis of how cultural images influence the biology of reproduction to criticize an earlier article in the same magazine called "Sperm Wars."³ Programs on Australian and Canadian public radio have applied my analysis of metaphors in biology to such issues as the widespread assumptions that women are overcome by hormonal changes and have no control over them. When I lectured to the Society for Menstrual Cycle Research in 1991, some members of the Boston Women's Health Collective, which edited *Our Bodies, Ourselves*, spoke with excitement and enthusiasm about revising the book's scientific account of menstruation and menopause along lines I suggest in my book.

My work and the growing body of feminist work about science accounts for these signs of progress. More and more commonly when I lecture, people come into the room already enlightened by Ruth Hubbard's or Donna Haraway's critiques of science.⁴ Occasionally students even learn about feminist critiques of science in science classes. After I had lectured to a class of second-year medical students, for example, one of the women in the class told me that she had used Scott Gilbert's textbook, *Developmental Biology*, in college biology, and so had realized several years ago that culturally bound images in biology are not only sexist but bad science as well.⁵

In the half-decade since *The Woman in the Body* was first published, a growing sense that women can devise more positive images of themselves and their bodies has developed. At the individual level, women have written to me that they have begun to insist on privacy and quiet in the days before menstruating; or that they now think about producing a strong and healthy flow as they menstruate. At the corporate level, a new device will soon be marketed in which women can "collect" their menstrual fluid, and it will come complete with calibrating marks to show how much flow they have produced! We may be entering a new—and more positive—phase in the collective sets of meanings women can use in interpreting their menstrual flow.

As an ethnographer and as an author, I positioned myself among

"the women" I interviewed in writing this book, describing medical science and practice through their eyes. This means that I purposely separated myself from direct exposure to ongoing medical research or clinical practice. Sensing this, one biological scientist commented to me that the metaphors I identify in this book are surely there, all right, but only in published texts or teaching materials, which were my main sources. This biologist explained that scientists use such metaphors to communicate more effectively or vividly, to wake readers up, so to speak. But in the real world of research science, he said, at the benches of scientific labs, no such language is used; there only the pure language of mathematics and chemistry is spoken.

True or not, the biologist's comments point out an area of research that needs to be explored: how do language and metaphor work in actual research settings, in contrast to the very different context of a printed textbook or a classroom? Answering this question requires participant observation in a science research setting. In itself this would surely dramatically change the relationship of the anthropologist to the scientist, from a somewhat adversarial stance toward reproductive biology to one that is more appreciative of the constraints and circumstances under which biologists carry out research. This less antagonistic approach to medical knowledge would be enlightening in different ways. Such research would probably also yield a more complex picture of the diverse activities involved in science and the diverse voices that could speak from that vantage point.⁶

During the research for this book, however, I was determined to encompass the diversity of women's experiences along the dimensions of age, race, and class. My interviews with the many individuals in this book represented diversity apart from social contexts—families, neighborhoods, workplaces—in which people generate diverse meanings. Ongoing fieldwork carried out in family or community settings will allow us to understand how collective understandings are produced, how collective action can affect the conduct and content of scientific research, and how variously people in the same group respond to health issues.⁷

Here, my view of the possibilities of women's "resistance" to medical images and health practices that oppress them is a simple one . . . I focus on specific incidents women described in interviews in which they took strong issue with some medical practice or view, stories about women grabbing the knife out of the obstetrician's hand, so to speak. In addition my notion of the power exercised over women is a fairly uncomplicated one. In a domain where doctors are cutting

women open and pulling their babies out, or, after menopause, calling parts of women's bodies shriveled failures, I gained quite an understanding of raw and brutal forms of power.

To go even farther in understanding the structures of power that affect women, we can now look in other areas as well. Michel Foucault has made us aware of how often in our current age we control ourselves with categories of knowledge, without the actual presence of any figure of authority or expert knowledge. Looking for the subtleties of such self-regulating processes will lead us out of the clinic and doctor's office into arenas such as support groups in which, outside the presence of any expert at all, women and men struggle to interpret and apply newly emerging norms of fertility, infertility, or parenthood. As a result of such fieldwork, however, we may need to reassess the possibility that women or any other group can resist medical models as structures of power, and then change them.⁸

In *The Woman in the Body* I stress how metaphors of production inform medical descriptions of female bodies. Most of these metaphors clearly relate to familiar forms of mass production, where value is placed on large quantities and on efficiency of scale. In these terms, male production of sperm wins accolades for both quantity and continuity of production. Female production of eggs loses because it is understood as finished at birth, after which can follow only aging and degeneration. It fails also because female ovulation is cyclic: occasional days of fertility are interrupted by weeks of infertility. In addition females show a vivid sign of each failure to produce in the "waste product" or menstrual fluids.

Recently there have been dramatic changes in the economic organization of production. These include globally connected markets, restructured industries, and accelerated innovations in products, among other things. In my present research I am exploring the complex ways these changes are related to changes in scientific models of how the body functions, especially in fields outside reproductive biology such as immunology and genetics. These new models involve seeing the body as a total system in which all parts are in continuous and dynamic mutual interaction; where no one part is dominant, but all are equally involved; where the desirable condition is continuous adjustment in response to constantly changing conditions both external and internal.

As we track the development of these images, we may begin to see that the female body approximates this emerging new ideal of flexible

adjustment to changing conditions.⁹ The female body, altering its states many times each month and undergoing dramatic adjustments to pregnancy, ovulation, or the cessation of ovulation, may become the perfect exemplar for a new modal concept: the flexibly adjusting, constantly changing body.

Having criticized biological texts for the blindness of their authors to the importance of such cultural factors as race and gender, it is only fair for me to subject my own perceptions to the same scrutiny. One of the most striking of my own blindnesses is the way I marked the women interviewed by race: women of African-American identity were labeled in the appendix as "black," assigning them a common identity by virtue of their ethnicity, while all the other women, unmarked with any ethnic term, appear simply as individuals in whom ethnic identity plays no special role.

Similarly, in the photographs I included, the women shown lying prostrate, legs raised in stirrups for a gynecological exam are African-American, while the women shown standing while giving birth in a French clinic are Euro-American. In fact, virtually *all* the photographic illustrations of women's bodies in the medical textbook from which I took the pictures of gynecological exams (*Williams Obstetrics*) are of African-American women. The textbook thus displays a strong contrast between the powerful, (presumably) white doctors performing the examinations and procedures and the relatively powerless African-American women who are their patients. But by allowing this contrast to appear in my book without comment, I not only missed an opportunity to illuminate how racial categories operate in medical culture but also embedded my own analysis in those same racial categories.¹⁰

For all my determination to represent race and class differences in women's experiences of reproduction, I sometimes missed seeing these differences in my own data. For example, I focused my attention on what women *shared* in birthing: a passive self-perception or one attempting to resist passivity. As a result I did not see until later that what I identified as resistance to passivity, or "taking control," had very different implications for women of different ethnic and class positions. It is now clear to me that techniques of controlled breathing used in prepared-childbirth classes were generally taught by and oriented to the sensibilities of white middle-class women. Poor women, or women of color, obliged to take such classes by their clinic, sometimes experienced what they were taught as another form of control. This control was exerted by middle-class women, who valued calm

and quiet, on other women who might have preferred to express pain through noisy cries. To many women "losing control" in labor and making a lot of noise may be intended as a form of resistance. One African-American woman said she had been taught in clinic childbirth classes that "if you have to scream turn the scream inside." During her labor, she said in a tone of defiance, "I was screaming *outside*." ¹¹

Since my book was published I have learned more about how race as a social and cultural category affects reproductive experiences. In the current field of feminist studies we must devote ethnographic attention to the cultural meanings of race, to the meanings of skin color, of phenotypic features, and of moral/physical characteristics such as pain tolerance, as these matters are given contemporary cultural significance. ¹²

Much more can now be done to relate the kind of ethnography in this book more specifically to U.S. history and culture. As a colleague in England remarked to me, "I am not sure you are aware how American all this is." ¹³ Work done in the interim by ethnographers such as Faye Ginsburg and Aihwa Ong opens up new opportunities. ¹⁴ For example, Ong's study of Kmer refugees encountering medical discourses in the United States puts the significance of "having a body" in a new light. The refugees see acquiring a biological body as a specifically American experience: to act as an American, and to become a citizen, one must become an inhabitant of this thing called a body. The relationship of women in the United States to their bodies, then, can now be explored in light of the special significance given to "possessing a body" more generally.

In response to comments that I am prone to various kinds of romanticism in this book, that I veer perilously close to romanticizing the "all-American, natural birth, earth-mother," I agree that my tendency to extol unmedicated birthing prevented me from describing a very positive role for medical technology in relation to women. ¹⁵ Subsequent ethnography has made it plain that medicalized birth has strong attractions to many women, who positively desire it for the reassurance of powerful technology and for what they see as the benefits of modern science. ¹⁶ My original intent was to open a space where readers could see the multitude of ways women take charge of their reproductive lives, assert their desires, and at least sometimes produce effective results. In *The Woman in the Body* the most striking of these cases involve women rejecting medicine and its techniques. But the book should not be taken to say that women who embrace medical technology cannot also exercise agency and autonomy.

Others have said to me that I have a tendency in this book to yearn for an elusive "wholeness" that historical forces, especially capitalist production, have shattered. Recent work in poststructuralist theory suggests that any attempt to posit a single model or wholeness, or a desirable state of being, is a mistake. Any one such model will necessarily exclude others, whose experience it violates or ignores.¹⁷ For example, the vision of birth I celebrate in my book does not capture the experiences of women who value and desire highly technological or surgical birth. Nor does my research and writing, focused on women and the beginning, flowering, and ending of their capacity for "reproduction," begin to encompass the experience of everyone. The focus on reproduction may be peripheral for men, for women who choose not to reproduce, for women who do not menstruate, for men or women who are infertile, for men and women in lesbian or gay relationships that "bear no intrinsic relation to procreative sexuality," and so on.¹⁸ Many feminist analysts writing today think it would be better to abandon the misleading quest for a vision of wholeness and well-being and move instead toward endlessly multiple visions: nothing less could match the complexities involved in how people define themselves in the late twentieth century.

Even before it is clear how these disagreements will sort themselves out within contemporary feminism, we can see a way forward. We can gauge the suitability of analytical categories by whether they serve some strategic usefulness in mobilizing people to better their circumstances, however they would define "better."¹⁹ Along these lines *The Woman in the Body* focuses on the limited category of "women," as this category has come into existence through historical processes in the United States. In large part these historical processes have tied "women" to their bodies and to what are seen culturally as biological processes, most centrally menstruation, birth, and menopause. The continuing salience of these connections in the culture is what gives this book its potential force as a mandate for women to become more aware of, and perhaps to better, their circumstances by coming to terms with whatever practices they experience as oppressive.

Much work remains to be done. My own research has now turned from reproductive biology to immunology and the plethora of issues and problems that have emerged in the wake of the AIDS epidemic. I have found that many of the analytic techniques and approaches in this book can be readily applied to these other phenomena. Readers may want to try their own hand at cultural analysis, whether it be focusing on personal experience, critiquing imagery in the media, or launching

a full-scale research project.²⁰ It is both daunting and exciting to realize that ethnography can play a uniquely important role in developing our critical understanding of new developments in science and society as they are occurring. Particularly telling ethnographic analyses of the most recent developments in in-vitro fertilization, molecular genetics, and genetic technology are now beginning to appear.²¹ Anthropology in the United States was given great impetus at the beginning of the twentieth century by Franz Boas's understanding of the important role it could play in criticizing the use of science to support the racist assumptions of evolutionary theories current at that time.²² In the late twentieth century anthropology can again serve this critical role, by revealing the underlying cultural assumptions in scientific visions of the body, by clarifying the complex ways scientific discoveries lead to new cultural understandings of life and personhood, and by documenting the ways that bodies of women and men are inevitably entangled in the operations of power.

Notes

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1. The full account is in Emily Martin, "The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles," *Signs* 16 (1990): 485-501.

2. Peter Jaret, "The Father's Link to Birth Defects," *Glamour* (August 1991): 196-99, 232-33.

3. The article in preparation is by David H. Freedman.

4. Donna Haraway, *Primate Visions: Gender, Race, and Nature in the World of Modern Science* (New York: Routledge, 1989); Ruth Hubbard, *The Politics of Women's Biology* (New Brunswick, N.J.: Rutgers University Press, 1990).

5. Scott F. Gilbert, *Developmental Biology* (Sunderland, Mass.: Sinauer Associates, 1985).

6. See Max Charlesworth, Lyndsay Farrall, Terry Stokes, and David Turnbull, *Life among the Scientists: An Anthropological Study of an Australian Scientific Community* (Melbourne and Oxford: Oxford University Press, 1989); Bruno Latour and Steve Woolgar, *Laboratory Life: The Construction of Scientific Facts* (Princeton, N.J.: Princeton University Press, 1986); and Sharon

Traweek, *Beamtimes and Lifetimes: The World of High Energy Physics* (Cambridge, Mass.: Harvard University Press, 1988) for some recent ethnographic studies of research science.

7. See Faye Ginsburg and Rayna Rapp, "The Politics of Reproduction," *Annual Review of Anthropology* 20 (1991): 311-43, for a recent review of the politics of reproduction. See Ann Bookman and Sandra Morgen, eds., *Women and the Politics of Empowerment* (Philadelphia, Pa.: Temple University Press, 1988), for ethnographies of collective work involving women's health issues.

8. See Lila Abu-Lughod, "The Romance of Resistance: Tracing Transformations of Power through Bedouin Women," *American Ethnologist* 17 (1990): 41-55, for a discussion of the difficulties involved in trying to interpret resistance.

9. On the nature of systems models, see William Ray Arney, *Experts in the Age of Systems* (Albuquerque, N.M.: University of New Mexico Press, 1991). On models of the body in immunology, see Donna Haraway, "The Politics of Postmodern Bodies: Constitutions of Self in Immune System Discourse," in her *Simians, Cyborgs, and Women* (New York: Routledge, 1991), pp. 203-30; and Emily Martin, "The End of the Body?" *American Ethnologist* 19 (1992): 120-38.

10. For an outstanding example of subversion on the part of an anonymous indexer, see *Williams Obstetrics*, 16th ed. The index contains the entry: "Chauvinism, male, voluminous amounts, [pp.] 1-1102." Jack A. Pritchard and Paul C. MacDonald, *Williams Obstetrics*, 16th ed. (New York: Appleton-Century Crofts, 1980), p. 1116.

11. Emily Martin, "The Ideology of Reproduction: The Reproduction of Ideology," in *Uncertain Terms: Negotiating Gender in American Culture*, ed. Faye Ginsburg and Anna Tsing (Boston, Mass.: Beacon Press, 1990), pp. 300-314.

12. Gertrude Fraser, *Afro-American Midwives, Biomedicine, and the State: An Ethnohistorical Account of Birth and Its Transformation* (Cambridge, Mass.: Harvard University Press, forthcoming) is a model we can emulate.

13. Maurice Bloch, personal communication.

14. Faye Ginsburg, *Contested Lives: The Abortion Debate in an American Community* (Berkeley, Calif.: University of California Press, 1989); Aihwa Ong, "Facts of Life': Kmer Refugees, Biomedicine, and Culturally Correct Citizenship," n.d.

15. Maryon McDonald, "Review of *The Woman in the Body: A Cultural Analysis of Reproduction*," *Sociological Review* 38 (1990): 588-91.

16. Robbie Davis-Floyd, *Birth as an American Rite of Passage* (Berkeley, Calif.: University of California Press, 1992).

17. Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).

18. Kath Weston, *Families We Choose: Lesbians, Gays, Kinship* (New York: Columbia University Press, 1991).

19. This point emerged from discussions with Judith Butler, Sarah Begus, and Kirstie McClure.

20. See Ruth Behar, "The Body in the Woman, the Story in the Woman:

A Book Review and a Personal Essay," *Michigan Quarterly Review* 29 (1990): 695-738, for an account of her own experience in giving birth, in reaction to some of the points in this book.

21. Sara Franklin, "Contested Conceptions: A Cultural Account of Assisted Reproduction" (Ph.D. diss., University of Birmingham, 1991); Marilyn Strathern, *After Nature: English Kinship in the Late Twentieth Century* (Cambridge: Cambridge University Press, 1992); Paul Rabinow, "Moore's Matter: Fragmentation and Redemption in Late Modernity," n.d.; Rayna Rapp, "Chromosomes and Communication: The Discourse of Genetic Counseling," *Medical Anthropology Quarterly* 2 (1988): 143-57.

22. Franz Boas, *Race, Language, and Culture* (New York: Free Press, 1940); George Stocking, *Victorian Anthropology* (New York: Free Press, 1987), p. 292. Comments by Paul Rabinow stimulated me to think about Boas in this connection.

I know no woman—virgin, mother, lesbian, married, celibate—whether she earns her keep as a housewife, a cocktail waitress, or a scanner of brain waves—for whom her body is not a fundamental problem: its clouded meaning, its fertility, its desire, its so-called frigidity, its bloody speech, its silences, its changes and mutilations, its rapes and ripenings. There is for the first time today a possibility of converting our physicality into both knowledge and power.

—Adrienne Rich
Of Woman Born