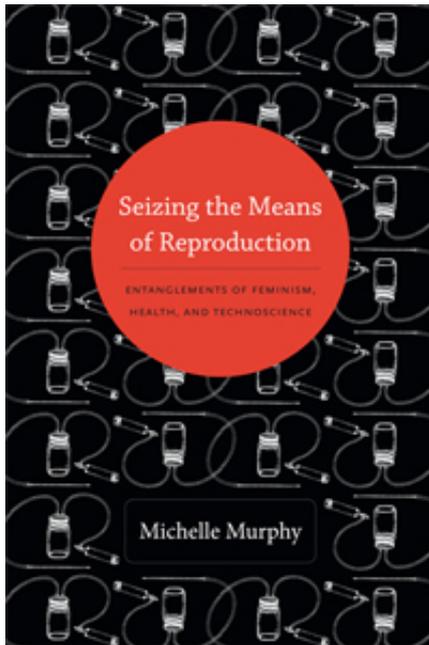


<http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html>

Michelle Murphy's Seizing the Means of Reproduction

2014-05-28 09:15:29

By Margaret E. MacDonald



[Seizing the Means of Reproduction](#)

Entanglements of Feminism, Health and Technoscience

by [Michelle Murphy](#)

Duke University Press, 2012. 259 pages

In the 1970s throughout the United States and Canada, health emerged as a feminist category around which a set of projects and goals crystallized and then diffused. Michelle Murphy's book *Seizing the Means of Reproduction* begins in California with a technoscientific moment: the new "alterability" of human reproduction opened up by synthetic hormones and the new reproductive technologies, especially the pill.

Seizing the Means of Reproduction does not intend to be a history of the women's health movement, but of something more specific: the relationship of the women's health movement in California in the 1970s and 1980s to technoscience. At a time when abortion was illegal, birth

control could not be distributed to unmarried women, and medicine was male-dominated, paternalistic and hierarchical, the relationship between feminism and clinical medicine was adversarial. The relationship between feminism and technoscience, however, was not necessarily so. Murphy's book details how the women's health movement—largely in California, but with some coverage of other locales such as Boston—by myriad ways and means, sought to seize the means of reproduction by engaging with technoscience. She focuses on three particular technologies—the plastic speculum, the Pap smear, and the manual menstrual extraction device—to demonstrate her central claim that feminist self-help was not solely a critique of medicalization but also an example of technoscience “done differently.”

In Chapter 1, “Assembling Protocol Feminism,” Murphy describes the self-help clinic of 1970s and 80s California: women gathered in living rooms, church basements, book stores and college campuses to learn about their bodies and new techniques for their exploration and care. The self-help clinic was not a place but an event at which how-to instructions for vaginal self-examination, or the purchase and use of urine tests to detect pregnancy from medical supply stores, were assembled within the consciousness-raising context of the small group experience and sophisticated critiques of clinical medicine and reproductive health politics. Murphy calls this “protocol feminism” in which technoscience was reassembled as accessible, routinizable, and do-able. Protocol feminism was designed to travel, and it did — across the US and Canada through hard copy booklets and live enactments. The beauty of this chapter is Murphy's dense theorization of simple, small scale technologies as biopolitical projects intended to alter women's relationships with their own sexual and reproductive bodies, as well as with much broader forces. “Feminist self help”, Murphy writes, “was both a symptom and a diagnosis” of reproduction as a site of political power (p 33). Practicing feminist technoscience was redirecting power in a revolutionary way — outside biomedicine and away from political and corporate interests.

I was struck in this chapter by the dismissal of lay midwifery — admittedly, because midwifery is one of my research areas — which in the 1970s and 80s was a significant element of the women's health movement. Murphy writes: “Within the feminist self help movement, reclaiming one's body from patriarchy was not meant to free a natural body from the grip of culture or artifice; feminist self helpers did not romanticize the experience of unwanted pregnancies when birth control and abortion were illegal. In this way they differed from, for example, those feminist midwives who called for natural childbirth.” (p 35). On this point I disagree for two reasons. First, feminist midwives (and possibly even non-feminist midwives) did not understand natural birth simply as a means to strive for some pre-discursive body. Natural birth was used as a rhetorical strategy

to oppose the technocratic domination of biomedicine over pregnancy and birth, at the same time that it functioned as an idiom for the complex cultural work of reshaping women's expectations and performances of birth as a basis for the transformation of the clinical management of birth and negative gender stereotypes about birthing women as faulty and dangerous to their babies.^[i] ^[ii] Second, midwives were at the centre of many feminist technoscientific experiments themselves. For example, midwifery clients self-administered glucose test strips during pregnancy, and midwives experimented with simple devices to aid birthing positions and delivery techniques. My critique on this point actually illustrates the strength of Murphy's concept of protocol feminism, which, if extended to community midwifery, nicely describes the low-tech, woman-centred, self knowledge focus of its clinical practices and rationales – including the informed but judicious use of scientific knowledge and biomedical technology.

In Chapter 2, "Immodest Witnessing, Affective Economies and Objectivity," Murphy argues that beyond a protocol, the vaginal self-exam ushered in new epistemologies of the body based on embodied knowledge juxtaposed with medical information. She takes the vaginal self-exam seriously as a form of technoscience that operated by a new genre of objectivity. Knowing through the individual body was different than other forms of objectivity; it was a situated way of knowing. But this time it was not the gentleman naturalist with an affection for insects; instead, it was a woman producing knowledge about her own body. And the vaginal self-exam was the iconic example. That this was done in a small group was also essential to the affective economy of bonding and delight over performing the technical maneuvers and what they revealed. Murphy's descriptions of what happened at such gatherings and the images accompanying the text illustrate this well. For Murphy, the feminist lay expert—the knower who is not authorized by hierarchies of gender, race and class — is making a revolutionary move, creating both a new subjectivity and a new objectivity.

At the close of this chapter Murphy reflects briefly on the decline of the vaginal self-exam, suggesting it was the result of antiabortion activism which laid siege to the women's centres that staged and disseminated protocol feminism because they also offered abortion counseling or clinical services. She also mentions briefly the shift to individual subjectivities in health consumption more generally — a tremendously important point that shows up again in the next chapter.

In Chapter 3, "Pap Smears, Cervical Cancer, and Scales," Murphy illuminates the history of the Pap smear—a life-saving technology welcomed and normalized by feminists, physicians, and public health officials alike. Murphy argues that the Pap smear also became a

feminist site because of the interventions made by health activists in shaping the concept of “well woman care.” Specifically, feminist health activists insisted on an expanded scale for the concept and its practices of prevention and monitoring beyond the personal to the politicized realms of race, class and even ecology. Murphy also describes how the introduction of the yearly Pap helped create the ideal gynecological patient; a woman who was educated enough to ensure doctors could practice with informed consent, invested in self-regulation of lifestyle and risks for the sake of good health, and possessed of a cultivated sense of risk that brought them to the yearly gynecological exam. The ontological turn from patient to health consumer is now in full swing and Murphy’s work in this chapter highlights several key moments in this transformation.

Chapter 4, “Traveling Technologies and a Device for Not Performing Abortions” follows the itinerary of the menstrual extraction or menstrual regulation device: a simple, mass produced commodity that could be used effectively to suction the contents of the uterus within the first few weeks of a suspected pregnancy. Murphy traces the history of the suction abortion technique before it arrived in California in the late 1960s via a clipping from a Chinese nursing journal taken up by a local, self-styled abortionist who adapted it and rendered it “portable, open to non professionals and usable outside of medical infrastructure” (p 157). Easy to assemble with ordinary and obtainable components—a mason jar, rubber tubing, and a syringe—the Menstrual Extraction (ME) device was not a commodity. Used at home with the help of other women, it was not a medical device either. Though it was mobile, available, and easy to use, it was physically impossible to self-administer: menstrual extraction had to be done in groups. Thus, Murphy positions it as another mobile feminist protocol.

American feminist self-help activists were adamant that the ME was not an abortion device; it was meant for use whenever a woman deemed it necessary, giving her control over her periods, and circumventing debates about abortion. Murphy notes how the very features of the device as part of a feminist protocol—its low cost, mobility, promotion of shared knowledge, and ease of use—facilitated some “uneasy entanglements” across biopolitical and geopolitical difference. Specifically, the device started being distributed in the 1980s by US foreign aid agencies as a Menstrual Regulation (MR) device to aid population control efforts in places like Bangladesh. Thus the device was entangled in the *economization of fertility* in which both population and economic growth were linked and governed according to national and international interests of prosperity and modernity. An open question that remains in this chapter is, How did Bangaldeshi women who received MR kits themselves understand and experience them? That Murphy’s book provokes this question is a testament to its substance and sophistication as a piece of scholarship and diligent attention to diverse entanglements across space

and scale.

Seizing the Means of Reproduction is an important contribution to scholarship that takes reproduction seriously as a site of power, cultural production, and consumption. Murphy's linking of the intimate sphere of reproductive bodies to the realms of economy and politics jumps the barriers of traditional inquiry and in this way resonates strongly with a rich body of anthropological scholarship emerging around the notion of reproductive governance.[iii] Readers will find it an engaging read and highly relevant to new and enduring questions within STS, the history of medicine, medical anthropology and sociology, and feminist studies on gender, health and technoscience. It will also speak strongly to communities of activists and users interested in understanding and creating "better versions of technoscience and feminism" at home and abroad.

[Margaret E MacDonald](#) is Associate Professor of Anthropology at York University in Toronto. Trained as a medical anthropologist, her research interests lie in reproduction, gender, and health. She is the author of [At Work in the Field of Birth: Midwifery Narratives of Nature, Tradition, and Home](#) (Vanderbilt, 2007). Her current work on midwifery looks at the practice of informed choice in the context of emerging rhetoric about patient empowerment in mainstream medicine. She is also engaged in a major ethnographic project tracking global health policy and practice with regard to maternal health over time.

Notes

[i] See Klassen, P. 2002. *Blessed Events. Religion and Home Birth in America*. Princeton: Princeton University Press.

[ii] MacDonald, M. 2007. *At Work in the Field of Birth: Midwifery Narratives of Nature, Tradition and Home*. Nashville, TN: Vanderbilt University Press.

[iii] Morgan, L and Roberts, E. 2013. Reproductive Governance in Latin America. *Anthropology & Medicine*. 19 (2): 241-254.

AMA citation

MacDonald M. Michelle Murphy's Seizing the Means of Reproduction . *Somatosphere*. 2014. Available at: <http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html>. Accessed May 29, 2014.

APA citation

MacDonald, Margaret E.. (2014). *Michelle Murphy's Seizing the Means of Reproduction* . Retrieved May 29, 2014, from Somatosphere Web site: <http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html>

Chicago citation

MacDonald, Margaret E.. 2014. Michelle Murphy's Seizing the Means of Reproduction . Somatosphere. <http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html> (accessed May 29, 2014).

Harvard citation

MacDonald, M 2014, *Michelle Murphy's Seizing the Means of Reproduction* , Somatosphere. Retrieved May 29, 2014, from <<http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html>>

MLA citation

MacDonald, Margaret E.. "Michelle Murphy's Seizing the Means of Reproduction ." 28 May. 2014. Somatosphere. Accessed 29 May. 2014.<<http://somatosphere.net/2014/05/michelle-murphys-seizing-the-means-of-reproduction.html>>