

Fluid Embodiments: a Narrative Analysis of Hormonal Contraception Usage in Berlin

*In Partial Fulfilment of the Requirements for the Degree Erasmus Mundus Master in
Women's and Gender Studies - GEMMA*

Student: Marja Green

Main supervisor: Hyaesin Yoon PhD, Central European University, Hungary

Support supervisor: Teresa Ortiz Gómez PhD, University of Granada, Spain



Home University:
University of Granada,
Spain
Instituto Universitario
de Estudios de las
Mujeres y de Género



Mobility University:
Central European
University,
Hungary
Department of Gender
Studies

Budapest, Hungary

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University,
Hungary
Department of Gender
Studies

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RUTGERS



UNIVERSIDAD DE OVIEDO

ABSTRACT

Hormonal contraception is integral to a biopolitical system that disciplines and controls women's bodies through neoliberal mandates of self-management. Grounded in feminist science and technology studies (FSTS), this thesis asks how we can refigure hormonal contraception as an ethical and potentially subversive tool. With the objective of theorizing paths that escape the disciplinary regime from *within*, the thesis traces embodiments of hormonal contraception that inhabit and refigure body/technology fluidly. I trace processes of subjectification with hormonal contraception through an analysis of narratives from Berlin, Germany. These narratives are read diffractively, elaborating metaphors and figures, to think subjectivities in technoculture more affirmatively. Political figurations elaborated in this thesis, like the pill as 'little partner', invite a fluid embodiment of self/technology. Propelling an open-ended becoming with technology, they can potentially incite us to get in touch with our own sense of alterity. Through this, these figurations contribute to a feminist ethics based on in/stable categories of nature/culture.

Key words: hormonal contraception, feminist science and technology studies (FSTS), embodiment, narratives, figurations

RESUMEN

Tal como están configurados actualmente, los métodos de contracepción hormonal favorecen a un régimen biopolítico que tiene como propósito controlar y disciplinar los cuerpos de las mujeres a través de mandatos neoliberales que promueven la falsa ilusión de autosuficiencia y autocontrol. Con base a los estudios feministas de ciencia y tecnología, o FSTS por sus siglas en inglés, la presente tesis propone una aproximación distinta a la contracepción hormonal; una mirada que conciba dicha tecnología como un punto de apertura hacia nuevos horizontes que permitan reformar el régimen disciplinario desde adentro, dando lugar así a nuevas formas de relacionarse con el cuerpo de una manera más fluida y éticamente responsable. Así, esta tesis busca nuevas figuraciones políticas de la contracepción hormonal a través del análisis de narrativas recolectadas en Berlín, Alemania, las cuales son leídas difractivamente con el fin de elaborar metáforas que nos ayuden a pensar la relación entre el sujeto y la tecno-cultura más afirmativamente. Figuraciones políticas elaboradas en esta tesis, como la píldora 'el pequeño compañero', invitan a pensar el cuerpo como un complejo y delicado tejido maleable en donde el 'yo' y la 'tecnología' se encuentran implicados indisociablemente. Al reconocer el vínculo entre los métodos anticonceptivos hormonales y quienes los consumen como abierto, indefinido y en constante cambio, las figuraciones pueden potencialmente incitarnos a ponerse en contacto con nuestra propia sensación de alteridad, contribuyendo así a una ética feminista que rompe con el dualismo inamovible naturaleza/cultura sobre el cual el régimen biopolítico, el control y la vigilancia del cuerpo femenino se sostiene.

Palabras claves: Contracepción hormonal, estudios feministas de ciencia y tecnología, FSTS, encarnaciones, narrativas, figuraciones

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INTRODUCTION

‘The difficulties women have in gaining recognition for their social and political rights are rooted in this insufficiently thought out relation between biology and culture. At present, to deny all explanations of a biological kind – because biology has paradoxically been used to exploit women – is to deny the key to interpreting this exploitation’ (Irigaray 1993a: 46)

There is no simple firm universal separation we could draw between nature and culture.

Indeed, the very assumption of a fixed border has been historically instrumentalized to oppress women, trans* people and people of colour. Ironically, many attempts at feminist liberation were equally based on this neat separation of nature and culture: from the early birth control movement, to radical feminists and the Women’s Health Movement. This thesis sets out to elaborate feminist figurations that invite fluid embodiments of nature/culture through hormonal contraception, helping us to inhabit this dichotomy more productively and open-endedly, enabling subversive and ethical responses to an oppressive disciplinary regime.

My interest in hormonal contraception was sparked when I started perceiving the increasing use of ‘natural’ contraception among my friends: a terminology that seems to posit hormonal contraception as ‘unnatural’. In a recent article in *Der Spiegel*, hormonal contraception is cast not only as ‘unnatural’ but also as obstructive to a healthy toxin-free lifestyle (van Ackeren 18/08/2013). As a hormonal contraception user myself, I wondered if it is not possible to use hormonal contraception critically yet without employing absolutist categorical terms. This thesis aims to unlock hormonal contraception from totalizing accounts by exploring narratives of hormonal contraception users in Berlin. I aim to find fluid embodiments of body and technology based on my participants’ performative contraception usage. My guiding research question is: How can we refigure hormonal contraception as an ethical and potentially subversive technology?

Hormonal contraception usage in a biopolitical framework

The trouble with grand narratives about the pill – like its depiction as toxic – is that they rest on simplistic and naïve assumptions about the agency that subjects have in the current era of biopolitics¹. While it may seem that we have more control over our bodies and its appearance than ever before and it seems we have the liberty to choose how, why and if to ingest hormones, the dominant narratives about the pill do not acknowledge our deep entangledness in the biopolitical regime of which the pill is only a small part. What is more, in the current era of biopolitics, subjects self-administer the disciplining according to a strict pill regime². Scholars in feminist science and technology studies (FSTS) like Chikako Takeshita (2012, 2014a) and Paul B. Preciado (2013) theorize the biopolitical framework in which hormonal contraception forms part of the governance over lives according to neoliberal ideas of self- and risk- management, intersecting with gender norms. Analysing women's narratives and the performance of this self-disciplining subject is a way of tracing the biopolitical power structures of the regime. At the same time, these same narratives may also evidence less rigid, open-ended relations to the technology.

Narrative analysis of hormonal contraception usage

Searching for alternatives to the totalizing accounts, this thesis examines the formation of subjectivity through narrative analysis of ten persons I interviewed in Berlin, Germany. The term narrative here refers to my participants' performative accounts of contraception usage. In this analysis, I search for the possibility of change and resistance that emerges in the use of contraceptives. This thesis assumes that subjectivity is not a universal and timeless notion, rather it endeavors to explore the multiple selves that inhabit us in search of forms of being

¹ I use biopolitics here as the 'political interest in the regulation and governance of life, health, and the body in modern societies' (Takeshita 2012: 4).

² I define regime here as dominant discourse, tied to a set of practices and techniques; based on my reading of Michel Foucault's 'regime of truth' (Foucault 2008: 18, 20).

and relating to technology that serve feminist politics.

In an extension of the traditional biopolitical framework, I conceptualise hormonal contraception usage as performative so to search for alternative ways of relating to technology. The thesis draws on feminist philosophies of the subject such as Elizabeth Grosz's (1991, 1994) and Judith Butler's (1990, 1993) who theorize subjects as acting within and repeating power structures that also shape them as subjects. Having conceptualised hormonal contraception usage as performative, narratives are always productive of refigurings of body/technology relations. My participants' narratives are analysed for the metaphors and figurations that give rise to embodiments that are coherent with the biopolitical regime but also those that escape it. Post-humanist literature like the work of Karen Barad (2007) and Elizabeth Grosz (2008, 2011) serves to read these embodiments as ontologically open, in constant becoming with Others. The narrative analysis thus traces the (re-)production of rigid relations and those that let us figure ourselves as open-ended processes that connect more fluidly with others.

I chose Berlin as the geographical home to my narratives because hormonal contraception usage is widely spread there but also contested. Hormonal contraception has enjoyed steady popularity in Germany since its introduction in 1961³ and is today widely spread with 54% of adults using the pill as a method of contraception in 2011 (BZgA 2011: 7). Parallel to this steady presence, women's movements in Germany have contested the pill for its adverse side effects since the 1970s (Silies 2010b, 2012). Almost all women in Germany have a gynaecologist and visit her/him regularly and to obtain all forms of hormonal contraception a

³ This refers to the pill's introduction in West Germany under the name *Anvolar* (its name meaning no ovulation). For the pill's history in Eastern Germany see Annette Leo (2015) and Christian König (2015).

prescription by a doctor is necessary. All my participants told me hormonal contraception was the method most highlighted by their gynaecologist. At the same time, most of my participants question and politicise its wide-spread usage. There is thus a sedimented discourse and distinguishable established view points on hormonal contraception and the pill in particular.

Figurations that transverse body/technology

These very located and specific accounts of hormonal contraception usage that are collected through the interviews, provide the raw material for embodied figurations. The narratives are read diffractively for expressions and metaphors, tracing the divergences and changes in the reiteration of the regime. These opportunities are elaborated as figurations – that Donna Haraway once coined as ‘material-semiotic generative nodes’ (Haraway 1991b: 200-201) – to provide road maps for unpredictable becomings with hormonal contraception. The theoretical contribution of this thesis are very located, potential starting points – figurations – to rethink how we can embody hormonal contraception subversively and ethically. Figurations do this by inviting us to think hormonal contraception productively and fluidly. In this, they also emphasise our dependencies, and thus may strengthen our accountability, to others.

Outline of the thesis

The argument for fluid embodiment of hormonal contraception usage is built through a careful yet engaging analysis of my participants’ narratives read diffractively via three different theoretical lenses. The three analytical chapters exhibit the three subjectivities with/through hormonal contraception. Setting the scene, the literature review and theoretical framework (chapter I) traces the biomedical pill-ingesting subject in the 20th century that my theoretical framework decenters through feminist science and technology studies (FSTS), feminist theories of embodiment and post-humanist theory. The methodology (chapter II)

shows how narratives can provide insight into the formation of these embodiments through wordings and metaphors.

In chapter III analyses the neoliberal biomedical subject⁴ as she performs in the current disciplinary regime. After historically discerning the episteme of the pill regime, I trace the performance of the neoliberal biomedical subject: how, in a first step, she is required to suppress the hysterical feminine, and, in a second step, is held dependent on a regime that resells her an intelligible femininity.

In chapter IV, I trace a more fluidly embodied subject of hormonal contraception usage grounded in the uncontained feminine, that can remain unintelligible to the rational regime and thus potentially subvert it. I focus on two of my participants narratives in which uncontained overflowing body/matter – pain and the absence of menstruation – is resignified and refigured by them.

Chapter V builds on these embodied subjectivities to think of the uncontained corporeal, the unintelligible feminine difference, as a surfacing of inhumanness. Further conceptualizing hormones as actants, two figurations are elaborated – the little partner and the good acquaintance – that serve as a tentative road maps to becoming with our own inhumanness. These decentering moves then provide embodiments in which body/technology interact more creatively. As such, the figurations from chapter IV and V generate affirmative modes of understanding ourselves and the technology we use.

⁴ Neoliberal biomedical regime is a term I elaborate in chapter III based on my reading of Michel Foucault (2008), Paul B. Preciado (2013) and Adele Clark et al (2003).

CHAPTER I: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Rethinking embodiments of hormonal contraception usage is a fundamentally interdisciplinary undertaking. This undertaking is faced with a crucial disjuncture between science studies and philosophies of the subject: In *Transpositions* (2006), Rosi Braidotti argues this is one of the major axes of discursive segregation in contemporary thought (Braidotti 2006: 138)⁵. Putting feminist science and technology studies and feminist philosophies of the subject into conversation, this thesis aims to contribute to rethinking subjectivity in technoculture.

Faced with this disjuncture, this chapter traces historical embodiments of hormonal contraception. Here emerges a biopolitical feminist subject that aims to be rationally in control of a monadic, bounded body. This embodiment is deeply individualist and problematic as it has been historically imbued with racism and capitalism, limiting the possibility of ‘liberation’ to a select few white middle-class feminists. From this emerges my theoretical framework based in feminist science and technology studies (FSTS) and philosophies of the subject that will help me decenter this biopolitical subject in order to acknowledge its entanglements in racist and capitalist ideas of liberation and find more creative responses to biomedicalizing processes where body and technology intra-act open-endedly. Post-humanist theories allow me to further decenter and refigure this subject, thinking more deeply of the political implications of a bounded human-centric subject position.

⁵ Similarly, Karen Barad critiques the division between science study scholars and social theorists (Barad 2007: 57).

1.1 Hormonal contraception and the biomedicalization of the female body

Hormonal contraception has been studied widely by historians (Marks 2001, Watkins 1998, Fisher 2006, Asbell 1998, Rodríguez-Ocaña, Ignaciuk, Ortiz-Gómez 2012, Ignaciuk, Ortiz-Gómez, Rodríguez-Ocaña 2014), also in West-Germany specifically (Staupe and Vieth 1996, Silies 2010a). Women's and feminist movements have been studied in their embracing and also rejection of the pill (Marks 2001, Silies 2010a; Murphy 2004, 2012). This literature has demonstrated that ideas of sex hormones and gender shape each other over time. In this process, some of these authors stress hormonal contraception's role in the progressive biomedicalization⁶ and standardization of the female body (Watkins 1998) and also queer bodies (Preciado 2013). While Nelly Oudshoorn (1994) problematizes the 'natural' body that has been cemented as the object of hormonal contraception, there exist few examples in the literature that focus on embodiments of hormonal contraception usage (Sanabria 2010, Preciado 2013, Takeshita 2012)⁷. Given this gap, the next section surveys – although historically incomplete – certain embodiments that have been at play in feminist approaches to hormonal contraception. The focus is on U.S. movements due to the ready availability of literature.

1.2 Controlling the body: establishing the biopolitical feminist subject

Tracing the embodiments at play in select feminist movements around hormonal contraception through the early birth control movement, radical feminist groups and the Californian Women's Health Movement (WHM) showcases the expression of a biopolitical subject who aims for control over a monadic body. This – necessarily incomplete – trajectory

⁶ In reference to Clarke et al (2003), I refer to biomedicalization as the process of medicalization intertwined with neoliberal mandates of self-management. Medicalization refers to the increasingly vast framing of bodily conditions as medical issues, surveilling it and creating conditions for control and intervention. This term is further clarified in chapter III.

⁷ Although even among FSTS scholars direct engagement with Judith Butler's concept of performativity is rare – a missing link this thesis will elaborate.

demonstrates the contentiousness of rigid approaches in which the voluntarist subject is the main protagonist. Understanding the body as monadic – as containable passive matter – is prerequisite to controlling it rationally. The isolation of this rational subject and her bounded body, in turn, makes her the ideal protagonist of post-colonial and neoliberal discourses who uses technology *on* her body to achieve liberation. This brief historical excursion is instructive of the societal processes that contemporary scholars still grapple with such as hormonal contraception's entanglement with racist and capitalist ideas.

In order to understand the embodiments and the body/mind and nature/technology dualisms operating within these movements, I want to briefly give a working definition of the monadic body. The monadic body is the basis for an immunitary politics that has been traced by Ed Cohen (2009) to the late 19th century and the advent of biological immunity, specifically immunity-as-defense. Immunitary politics presupposes the body as a bounded unified entity demarcated from an outside – an interior that demarcates itself from an exterior, a Self that opposes an Other. Macfarlane Burnet has referred to immunology as the 'science of self/nonselves discrimination' (Burnet 1969: vii). In this understanding it becomes possible to think of a 'natural' body uncontaminated by technology. Being clearly demarcated, it is essentially the property of an individual. This body-owning Self has to control this border carefully and rationally, asserting the mind over body dichotomy, thereby entangling him/herself in immunitary politics. There are two important points here: according to Cohen, the dominant understanding of the body still today is that of a body as border, as separation between individuals; and secondly, this monadic body is understood as property of an individual.

The most prominent figure in the early U.S. American birth control movement is Margaret Sanger (1879-1966), a nurse and feminist, whose activism contributes to tying the knot

between early (proto-)feminism, ideas of progress, scientific institutions and knowledge. Feminisms of the 20th century inherit an understanding of subjectivity and the body marked by the project of enlightenment and humanism. Sanger was convinced that the risks of unwanted pregnancy and poverty had to be overcome to liberate women. Liberation for Sanger was thus the ownership and control of the own body, for woman to be the ‘absolute mistress of her own body’ (Kendall 2001: 61). The strategy of liberation of this struggle then was individualized control of fertility, hence the term ‘birth control’.

Strategically, Sanger adopted the view— and later probably believed — like mid-twentieth-century neo-Malthusians, that population increase was the main cause of poverty. She advocated for population reduction as a key economic intervention, particularly in the global South (Bashford 2008: 330). The early birth control movement thus emerged from and was entangled with eugenics. Eugenic thought and practitioners have often singled out black women (Roberts 1997: 70-9) for forced sterilization and testing of new long-term birth control methods, as it was later the case with Norplant and Depo Provera (Nelson 2003, Roberts 1997). It is thus under these essentially racist conditions that hormonal contraception slowly gains cultural recognition. The emergence of birth control is thus fundamentally a product of exclusionary practices that assert certain subjects as *in* control and others to *be* controlled.

Later women’s movements, such as radical marxist feminists like Shulamith Firestone, founder of the New York Radical Feminists, went even further in their control rhetoric, predicting a feminist revolution based on total ‘control over nature’ (Firestone 1970: 8; cited in Murphy 2004: 345) through technology. Like Sanger, Firestone located the source of women’s oppression in biology — the capacity of giving birth. And like Sanger, Firestone saw science as a tool of progress that could free humans from biology and generally control

populations based on essentially white middle-class racist assumptions (Murphy 2004: 346) about coloured people's reproductive behaviour. But while Sanger can be said to have 'tamed' sex, radical feminists demanded an end to sexed bodies altogether. While the previous generation of feminists heralded hormonal contraception as a tool of reproductive control and liberation for the masses, radical feminists saw reproductive technologies as precursors for a feminist revolution.

Radical feminist thought like Firestone's *Dialectics of Sex* (1970) further entrenched an antagonistic dialectic between biology and technology. The various strategies they promoted like birth control, ectogenesis or menstrual extraction, were always intended to *limit* nature, to *manage* it (Murphy 2004, my emphasis). Firestone envisioned a complete separation between reproduction and the female body through technology, eventually leading to the 'elimination of sexual classes' (Firestone 1970: 11; cited in Murphy 2004: 345). These feminists declared war on biology, exacerbating the body/technology dualism and further manifesting a biomedical subject who liberates herself through control of her monadic body. Both the early birth control movement and the radical feminists then aimed to alter the nature of the female body in order to control it and thus gain liberation.

For the Women's Health Movement (WHM) in the 1970s in California it was not merely the control over their bodies that would liberate them. Instead, they wanted to exercise this control themselves. For their preference of DIY methods, this movement was also called the self-helpers. This movement's conceptualization of liberation and the body foreshadows the increasingly individualist notions of self-management integral to the modern pill regime. The self-helpers emphasised that medical technologies and processes like abortions and menstrual extraction be performed by a group of women on each other (*Woman Wise* 1979, 2 (3): 6; cited in Murphy 2004: 349). They did not aim to change the nature of sexed bodies – as

Sanger and Firestone did – but aimed to assume absolute control of their bodies and all processes related to it. Control here – and thus liberation – is based on the active individual possession of oneself. Seeing biomedicine as a tool of patriarchy, the WHM thus displaces the medical process from the doctor's office to the living room, adopting more DIY-style methods. The logic however remains similar: participants were encouraged to accumulate intense knowledge of the body and ultimately control this body rationally. In this vein, Murphy has characterized the Women's Health Movement as a strive for 'liberation through control' (Murphy 2004, Murphy 2012). In subsequent chapters this unidirectional domination, even by alternative means, is problematized as a renewed disciplinary regime.

While Margaret Sanger's generation saw scientists and physicians as their allies in the search for birth control and Firestone glorified scientific innovation as inherently liberatory, the WHM tackled the male-dominated institutions and traditional assumptions and practices within a rights discourse (Watkins 1998: 131)⁸. Having relocated the technoscience (the speculum, the abortion, birth control) from the (male) doctor's office to the living room, the Californian WHM had addressed a patriarchally structured medical establishment but reiterated a rigid understanding of nature and technology. This rigid and individualist approach may be partly connected to the lack of acknowledgement of their entangledness with a eugenic history and neoliberalism⁹. Their methods were not intended as revolutionary arms to overturn patriarchy or capitalism (as for Sanger and Firestone) but to consolidate women as autonomous political actors in charge of their private property (Murphy 2004: 352;

⁸ Herself a doctor, Barbara Seaman was critical of scientific authority and recognized the importance of hearing women's voices and their experiences with the pill, which she collected and published in *The Doctor's Case Against the Pill* (1969).

⁹ With neoliberalism I refer to the system in which government creates and maintains the conditions of competition and hence rationality, that is consolidated post-WWII in the U.S. (as well as Germany). I rely here on Michel Foucault's usage of the term, elaborated in his lectures (specifically 7th and 14th of February) of 1979 at the College de France. I develop this in chapter III in the context of the neoliberal biomedical regime.

see also Petchesky 1980): a very individualised liberation. The self-help groups certainly were premised on autonomous subjects in control of their bodies. DIY-health, as practiced by the WHM, perpetuates neoliberal ideas of self-management and individualised responsibility.

Ironically, the same methods, like menstrual extraction, that self-helpers used to assert control and ownership over their bodies, were forced on women in the global South within programmes of population control. The same technologies that self-helpers used to assert liberation were used to regulate undesirable populations in the global South and within the U.S. The self-helpers were almost all privileged white women sharing stories among each other of how they were denied birth control or sterilisation, while poor women and women of colour in the U.S. were denied basic medical care and reported incidents of coerced sterilisation (Murphy 2004: 347-8, Roberts 1997). This means the self-helpers also posited themselves as a certain kind of woman, i.e. mostly heterosexual, middle-class, able-bodied and white. The knowledge they produced and their strategies of liberation were based on white middle-class assumptions concerning their education, relationships and aspirations. Further, the individuating dynamic of the self-help movement suggested that they, as liberated women, were not implied in the oppression of poor women or women of colour.

Assuming the white middle class female body as the primary site of experience concerning the pill, the WHM in California did not acknowledge the pill's neoliberal and post-colonial trajectory through the bodies of women of colour. Not engaging with this heritage, the WHM's politics were more antagonistic in nature, positing themselves as practitioners of a completely new way of doing things. Politically, this strategy meant an obscuring of coloured women's experiences in Haiti, Japan and Puerto Rico whose – often involuntary – participation in control trials contributed to the development of the pill (Marks 2001, Preciado

2013)¹⁰. Assuming control and autonomy – i.e. voluntarist agency – as the path to liberation was thus a means of re-entrenching the status quo in which only a very particular group of women had the means to assert this control. This notion of liberation was thus implicated in global as well as class- and race-based inequalities¹¹.

The story of feminist movements around contraception have also been processes of exclusion. The WHM relied on a certain conception of humanness and womanness based on a nature/technology and body/mind division that also entailed an exclusion of the Other. These divisions have also haunted later feminist approaches. Keeping the mentioned dichotomies, fixed meanings and characteristics in place naturalizes or normalizes power relations. The ‘liberation through control’ mandate ultimately keeps a hierarchy of subjecthoods in place: from most rational to less rational. This hierarchy of subjecthoods in turn plays itself out along axes of gender, racial and class differences. The real societal implications of this is that the white middle class feminist subject emerges as the most ‘liberated’ because she can exert the most rational control over her body – given socio-historical circumstances – and thus dominate the source of her oppression.

At the center of the biopolitical subject’s embodiment is the notion of the contained monadic body. It is prerequisite for this individualist ‘liberation’ – and all kinds of rights discourses – as it is premised on Lockean notions of property (Cohen 2009: 7). Conceiving of our bodies

¹⁰ Further, the hormonal implant Norplant was administered to 1000 women in Bangladesh who were not told they were participating in testing sponsored by the Bangladesh Fertility Programme (Mies and Shiva 1993: 293).

¹¹ More recently, intact post-colonial and classist structures have also been instrumentalized by the IUD developers for instance who implicitly calculated and actively configured ‘differences’ among women, constantly modifying the research and discourse around the device over the last several decades in response to the political climate and changes in social interests (Takeshita 2010: 37). It is thus necessary to examine the agenda behind the flattening out or emphasising of differences among women.

as property in a Lockean sense, we enter the political domain as body-owners. This in turn fundamentally shapes our understanding of freedom (Cohen 2009: 70) and liberation as epitomised in the slogan and book ‘Our bodies, our Selves’ (Boston WHC 2011; originally published 1971). No wonder the WHM’s DIY health practices envisioned liberation as an ultimately individual undertaking where self-preservation and defense play a major role and agency figures as making ‘the right choices’ (McRobbie 2004: 261; cited in Bryson and Stacey 2013: 202). Taking care of your body still today, can be seen as the cultural equivalent of taking care of your capital (Cohen 2009: 71). In this context, the monadic body is the target of management in neoliberalized biomedicine as Adele Clarke et al (2003) show in their work on biomedicalization: ‘Health itself and [...] are becoming individual moral responsibilities to be fulfilled through improved access to knowledge, self-surveillance, prevention, risk assessment, the treatment of risk, and the consumption of appropriate self-help/biomedical goods and services’ (Clarke et al 2003: 162).

Having surveyed feminist health movements, it becomes clear that the understanding of liberation has been very monolithic, Western-centric, and largely blind to the resistances of coloured women who were forced to participate in control trials or who were forcibly sterilized. The women in the control trials did repeatedly voice complaints about side effects of the pill but were largely ignored by the developers (Silies 2010b: 249). Nevertheless, the women in Haiti, Japan and Puerto Rico were not seen as individuals with an individual fate and wish for emancipation but as a homogenous group of bodies to be tamed and controlled in a discourse of population management (Silies 2010b: 253). The women’s experience in Haiti, Japan and Puerto Rico challenge the understanding of a monadic body and voluntarist agency by pointing to the highly specific historical and social circumstances that allowed the self-helpers to articulate this very narrow definition of liberation. If today we want to address

our entangledness with neoliberalism and post-colonialism, we have to problematize the individuating dynamics of risk and self-management, the monadic body and bounded self – the embodiment that enables the disciplinary regime.

1.2.1 The German case

I have focused on the U.S. American context due to the available detailed literature. The German literature on hormonal contraception is very segregated disciplinary, either purely historical or purely sociological in nature. I refer to it but not as theoretical framework. As my field research takes place in Germany, this brief section is meant to highlight the parallels between the Californian WHM and the German women's movement around contraception in the 1970s. The first pill *Anovlar* was brought to the West German market by Schering AG on 1st of June 1961¹². By the early 1970s, the percentage of women of reproductive age who use the pill regularly established itself around one third (Silies 2010a). During the seventies in particular, critique of the pill was being voiced by women activists in Western Germany (Silies 2010a: 412) as in the U.S. where from the beginning of the clinical trials, some women had stopped taking the pill due to nausea, weight gain, break-through bleeding, head aches, loss of sex drive and depression (Marks 2001: 209).

In contrast to the U.S., medical professionals played a large role in the popularization of the pill in Germany due to its categorization as a medicament that required regular prescription (Silies 2010b: 251)¹³. The debate about the pill was thus marked by expert voices in West Germany: critics of the pill argued on purely scientific basis of pharmacological evidence. In

¹² In the German Democratic Republic, the pill was produced under the name *Ovosiston* and was distributed freely from 1965. The history of the pill in the context of the state-directed economy of East Germany was very different to its trajectory in West Germany and there is little literature available (see König 2015 and Leo 2015)

¹³ In Spain and Poland this is also the case (Ignaciuk 2015)

general, pharmacological studies limited themselves to what they could count (spotting), not weight gain or mood changes for example (Thoms 2014: 168)¹⁴. This tendency still lingers in *arznei-telegram*. The *Frauenhandbuch Nr. 1* states:

‘When we started with the pill we liked it. Many of us took it every day over many years, we got used to varicose veins, blue hands, more weight, dry skin, hair loss or beard growth; we got so used, that it was forgotten; now that the brochure is ready some of us have stopped taking the pill.’ (Brot&Rosen, *Frauenhandbuch Nr. 1 Abtreibung + Verhütungsmittel*, 1. Aufl., o.O. [Berlin] 1972, p. 75; cited in Silies 2012: 220)

Based on their complaints, women activists in Western Germany during the 1970s criticised big pharma: for its connection to global population management, its side effects and the perceived impact the pill had on the ‘natural cycles’ of their bodies. The demand of the women’s movement here was to encourage women to trust their intuition by remembering their capacities that women had taught themselves in the last centuries (Silies 2012). In that way, women could be independent of the pharmaceutical industry and would not depend on doctors for the prescription of the pill.

So similar to the WHM, the German women’s movement was keen to gain independence from a male-dominated medical establishment. Differently to the WHM, however, they emphasised the desire to go back to ‘nature’. Behind this discourse lingers the myth of being able to go back to a technology-less past; and interestingly this ‘nature’ surfaced in my participants’ narratives as well. I will elaborate on the political implications of invoking ‘naturalness’ in Chapter III. For the purpose of the literature review, I want to stress here the dualistic thinking that is maintained through the unproblematic use of ‘natural’, and conceptualising the body as an entity to be controlled. This division is problematised by Feminist Science and Technology scholars (FSTS) in the later part of this chapter.

¹⁴ Barbara Seaman wrote the *Doctor’s case against the pill* partly because women’s complaints were not taken seriously and women’s testimonies are cited at large in her book.

The German women's movement further accused big pharma of taking advantage of population growth to make even more profit in a framework of development aid (Brot&Rosen, *Frauenhandbuch Nr. 1 Abtreibung + Verhütungsmittel*, 1. Aufl., o.O. [Berlin] 1972, p. 110-122; cited in Silies 2012: 221). Similar to the WHM in California however, the German women's movement did not problematize its own entanglements with neoliberalism, post-colonialism and assumptions about autonomous bounded subject positions.

1.3 Fluid bodies: decentering the biopolitical subject

The previous section highlighted the biopolitical feminist subject who controls herself and her monadic body. In this conceptualisation of the body as contained and bounded, technology logically features as separate to this body, and is used to liberate women through control of their bodies. This separation of body and technology precisely also enables biopolitical disciplining and is problematized by feminist science and technology (FSTS) scholars: working within a biopolitical framework, they trace the separation of body/technology as relying on the separation of matter and discourse. Assuming the body as merely biological, situates the body in opposition to technology and also discourse. In order to understand the gendered use of technologies, FSTS scholars explore the interplay of discourse and matter to account for the power relations responsible for the reality we inhabit.

FSTS scholars like Paul B. Preciado and Chikako Takeshita trace artifacts as they become imbued with politics and constructed materially-discursively through situated practices (Takeshita 2012: 7-8). Takeshita traces the post-colonial history of the IUD and links the contraceptive technology from the beginning to the project of modernity with its enlightenment-inspired values of secularism, scientism and rationality (Takeshita 2012). Preciado elaborates the pharmaco-pornographic interrelations between birth control, capitalism and gender regimes, recording his 'voluntary intoxication' (Preciado 2013: 15)

with testosterone in a gesture of resistance. Importantly, these scholars trace the ontological entanglements of the reproductive technoscience we use leading them to problematize the categories such as ‘woman’ or ‘nature’.

Similarly, Black feminist scholars like Dorothy Roberts for instance have expanded understandings of reproduction beyond the merely biological by tracing the naturecultures like foodways involved in reproduction, accounting for social inequalities that shape bodily processes. Michelle Murphy (2013) has shown the distributed dimension of reproduction that expands beyond individual bodies in her case study of Chemical Valley where the Aamjiwnaang First Nation experienced latent cross-generational effects in reproduction due to endocrine-disrupting chemicals. Extending reproduction beyond the merely biological and individual has mobilized critique towards racist biases in the infrastructures of reproduction. FSTS thus as a field is intent on decentering the biopolitical subject and monadic human body in its analyses. The boundaries that maintain the rational bounded subject and her contained body do not withhold an intersectional analysis of gendered and raced power relations.

FSTS scholars show that matter and discourse shape each other through power relations. Due to their focus on the societal context, some FSTS discourses remain largely within a traditional biopolitical framework however, that problematizes dichotomies but ultimately keeps the dichotomies in tact, assuming the human as the central actor and the owner of an individualised bounded body. The focus of Takeshita’s or Murphy’s analysis is not the elaboration of potential resistance out of the disciplinary regime that are analyzed in detail. Theorizing paths of resistance based on embodiment and subjectivities requires a more performative account of subjectivity and the body in technoculture. Indeed, FSTS approaches exhibit little direct engagement with performativity (see also Barad 2007: 57). If we want to displace the mind-centered owner of a monadic body to explore different becoming with

hormonal contraception, then the reiterative character of biopolitical scripts through which subjects and their relations to technology materialize has to be scrutinized.

Preciado is one of the few FSTS scholars who theorizes resistance by problematizing precisely this performative subjectivity. He argues the biopolitics of the 21st century are marked by a shift from the control of bodies to the transformation of those bodies (Preciado 2013; see also Clarke et al 2003 on biomedicalization). The pill is not so much an exterior controlling element as it is an ‘edible panopticon’ (Preciado 2013: 173). Preciado calls this modified biopolitical regime the pharmaco-pornographic regime, alluding to the regime’s obsession with the separation of the sexes and control of gender. He theorizes the material-semiotic interaction in the formation of sexed bodies, producing normative ideals of femininity and masculinity. These somatic fictions of femininity and masculinity are being heavily instrumentalised through capitalism. Preciado’s resistance to this regime is a molecular feminism, a ‘voluntary intoxication’ with testosterone. So while theoretically this is a strategy I consider adequate to tackle a neoliberal biomedical regime, Preciado abandons the subject position of the feminine body as part of his transition from female to male. He shifts subject position within the pharmaco-pornographic regime.

I would like to explore resistances that do not abandon the subject position of the feminine body. The aim of this thesis is to elaborate subjectivities and embodiments that resist the neoliberal biomedical pill regime from *within*, meaning that the subjects I worked with remain hormonal contraception users but resist disciplinary mechanisms creatively and unexpectedly. Looking for transformations that transgress the matter/semiotics dichotomy – based on uncontainable, hysterical embodiments – and thereby temporarily escape the

disciplinary regime – I will draw on feminist theories of embodiment as well as authors who have thought up political figurations that fluidly embody dichotomies.

FSTS scholar Donna Haraway's work provides paths out of the antagonistic politics by further problematizing the notion of 'nature' taken for granted by previous feminist health movements, offering non-dichotomic accounts of naturecultures instead. Donna Haraway starts writing her *Cyborg Manifesto* 1983 in the midst of Reaganism, in an attempt to resignify socialist feminist politics which she sees to be weakened, locked in with rigid boundaries between body/mind, human/animal and nature/technology. Haraway refuses an 'anti-science metaphysics' (Haraway 1991a: 181) in which a progressive movement has to posit itself within or oppositionally against science. Instead, she argues for cyborgean embodiments in order to reconstruct borders strategically in our everyday – always partially and temporarily. This approach allows us to decompose nature and allude to what Bruno Latour called the 'hybridity' (Latour 1993) of the body. Exploring subjectivities through these figurations we make room for thicker stories and meanings that allow us to inhabit the subject position 'woman' more subversively for instance.

Haraway's figurations like the cyborg, also let us think through entanglements (such as the complex trajectory of hormonal contraception through neoliberalism and post-colonialism) without resorting to traditional dichotomies of body/mind and nature/technology. Opening these boundaries, figurations can help us think through our implications and dependencies to others. Further, figurations like the cyborg may point to ways of embodying hormonal contraception that are more fluid in that dichotomic boundaries are always negotiated anew. In this we can refigure the subject position of the hormonal contraception user, not abandon it. Within a FSTS framework, I want to use these ambiguous embodiments as creative resources

for inhabiting disciplining discourse in new resisting ways, allowing for a politicization that goes beyond the human voluntary subject.

The cyborg is at once a fact and a fiction, a non-unitary figuration that Haraway elaborated to think beyond the imperializing, totalizing and revolutionary subjecthoods of Marxism and earlier feminisms. With these figurations in our toolbox, it is therefore important to analyze the metaphors and figurations we speak and hold them responsible for the material realities they produce. Narratives evidence experiences and embodiments, providing the figurations and metaphors that potentially transgress dichotomies like nature/culture, Self/Other but also semiotics and matter. Narratives can be thought as doings of knowledge, manifesting relationships to technology and potentially queer norms. Eva Hayward for instance explores semiotic-material possibilities of decentering the 'I', transcending the contained body in an ontology of interrelationality (Hayward 2008: 76) shared with other beings. If our narratives and bodies materialize together, can we trace the Other in the narratives and metaphors we use to speak about our bodies?

While Haraway sets the technoscientific stage in which her (and other) figurations of embodiment matter – illustrating the political relevance of them – authors like Judith Butler and Elizabeth Grosz provide concepts to think through the semiotic-material processes of embodiment and materialization. Feminist concepts like performativity and interimplication address bodily sexual differences that confound the nature/culture divide with the aim of constructing political fictions that help us navigate technoculture. Butler's performativity is the materialization of gender and bodies through the reiteration of speech and movement. Performativity usefully describes a temporally situated process of materialisation of sexed/gendered bodies, that privileges language and discourse as the active elements in this process (1990, 1993).

Having been largely understood as a voluntary act, Butler clarifies in *Bodies that Matter* (1993) that agency and materiality are discursive effects that are not voluntarily changeable. Change occurs unpredictably through performative repetition. We act and materialize within a gender matrix where matter and discourse do not pre-exist each other but shape each other. In this materialization, Butler argues that ‘sex’ is a ‘regulatory ideal’ (1993: 1) that does not pre-exist ‘gender’ but rather produces bodies in a matrix that constitutes us and through which we acquire existence as subjects – an existence that is always already sexed and regulated. Fundamentally, the matrix works through exclusion of bodies with non-heteronormative sexed identifications, or ‘object beings’ (1993: 3), rendering those within the matrix ‘intelligible’ and those outside ‘unintelligible’. Intelligibility could thus be defined as the materialization in lines with dominant norms.

For Butler, the body thus *is* a ‘process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter’ (Butler 1997: 9). Although Butler acknowledges the reality of bodies outside of discourse, her focus remains on linguistic signification, the generation of natural foundations through culture. This is not wrong, but it is a focus that leaves out material constraints, material agency and the material conditions of regulatory techniques. In response to the linguistic emphasis, Elizabeth Grosz (1991, 1994) focuses more explicitly on the potentiality of the biological, deploying the metaphor of the Möbius strip (an inverted figure eight) to represent the undecidable flow between the (biological) inside and the (social) outside of bodies. Grosz sees the social and biological as ‘interimplicated’: a useful concept in thinking about the relations between hormones and human and non-human social actors.

Theorists of post-humanism such as Karen Barad further decenter the human rational subject in their analyses. If Butler's *Bodies that Matter* addresses the dualism of matter/discourse by arguing they are inseparable and matter bodies together, she does not explicitly analyse the intra-action of objects and discourse, or apparatuses and the objects. Barad provides a post-humanist account of performativity (2003, 2007) in which substances like hormones are conceptualized as actants that materialize performatively. Other post-humanist theorists like Jane Bennett (2010) enable an anthropodecentric account by problematizing 'inanimate' substances. Bennett and Barad both theorize the potentiality of matter in processes of materialization. As for Butler and Grosz, post-humanist bodies are no longer hermetically sealed for Barad and Bennett; but the body is placed in a post-humanist landscape in which the human is not the central actor but exists inter-relationally with other unbounded bodies (like other animals) with different levels of animacy¹⁵. Here, bodies are open to hormonal global flows, invisible long-term threats and to toxic chemical 'assaults'. Sex hormones breach all kinds of boundaries: between species, places, times and sexes.

Jane Bennett (2010) explicitly points to the ethical dimension of recognizing the vitality of matter. As for Barad, Bennett aims to problematize agency by deflating the human ego and crucially opening new anthrodecentric ways of imagining different ways of living, being and becoming. With agency not being a property but an intra-active process, this shifts responsibility to a more collective level but also crucially implicates us in multiple overlapping entanglements. No longer thinking of the human body as monadic, we can imagine our indebtedness to lab animals and other women who use the same hormonal contraception device we are using.

¹⁵ Mel Chen speaks of animacy as a 'quality of agency, a sentience or liveness' (Chen 2011: 280).

This post-humanist scholarship then provides the other side to my search of figurations and embodiments beyond the monadic rational human subject. Not only can we investigate the generativity of language in worlding, we must also pay attention to the animacy of matter if we truly want to decenter this unitarian subject based on dichotomies. Hormonal contraception may well affect others in connected environments: male fish in British rivers, for example, are showing signs of feminisation thought to be caused by the excretions of women contraceptive pill users (BBC News Online 2002 cited in Roberts 2007: 192). Celia Roberts also discusses the potential effects that are not limited to the individual person or generation, but can be passed on in sexual reproduction¹⁶. Adopting this post-humanist lens then forces us to re-examine also our understanding of reproduction as limited to the lifespan of a human (see Murphy 2013, Lee 2013). As Celia Roberts does more generally with sex hormones, I would like to use hormonal contraception as a site to question and blur boundaries of humanness that ultimately constitute our Selves.

By re-theorizing boundaries between Self and Other, nature and technology etc., this thesis and the authors I draw on contribute to an interdisciplinary reworking of the subject and its becomings in technoculture through political fictions or figurations. Beyond antagonistic politics and meta-narratives, these fictions help us weave semantics and matter in new, always-transforming ways. This thesis is about coming to terms with naturecultures, reimagining boundaries and embodiments, reading narratives and practices subversively and expanding existing resistances, continuously tracing and refiguring our accountabilities to others.

¹⁶ as in the DES case discussed in Chapter 6 of Robert's book.

CHAPTER II: METHODOLOGY

‘To speak all of our selves, not just our minds, but our bodies, to imagine who we might be [. . .]’
(Davies 2000; cited in Pedersen 2013: 323)

The thesis is an inquiry into new subversive and ethical embodiments of hormonal contraception usage. Acknowledging that the pill has no inherent properties but that change occurs *with* the pill not *through* the pill (Silies 2010: 428), narrative analysis and political figurations as a research method produces localized, fluid and unexpected knowledge that serves the subversion of the disciplinary regime. For this, hormonal contraception usage is conceptualised as performative, enabling me to trace these constructions and search for new ways of embodying the Self. I follow Peter-Paul Banzinger (2012) who proposes the debate about the pill as one of the places where the sexual Self is constructed and negotiated (Banzinger 2012: 253). Examine pill usage as performative through narrative analysis is an attempt at ‘moving away from the familiar habits and seductions of representationalism’ (Barad 2007: 88). So instead of reflecting on the world from outside (*ibid.*), with narrative analysis I attempt to understand from *within* and as part of it, working in and *of* the world.

Reading the narratives I gathered in Berlin diffractively maintains the relationship between signifier and signified radically open – not letting it sediment – letting my participants’ accounts generate alternative and unforeseen political figurations and ontologies, capable of challenging normative schemes of intelligibility. It is by virtue of the fictional and generative dimension of narratives – by transversing science and fiction – that they serve as an adequate methodology to subvert a biopolitical regime that relies on totalizing accounts of Self and technology. I gathered narratives through in-depth interviews in Berlin and read them in search for multiple subjectivities. Within the same narratives, I traced metaphors and figures that reflected different embodiments in order to produce new and also contradictory meanings of the technology.

2.1 Narratives as ground for multiple subjectivities

I chose narrative analysis to examine the multiple body/ technology relations that emerge through hormonal contraception usage and which produce specific subjectivities and embodiments. These different subjectivities are performed and articulated through expressions and metaphors in people's narratives. The ensuing chapters thus map the different embodiments that derive *from* and *with* these technologies: in a nutshell, chapter III explores how hormonal contraception usage enables a biopolitical regime that operates via normative and repetitive scripts that must be performed and followed by subjects that are constituted as rational and self-contained. Therefore the narratives that I analyse in this first step are the ones that reflect the dominant discourse of biopolitical control and self-management. By tracing the socio-historical conditions of these scripts, it becomes evident that these behaviours and borders are fictional constructions and can be escaped. Consequently, chapter IV and V outline alternative subjectivities that provide the means to escape this disciplinary regime in ethical and subversive ways. Here, the subject is conceived as open-ended and in continuous becoming with nonhuman agents like contraceptive hormones.

2.2 Reading narratives diffractively

In the analysis of the interviews, I read the narratives diffractively in order to trace the multiple subjectivities as outlined above. Diffraction literally means 'breaking apart'¹⁷. It is thus a way to break apart the unity of a subject, allowing me to read the same narratives with different theories in mind, generating new and contradictory meanings. This means the narrated body is conceptualised as containing multiple selves that incorporate contradictory images.

¹⁷ Etymology: < Latin *diffract-*, participial stem of *diffing-re* to break in pieces, shatter, < *dif-*, dis- prefix *la* + *frangere* to break (*Oxford English Dictionary*, s.v. *diffract*).

‘Reading diffractively, the body incorporates images of patriarchy, reproduction and male lust, of feminism, generativity and female desire as constantly changing’ (Van der Tuin 2014: 234)

In short, diffractive methodology in the reading of the narratives enabled me to trace the heterogeneous constructions of users, their bodies, and modes of governance that act together in a single technology¹⁸. This means the materials were read closely and multiple times with the objective of obtaining multilayered subjectivities.

Reading the same narratives diffractively and multilayered, I analyse the same narrative from different perspectives. As an example my participant Esther’s narrative about changing menstruation can be read as coherent with the neoliberal biomedical regime – with the need to control bodily fluids, pain, planning ahead (as will be discussed in III) – but the same narrative also bears potential to shift understandings of naturalness, reading her narrative as evidence to a somewhat fluid ontology in which the clocked menstruation has ‘merged into’ her (as will be discussed in chapter V).

The interviews were analysed as follow: First, I explored the narratives using ideas embedded in the research questions and (derived from a review of relevant literature) such as metaphors and expressions that allude to an embodiment of the disciplinary regime (metaphors of containment for instance). Second, and simultaneously, I identified themes emerging from the data: moments of change, life events, relationships, etc. Third, I developed codes – in qualitative research often ‘a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data’ (Saldana 2003: 3) – to examine parallels between different narratives. In search of

¹⁸ see Takeshita (2012) for a diffractive reading of the IUD.

biopolitical scripts (chapter III), I coded for patterns, using short words/phrases that capture actions. Wanting to arrive at embodiments that diverge from the dominant biopolitical scripts (chapter IV and V), I used in vivo coding, only using the words my participants explicitly used in their narration.

Any act of coding is of course always already an interpretation. Coding is already an act of analysis even while remaining close to the data. I thus realise that other codes would have emerged if I had read different literature. In an effort at acknowledging my participants' stand and intentions throughout the coding process, I tried to privilege information received 'directly' and let lie 'indirect' information (Mauthner 2000: 294). I always told them in the interview when something seemed interesting or relevant to me in order to remain open about my intentions.

2.3 Interview questions: inviting open-ended narratives

As it has been mentioned, in-depth/open-ended interviews with hormonal contraception users were chosen as the most suitable qualitative method for the purposes of this research. The questions sought to remain sensitive to experiences that could potentially shift over time and which were – and remain – open to future-past re-workings; this particular emphasis follows from my commitment to conceptualise this body/technology entanglement as a performative material-semiotic process that occurs through temporal continuums and fractures. Having this in mind, I specifically asked for images, stories, and feelings that expressed corporeal intra-actions with the pill, unsettling fixed dichotomies (see appendix I for the questionnaire).

Knowing that it may be unusual to speak about hormonal contraception at this level, I tried to access these body/technology relations through different lenses. On this matter, I wilfully aimed at avoiding formulations that invoked antagonistic and oppositional descriptions of the

pill. For instance, instead of asking *‘How would you describe your method?’* I favoured a more unusual and constructive angle: *‘How would you describe the relation to your method?’* I favoured the latter option in order to escape answers that would attribute inherent meanings to the pill. I invested my efforts to move beyond deterministic depictions of the technology such as ‘hormone bombs’ or ‘unhealthy’, since these labels hinder the political potential of this technology.

The interview questionnaire was elaborated with the help of Tania Aguirre, a fellow GEMMA student who majored in psychology and who is specialised in narrative therapy¹⁹. After the first draft of questions, I conducted two preliminary interviews which helped me refine the formulations: specifically pre-testing the questions with one friend who self-identifies as gender queer and trans* highlighted the potentially different usage and embodiment of more gender fluid people for me. All in all, the questions intentionally sought to trigger unexpected answers that could not be easily anticipated by my informants, provoking intricate, complex and ambivalent responses.

2.4 Transversing science and fiction: figures and metaphors as diffractive tools

The expressions my participants use reflect an understanding and conceptualising of the world and themselves. All narratives are imaginative engagements with the world, a way of framing and understanding the world and ourselves. Both figures and metaphors then are non-literal wordings that ‘carry meaning’ from one word or context into another: they are imaginative engagements that function as bridges between the world and ourselves. For my purposes then,

¹⁹ Narrative therapy is a collaborative and non-pathologizing approach to counseling and community work which centers persons as experts of their lives and that often employs externalizing questions in order to refigure relationships. See Michael White and David Epston (1989) for further reading.

I define a metaphor as a way to know partially about oneself and the world, a construction and embodiment of always partial truth.

The dominant discourses about subjecthood are clustered with mechanistic metaphors that allude to containment, fixity of borders, hierarchies and dichotomies and are often presented as ‘the way it is’. Indeed, the metaphors we live by are often no longer recognized as metaphors (Cohen 2003: 147). Especially in the natural sciences, metaphor and theory are often mistaken as the same thing, leading to unfounded, misplaced, truth claims.

So to refashion our ways of thinking and relating to the world and technology – our embodiments and sense making with hormonal contraception – it is thus firstly necessary to distinguish word (narrative), metaphoric vehicle and the thing/concept that is expressed through metaphor (Derrida 1982: 261). In doing this, we may recover the story-telling, generative character of metaphors; and produce open-ended metaphors in our speaking about science and technology that contest the image of the monadic body.

We should liberate metaphors from its burdening status of *truth*; to acknowledge their fragility and reconcile them with their status of *story*, that is, as a partial articulation of the world that does not seek to capture anything in its entirety. We must, as Derrida exhorts us, ‘take the risk of a continuity between metaphor and concept, as between animal and man, instinct and knowledge’ (Derrida 1982: 262–3). By doing so, metaphors can yield alternative ways of knowing and serve us as a resource for new forms of relating to our bodies, technologies and others.

Generative metaphors are those that thrive on tension between word (narrative), metaphoric vehicle and concept precisely because they do not capture anything in its entirety: ‘Erupting from, and within, the abyss of the unknown, metaphor surges towards knowledge’ (Cohen 2003: 148). Indeed, if there is no distance or incommensurability among the elements that are rhetorically linked, there is no metaphor, just tautology. The figurations I envision are thus generative precisely because they transverse the material and semiotic, science and fiction – generating temporary formations/entanglements of the two.

Thus, whereas chapter I and III are meant to unveil the mechanistic metaphors about hormonal contraception usage, chapter IV and V survey potentially subversive images and figurations that facilitate the transit between body/technology, self/other, human/nonhuman in fluid terms. Particularly in chapter V, I conceptualize hormones and humans as partners, companion species, that do not precede the meeting as already-formed entities, engaging in a ‘subject- and object-shaping dance of encounters’ (Haraway 2008: 4) through the figurations I elaborate. This enables an ‘accounting for how practices matter’ (Barad 2007: 90) in a refiguring of response-abilities to others. These metaphors may be less stable, untamed so to say, and draw only porous boundaries. Through this ambivalence, they may not ensure certainty of knowledge, but precisely is this space of *not-knowing* that makes metaphors generative.

Put differently, I seek to transform metaphors and figurations into robust situated feminist tools to diffract narratives, potentially breaking apart the unity of the subject and generating contradictory and open-ended images. This diffractive approach enabled me to trace the heterogeneous constructions of users, their bodies, and modes of governance that act together in a single technology. As in Esther’s case mentioned above, I elaborate the pill that Esther

describes as a ‘little partner’ as a figuration that continuously diffracts hormonal contraception usage, generating new unpredictable meanings and embodiments *with* her.

This thesis undertakes to represent stories that my participants presented to me (Heckert 2010: 53). While I do not try to produce a representational truth value, my figurations are nevertheless situated and marked by their social and political context. So while my political intention is to produce anti-hegemonic knowledge to counter authoritarian disciplinary patriarchal discourses, my figurations’s dwelling ground is the power center of Western Europe and my participants are of the privileged European middle-class. Still, I chose Berlin because of the linguistic aspect for field research and the fruitful coupling I see in Berlin of diverse sexualities and locations like the café where I conducted two of my interviews where various politically progressive agendas intersect.

2.5 Situating my participants

In order to work with the narratives of hormonal contraception users, I interviewed ten people who are currently living in Berlin, Germany (see appendix II for a complete list of participants): eight of them identify mostly as cis-women²⁰, one as mostly queer and one as queer and trans*. I would like to stress the tentativeness of these categories, as for some of my participants, treat these categories as fluid and shift between categories in the narratives. Four of the participants are close friends of mine; three people were approached via an open call on the *Reflect* e-mail list, a progressive network for education workers and young scientists in Berlin (and generally attuned to LGBTQI* matters in Berlin); and the remaining three contacted me after I sent an announcement in the *Soli-liste*, a list for social sciences students

²⁰ Cis-gender is a term to refer to people who were assigned at birth with the gender they identify with; they have not transitioned between genders. A cis-woman is thus a woman assigned woman at birth.

in Berlin. I decided to contact people who identify as queer or trans* because I was intrigued and imagined they could possibly relate differently to hormonal contraception.

Interviews ranged between thirty minutes to one hour and, apart from clarifications on specific details relevant to the analysis in the aftermath of the interview, there were no follow-up interviews. In terms of clarifications, I asked my participants which pronoun they preferred to read in the thesis (seeing that the options in German are grammatically different): one of them preferred to read ‘they’ which I used consistently throughout the thesis²¹.

In terms of the contraceptive methods used, the pill had been used by all of my participants in the course of their lives. At the time of the interview, one of my participant was using the hormone IUD after having tried the pill previously, three had abandoned hormonal contraception after having used the pill over several years, and the remaining six are currently using the pill. All of them in their twenties except one who is in her thirties. Based on our brief encounters and having asked about their background and education, I would situate them all as middle class.

In order to guarantee an atmosphere of trust, I asked my participants (in prior contact via e-mail) to choose a place for the interview so they would feel comfortable speaking about a potentially sensitive issue. Seven of the interviews took place in my participants’ homes and three took place in a queer friendly café/cultural space.

²¹ I was told by friends who are more familiar with trans* activism in Germany than me, that some gender neutral options for pronouns in German are *er_sie* and the suffix *-x*. My participants, however, did not make use of these terms during the interview.

2.6 Situating the narratives in Berlin

As mentioned in the introduction of the thesis, hormonal contraception is widely spread in Germany. It is worth mentioning that the access to hormonal contraception in Germany is mediated by the medical apparatus; a prescription by a doctor is necessary to obtain access to these technologies. Perhaps this legal restriction has contributed to the strong relationship between women and medical practitioners: almost all women have a gynaecologist and visit her/him regularly.

A few specificities in public health policy distinguishes Berlin from other German provinces, potentially favouring the use of hormonal contraception there even more. In Berlin, contraception is free of charge for students and those with low income; usually, the public insurance pays prescription contraceptives until the age of 20. Berlin is one of the few communes that has a stock for low-income women. Today the pill in Germany can cost between four and thirty euros a month – the *Yaz* pill costs 12 euros a month e.g. – and, although privately insured people have to pay it for themselves, over the last years prices have dropped because pharmaceutical patents have run out, which enabled the production of generics²².

I also chose Germany, and specifically Berlin, due to my cultural proximity and sense of responsibility. I was born and raised in Germany and despite of the fact that I left the country after my last year of high school, Berlin has become the city that anchors me amidst numerous residence changes; this is the city where most of my friends live and where I am able to grasp concrete cultural references that have been inaccessible to me in other countries I have lived in.

²² The forty most commonly prescribed pills in Germany in 2014 according to the health insurance *Techniker Krankenkasse*: <https://www.tk.de/tk/welche-pillen-gibt-es/769796>

In terms of language, I tried to be receptive to linguistic discrepancies between my participants' narratives in German and my translation of them into English in terms of location-specific cultural references and different connotations of words depending on the language. Whenever the English translation wasn't able to retain the semantic register of the original version, I included the German original in a footnote.

2.7 Enabling response-ability

Throughout this thesis, I treat ethics as the enabling of response-ability (Barad 2007).

Following Barad, responsibility is a matter of inviting and enabling the response of the Other (Barad 2007, 2012b). My ethical commitment as a feminist researcher then is to foster the conditions for such a response. Refiguring hormonal contraception as an ethical tool means thinking of it as an opportunity to interrogate ourselves. In the interview process, I translated this ethical outlook to creating opportunities for my participants to intervene during the interview and respond to the research process. Creating response-ability also meant allowing myself being questioned by my participants and viewing this research process as an opportunity to revise my own relating to hormonal contraception. I will discuss the implications of this in the terms of accountability and reciprocity.

2.7.1 Accountability

One condition of response-ability is to claim accountability for my practices and their history. First, I tried hard to create trust and confidence between me and the participants during the whole process from initial contact, through planning and scheduling the interview, the actual interview and the ensuing contact. Still, I sensed the predicament of 'objectifying' participants in my writing phase – although I had worked hard to create a trusting connection to them during my research (Mauthner 2000: 295). In a first instance, I clearly stated the purpose of

the interview and asked for the participant's consent. Throughout, I endeavoured to open the interview process by inviting them to tweak/change/ignore questions as they saw fit. I encouraged them to speak to issues that they did not see addressed through my questions.

I tried to be particularly attentive to my framing of narratives by my two participants who identify as queer and referred back to them in case of doubt. Although I embody hormonal contraception usage, queer or trans* embodiment is not something I have experienced²³.

According to ethical guidelines of anthropology (Iphofen 2013), trans* people may be viewed as vulnerable people as thus endeavoured to keep them as informed as possible to ensure they remain 'as free as possible in making their own judgements about how engaged in the research they wish to be' (Iphofen 2013: 36).

Barad urges scientists and philosophers to stand accountable for the 'cuts' they enact in the unfolding of the world (Barad 2007: 58; Van der Tuin 2011: 28), or what anthropologists may refer to as 'interventions' (Iphofen 2013: 14). Aware that my questions potentially are such 'cuts' or engagements, I employ them to evoke and trigger unexpected responses but have to stand accountable for these cuts. In one case in particular, my participant Nora had an insight that shocked her and was brought on by my question about how she would describe her method (she said she realized in that moment she had 'a crazy relationship to my body'). Creating this space and providing unusual questions thus led her to name something previously unnamed in her life. I asked her if she was still comfortable and if she wanted to continue the interview (she did). At the end of the interview I tried to be supportive in saying that there were many alternatives to the pill and many opportunities to find out more on

²³ Queer and trans* are of course not fixed identities. I refer here to my experience of mainly being read as cis-woman.

contraception generally in Berlin. I told her she could count on me if she wanted help with this.

Barad's accountability encompasses what in other feminist methodologies can be referred to as 'reflexivity' whereby the researcher documents the production of knowledge and locates herself in this process for '... the subjectivity of the researcher herself is part of research production' (Harrison and Lyon 1993: 105; cited in Mauthner 2000: 299). The intention was to illuminate the knowledge and experience I brought to the research as a researcher and contraceptive user. With social science methodology privileging the cognitive and the behavioural, reflexivity can translate into recognizing our own as well as our participants' desires, plans, gut feelings and intentions (Kleinman and Copp 1993: 53). I thus strived to clarify to my participants and the reader of this thesis where my sympathies lie while at the same time questioning my sympathies. Reflexivity in narrative analysis was translated into documenting and making visible steps and decisions taken during analysis (Mauthner 2000: 299-300)²⁴.

I further negotiated accountability by remaining open and in process myself as a researcher and hormonal contraception user. If asked about my intentions, I clarified to my participants that I do not wish to criticise their accounts but to situate and question them. One of the reasons I chose this research topic was a curiosity to question my own relation to hormonal contraception and how I embody it. I resonate or even identify with many of the narratives my participants put forward. Throughout the thesis I tried not to show the wrongs of my

²⁴ Donna Haraway and Karen Barad have criticised reflexivity as a methodology on the grounds that as a trope for knowing it remains caught up in the geometrical optics of reflection and maintaining sameness (Barad 2007: 71-2). I make use of reflexivity here acknowledging that my research inevitably enacts change and difference.

participants' accounts but their consistency with a wider biopolitical framework and how they evade, surpass or challenge it. It is partially a self-critique as I relate to many of the narratives I question in this thesis. I also spoke openly about my own involvement and thoughts on the research when they asked me about it (post-interview).

2.7.2 Reciprocity

In questioning my good feelings about participants and their good feelings about me – ‘What do they think we are offering that makes us attractive to them?’ (Kleinman and Copp 1993: 46) – I sensed that the interview was a space that endowed my participants' narratives with political legitimacy. It was new and strange to most participants to speak at such length and detail about their experience with contraception. Maybe listening is a way of giving as well (Heckert 2010: 51). Endowing these narratives with legitimacy challenges the restricted amount of space and listening they usually receive.

In this same vein, the interview setting provided an opening for my participants to potentially re-read themselves through unfamiliar questions that often triggered unexpected answers. Bourdieu (1999) once defined the interview as a process of creating a transformative space that has the potential to change both the interviewer and the interviewee. Participants stumbled over some questions that could tease out narrative stories about hormonal contraception and often put words to heretofore unspoken relations/situations.

Me: ‘How were the questions for you?’

Anastasia: ‘A little surprised with some of the questions ‘cause I don’t have such a... I don’t know like a... have a relationship or emotion somehow to it somehow I think... or at least not express that... although maybe it is a kind of relation even if I don’t perceive it that way... but it’s interesting in any case...’

(Anastasia, 4/02/2016, interview by author, Berlin)

This passage shows a certain unsettling or even re-reading that the questions could provoke.

Similarly, my participants' unanticipated answers also enabled me to re-read myself through their narratives. The interviews thus served the gathering of stories and the crafting of new ones, producing myself and others in the process (Heckert 2010: 53).

As part of my enrollment in a European Master in Women's and Gender Studies, it is important to contribute to a geographical pluralizing of voices and studies within my academic discipline that is largely anglosaxon. Although my thesis is written in English, I am committed to making my findings available to the participants in an effort of mutuality and acknowledging my responsibility for my research to them. Intent on negotiating mutuality individually, I ended up agreeing with all of them that I would contact them once the thesis is written and offer them to either send the thesis and/or meet to talk about my findings.

Following David Graeber's suggestions for anarchist anthropology, I examine the larger implications of my participants' narratives and offer these ideas back as possibilities (Graeber 2004: 11-12). I also plan to publish my findings in a less academic setting through a Berlin-based free magazine called *Queerulant_in*²⁵.

2.7.3 Confidentiality

To safeguard my participants' identities I used pseudonyms and opened the possibility of leaving out other characteristics of their person if they so wanted. None of them chose this option. I clarified the recording of the interview is for my transcription only. Obviously characteristics were left out that would enable identification, like specific names of persons and places. This enabled me to write up rich data with little restraint. Only I (with access to the interview recordings and list of pseudonyms) or my individual participants would be able to identify themselves.

²⁵ At the time of writing, editors of *Queerulant_in* were open to this idea. *Queerulant_in* online available at: www.queerulantin.net

CHAPTER III: NEOLIBERAL BIOMEDICALIZED SUBJECTIVITY

In this chapter, I analyze the narratives in which my participants posit themselves as modern rational selves. In order to subvert this biopolitical regime, we have to track its mechanisms of control. In the following, this subjectivity is elaborated as the neoliberal biomedicalized subject, based on Foucault's *homo oeconomicus* – the prototype neoliberal subject underlying all disciplinary regimes today. Further, this subjectivity is extended through the development of biomedicalization; and by emphasising the current neoliberal biomedical regime's controlling and exploitative effects on sex and gender.

Tracing the subjectivities constructed through the control trials provides important hints for the episteme²⁶ of the current neoliberal biomedical regime. The historical development and testing of the pill on Puerto Rican women, foreshadows the modern day pill regime as a means to control women, by producing a docile and governable femininity. Having established this haunting legacy, I frame the modern neoliberal biomedical subjectivity as the suppression of unintelligible femininity: my participants narrate self-disciplining mechanisms aimed at controlling their bodies in order to maintain intelligibility. Further, in stressing the durability of power relations, I sketch out the dependencies of the neoliberal biomedical subject on the medical establishment, the pharmaco-industrial complex and heteronormative relations to regain access to their bodies through the pill regime. Lastly, I highlight the dominant strategy my participants adopt to exit the regime, namely the return to nature, to show this strategy's oppressive political implications.

²⁶ First introduced by Foucault in *The Order Of Things* (1970), episteme refers to the structures of scientific knowledge, the epistemological model according to which knowledge is produced and gained.

3.1 The emergence of the neoliberal biomedicalized subject

Homo oeconomicus as a model emerges in the 18th century, conceptualised through English empiricist philosophy like Locke. Within liberal theory, *homo oeconomicus* is the smallest irreducible unit who acts always economically-rationally. His choices are both irreducible and non-transferable (Foucault 2008: 272). As we saw in chapter I, a rationally behaving subject strives to contain and dominate his body he can dominate – otherwise his rationality would be called into question. Since Locke, the Western body figures as possession, a private property: *homo oeconomicus* is a contained island, he is his own enterprise. Following his interests, *homo oeconomicus* responds systematically – non-randomly – to changes in his environment (Foucault 2008: 269). The paradox of *homo oeconomicus* is thus that he pursues his self-interest but at the same time becomes governable due to his systematic, and therefore predictable, behaviour. Rationality pursues intelligibility and predictability and thus allows for governability. A prerequisite for being governed, governments promote rational behaviour in its citizens. I maintain that this model of subjectivity is essentially still at work in the 21st century but requires socio-historical contextualization and theoretical adjustment.

Post-WWII, German intellectuals are forced to rethink rationality due to the fascist terror it was implicated in. Liberal theory was revised post-WWII to ensure the survival of *homo oeconomicus* after his rationality had been called into doubt. German neo-liberals no longer conceptualised competition as a natural given the way Adam Smith had, but designed a system in which government had to work carefully to maintain and create the conditions of competition and hence rationality²⁷. I want to emphasise two points here: firstly, neoliberalism is precisely not an economic laissez-faire approach, but is instead marked by ‘permanent vigilance, activity and intervention’ (Foucault 2008:132) to ensure conditions of

²⁷ With neoliberalism I refer to Michel Foucault’s usage of the term in his lectures (specifically 7th and 14th of February) of 1979 at the Collège de France.

competition and rationality. Secondly, neoliberalism is the form of government that ensures and maintains rationality and thereby governability. *Homo oeconomicus* post-WWII is alive and well but is permanently under institutional surveillance; this surveillance goes so far that he auto-monitors himself to ensure the optimal rational functioning of his mini-enterprise. Agency for *homo oeconomicus* translates into making ‘the right choices’ (McRobbie 2004: 261; cited in Bryson and Stacey 2013: 202).

Biomedicalization is essentially the application of neoliberal dynamics to health. As elaborated by Adele Clarke and her colleagues (2003), it is the process of medicalization intertwined with neoliberal mandates of self-management. Medicalization refers to the increasingly vast framing of bodily conditions as medical issues, surveilling it and creating conditions for control and intervention²⁸. With the prefix ‘Bio-’, the authors refer to the shifted standards of this medicalization to the molecular level, through new always-innovating technoscience and clinical advancements.

Seeing the rapid advancement of technoscience, *homo oeconomicus* has to work hard to maintain self-management and rationality. Opportunities for gaining health knowledge, prevention, risk assessment, treatment and self-help are infinitely increasing. *Homo oeconomicus* has to manage his body, his capital, under increasing pressure to reach increasing standards. The enterprise-body has not changed much conceptually since the 18th century. It is still being performed as contained matter but our means for improving and controlling it have changed drastically.

²⁸ Irving Kenneth Zola (1972, 1991) first frames the increasing extension of medical authority and practice into areas of people’s lives as a process of medicalization.

Lastly, I want to point to the reliance of neoliberal biomedicalization on the creation and disciplining of sexed and gendered subjects. As Preciado shows, the production of somatic fictions of masculinity and femininity is part of neoliberal economic processes: they are exploited to make profit. The corporeality neoliberal subjects aspire to is always gendered. The hormonal contraception-using subject is caught in the neoliberal regime of self-management, auto-administering hormones to biomedically create a certain kind of femininity. This femininity is part of the governable subject, it makes her intelligible and predictable. This normed intelligible femininity is thus essential to her disciplining. The pill – or hormonal contraception more broadly speaking – thus creates a particular subject that has an undoubtedly feminized body but is controlled by a rational, and thus masculinised, subject herself. I will unpack this paradox in the following section.

3.2 The capture of the hysterical unintelligible feminine

The modern pill-using subject's formation and trajectory passes through the control trials of the pill in Puerto Rico and further clinical trials in Worcester psychiatric clinic as well as a male prison in Oregon. The women of the El Fanguito slum in Puerto Rico's capital San Juan and the female psychiatric patients are evidently not the same subjects as the subject I am sketching out in this thesis. Their forced participation in the control trials – and their resistances to it – however foreshadow the degree of biomedical control over sex and gender we are witnessing today. The episteme according to which the pill regime operates today has cast the pill-ingesting subject as a subject to be controlled by a medical professional.

The point of this historical excursion is not to say that what existed then is the same as what exists now but to examine the historical formations that haunt our subjectivity: 'The problem is to let knowledge of the past work on the experience of the present' (Foucault 2008: 130).

Tracing the historicity of rational regimes and their embodiments anticipate the dilemmas of a

neoliberal biomedical regime we are caught in today. The construction of the Puerto Rican women as irrational and unpredictable, thus unintelligible and ungovernable, shapes the assumptions about modern pill-using subjects that guide the pill regime today. The pill regime is thus partly the installation of rational behaviour that leads to intelligibility and thus governability: it is the imposition of *grilles*²⁹ – a set of behaviours and norms – on other forms of (more embodied) knowledge that are then accepted as true.

The trial participants were constructed as forgetful and unreliable, extremely docile and inherently deficient. Particularly Puerto Rico was the ‘cage of ovulating females’ (Marks 2001: 208) McCormick had dreamed of for optimal testing conditions. Here there were irrational subjects par excellence – female, raced and uneducated – in their habitat. The previous trials in the psychiatric institution and the prison had been rejected by the FDA on the grounds that these trials were not enough to test the ability of women to take the pill outside an institution. The El Fanguito slum on the island of Puerto Rico provided the domestic setting, the pill was meant to gain access to. If the pill was taken consistently here, it meant the rational pill regime could be imposed on the least rational subject through neoliberal strategies of self-management. No pharmacological product had ever depended so much on disciplining the patient in a domestic setting:

‘When taking the medication, the women were expected to swallow tablets every day (about one every six or eight hours) between the fifth and twenty-fifth day of their cycle. A number of women also had to inject themselves with the compound or insert it as a vaginal suppository. Each woman had to take her own basal temperature readings and vaginal smears on a daily basis. All this data had to be marked on a chart. The women also had to collect urine over a forty-eight-hour period on the seventh and eighth postovulatory days for hormone analysis. Often the only way to collect urine over such a period would have confined women to their homes where

²⁹ This term is repeatedly used in the debate between Michel Foucault and Noam Chomsky on human nature (1971) where a ‘system of grilles’ refers to the epistemological constraints of our thinking. The translation into English could be ‘grid’. For full transcript of debate see Chomsky and Foucault (2006).

they were near a toilet.’ (Marks 2001: 161)

As this extract shows, the domestic setting was conquered through the construction of self-disciplining subjectivity. The history of the pill is thus also the emergence of the biomedicalized, self-disciplining modern woman who remains deeply embedded in imperialist politics and the pharmaco-industrial complex. The trials in Puerto Rico were symptomatic of a larger mutation from a disciplinary to a neoliberal biomedical regime while the prison and the psychiatric institution were symptomatic of a more traditional biopolitical regime of the 20th century as symbolized by Bentham’s panopticon and the watch tower: crude and direct surveillance. Following this transition in biopolitics, Preciado describes the pill as an ‘edible panopticon’ (Preciado 2013: 173). It molds and produces the gaze, the action and the movement biomedically through auto-administration. The history of the pill is also the transformation – or materialization – of the Enlightenment architectures of the hospital and prison, into a domestic and portable (and later bodily and prosthetic) technique (Preciado 2013: 201-2).

A prime example of a biomedical pharmaceutical, the pill is the self-administered ingestion of power relations. It is no longer about exterior control but about infiltration, absorption, total occupation (Preciado 2013: 207). Tracing the post-colonial history of hormonal contraception, it becomes evident that we swallow modernity, scientism and rationality when we take the pill³⁰. The pill ingestion happens *freely*, through the hands of the nearly-rational (though forgetful and female) subject in control of her body. My participants are aware of the rationality expected of them. One of my participants, Esther, speaks of ‘a business I had to handle’. Another participant, Nora, expresses her rational attitude although she is concerned about hormones intervening in her body:

³⁰ see Takeshita (2012) for a post-colonial history of the intra-uterine device (IUD).

‘[...] but...the question is how...I don’t know I’m sometimes really...practical somehow so that I...really calculate like very factually also I calculate what I... what I do and what I don’t do and also some...when I sometimes try to turn off emotionality...’ (Nora, interview by author, 04/02/2016, Berlin)

Another participant, Camilla, remembers the rose stickers of her first pill that she could ‘stick there so you don’t forget it’. The neoliberal biomedical pill-using subject is no longer supervised externally from the surveillance tower, she regulates her own administration.

With the successful control trials in Puerto Rico, researchers and pharmaceutical companies were able to start targeting and engaging women, constructed as irrational and deviant, with a rational pill regime to produce a desirable femininity that is intelligible and controllable. Due to this structure the pill regime immediately induces accident as a ‘sine qua non possibility of female sexuality’ (Preciado 2013: 208), a structure reinforced through the control trials in which the prototype users were considered inherently flawed in their rational capacity. I emphasise this construction to argue that the control trials in Puerto Rico symbolically represented the cooptation of the unintelligibly feminine subject – the hysterical irrational woman. In the following, I elaborate the pill regime as the suppression of this unintelligible femininity by asserting a rational masculinised subjectivity. The result is a techno-femininity that simulates feminine corporeal processes within the confines of intelligibility.

3.3 The suppression of unintelligible femininity for techno-femininity

Considering the pill’s trajectory, I argue it works as an instrument to repair an inherently defective female body and sexuality. Through the pill, the female body is controlled, in order to render it intelligible: the pill is the closest idea to masculinity that a female body can attain. Through the pill, Woman becomes functional. In the narratives I gathered, this mechanism was most clearly graspable in issues of control and risk management that were reiterated by all of my participants.

Seeing that the accident is an inherent possibility of female sexuality, my participants took on the rhetoric of risk management to control the danger of pregnancy. In the trajectory that most participants narrated from the beginning of usage until today, the awareness of risk and the management of these risks increased significantly. Anastasia emphasised the protective feeling of the pill and started taking it pre-emptively so not to ‘get caught under pressure’ in the moment:

‘[...] I wanted to have stuff like that clarified...before I maybe get caught under pressure in the moment...uhm...exactly it was more like a thing that I wanted to have it organized for me I think...’ (Anastasia, interview by author, 04/02/2016, Berlin)

The scare of pregnancy was particularly present in my participants’ narratives about risk management. Lenny for instance had at one stage stopped taking the pill due to its side effects but emphasised that stopping the regime was in contradiction to their³¹ desire ‘to have the most security possible’:

‘[...] and also like a really really really immense fear of getting pregnant like...uhm...where it also like set aside everything else a little bit...like...I was much more prepared to also suffer a little for it...or something...just to be completely sure that I won’t get pregnant’ (Lenny, interview by author, 05/02/2016, Berlin)

Lenny’s narrative points to the irrational state of pregnancy that needs to be prevented by all means. The fear is to be the irrational uncontrolled woman who was not able to control her body and its excesses. Pregnancy could be read here as the undecidable limit of the female body (Grosz 1994: 203) and has to be suppressed by all means. In the process of risk managing, the pill produces the user as well as the risks that it is designed to manage. By using hormonal contraception we seemingly gain control but at the same time construct the pre-pill woman as uncontrolled and hysterical. The pill thus contributes to our understanding

³¹ I use a gender neutral pronoun based on Lenny’s wish to do so.

of ourselves as inherently defective and sets us up to fail since the beginning. Complete rationality and control – necessary for the perfect regime – is unattainable.

The pill-instituted control governs the body systematically based on a regime of predictability, planning, habit, and regularity. All of my participants emphasised the convenience or even pleasure of controlling and planning their periods. Julia speaks of the ‘gift’ to know when exactly her period comes:

‘[...] there is one effect that is just...that I just know to 90% exact to the hour when I will have my period...and that’s really a gift that enriches my life incredibly, like...I really have to say it, I never had big problems with my period but it was worse when I was younger...and in the meantime its really like somehow I get my period Thursday evenings at 5 pm and Sundays at 10 pm it is gone again...that’s really like good for my life and I feel really comfortable with it and I have a really good relation to my body with it [...]’ (Julia, interview by author, 03/02/2016, Berlin)

My participants seem to dread the period for its potential unpredictability and unintelligibility. Framed as a necessary evil, it becomes bearable through the pill, intelligible and governable. The pill suppresses the unintelligible female body. What emerges then from the pill regime is an intelligible pill-mediated techno-femininity. The period during hormonal contraception usage is not actually part of the reproductive cycle³². It is really a withdrawal bleed that comes in response to not taking the hormones for a week (Jarvis 2013: 206): Not having any hormones in the fourth week of the pill regime (week 4) can cause the lining of the uterus to weaken just enough to allow for some bleeding to occur. Withdrawal bleeding occurs due to the change in hormone levels, it is not a period that is part of the reproductive cycle. Preciado employs the term *biodrag* to explain the pill-mediated period, or *technoperiod* (Preciado 2013: 209) that is not medically necessary but has the appearance of ‘naturalness’ and un-interfered upon femininity.

³² I am referring here to the biological process of the most common pill that is a combination of oestrogen and progestin.

In most of my participants' narratives overflowing matter figured in the form of menstruation and was usually dreaded. Under the disciplinary regime, hormonal contraception ensures the temporary and regulated containment of menstruation – a characteristic emphasised and valued by most of my participants. Uncontrolled bodily fluids are part of the hidden corporeal processes in need of exclusion to achieve the effects of smooth glossy surfaces of the perfect, youthful, desirable body (Mulvey 1991; cited in Stacey 1997: 83). What the regime does then is ascribing matter as appropriate to the interior body for three weeks and as appropriate to the exterior for one week during menstruation. Intelligible subjectivity is achieved through the temporarily successful policing of the abject and monstrous within yourself. Irregular or uncontrollable menstruation remind us of the impossibility of fixing permanent, immutable boundaries between interior/exterior, self/other. The cost of establishing a clean, ordered body is the separation and disavowal of the feminine and its sexual specificities and fluids.

In the context of control, most of my participants implicitly or explicitly touched on the obligation to engage with contraception often by means of extensive research and talking to professionals. Knowledge and understanding is another strategy to put women in control of their bodies. Some of my interviewees are acutely aware of how little they know about the science behind the contraception; they bemoan it and seem to imply that knowing is an obligation, of the informed patient or consumer. This attitude feeds into a powerful discourse of individual responsibility for health (Stacey 1997: 235, Clarke et al 2003 on biomedicalization).

Laura for example is content she is finally getting to know the biological processes through her engagement with holistic healing practices. In this respect it is interesting that Laura for

instance started explaining the biological workings of the pill in detail when asked how she would describe the pill. Adopting the medical gaze to speak about the own bodily process can be read as a kind of auto-medicalization. Feminist readings of biomedicine highlight how the medical gaze, described by Foucault, typically male professionals whose object is the female body (Daly 1979). This relationship not only produces a power inequality between doctor and patient but also the valuation of disembodied scientific knowledge over other knowledges. Observing herself as an object of medical investigation, Jackie Stacey narrates how she became subject and object in one person during her cancer treatment (Stacey 1997: 101). In an age of neoliberal biomedical regime, my participants have internalized this medical gaze.

Here the necessary knowledge figures as a fixed achievable collection of facts. There is a high normative mandate to be ‘informed’ and ‘know the biology’ behind the contraception in order to make responsible, political, rational decisions. Julia, similarly, is conflicted about ‘not being informed’, a condition that she says does not fit her self-image as a politicised person. Lenny is not content with ‘half knowledge’³³. They want to take more time again, to ‘decide better’ on contraception in the future:

‘[...] so as I said I found this gynaecologist that I think is really cool and...I think I talked to her like twice...like each time an hour or something, really talked about it [laughs] like...she was so cool...yeah she just...I don’t think doctors do that anymore [laughs] actually normally...but she just advised...’ (Lenny, interview by author, 05/02/2016, Berlin)

Many of my participants discipline and partly punish themselves for not knowing enough. All of my participants expressed a form of discontent with the pill but many blame themselves for being ‘too comfortable’. Essentially, they blame themselves for not having sufficient mastery

³³ In German: ‘Halbwissen’

to gain more knowledge about the body and alternative birth control methods or the one they are using.

Tracing the genealogy of control in feminist health movements, Michelle Murphy (2004) argues that the credo of control, particularly as practiced by the self-helpers in the 1970s, has limited freedom to acts of prevention, constraint, removal and discipline: control meant – and still means – *saying no* (Murphy 2004: 355). The notion of control over one's body also implies the 'active possession of oneself' (ibid. 351): I would argue that today, taking an active role in body management is consistent with the self-helpers credo of control, for who controlling and possession was not a tool to overturn patriarchy or capitalism (as Sanger and Firestone intended). Even to the contrary, the pill today is often used to auto-produce a subject that fits in better than before with a neoliberal biomedicalized regime.

3.4 Reselling femininity to women: dependency on the pharmaco-industrial complex

The pill regime creates dependency on the pharmaco-industrial complex. The pill regime builds on and exploits the alienation women experience to their bodies. The fear women have of their own Otherness is reinforced through the pharmaco-pornographic complex only to then 'resell' them a more intelligible femininity through the pill. Scared of their own bodies, women rely on third parties to become intelligibly feminine: medical institutions, heteronormative relations with men, and heteronormative consumer products that make up for their inherent flaws.

3.4.1 Medical institutions

Having been alienated from their bodies, women are potentially the perfect consumers. They rely on the pharmaco-industrial complex to tame their hysterical bodies. In Germany, this dependency has been fostered through a very close relation between patient and doctor.

Lenny, who spent two long sessions talking to their gynaecologist, feels very attached to their

gynaecologist now who they describe as ‘precious’³⁴. I approach the story of the pill as the forging of a self-determined consuming patient and consumer who demands autonomy and expert knowledge (Duden 2008; Stoff 2004: 238). This strong doctor-patient tie is a product of a marketing strategy by Schering through which they ensured the distribution of their product (Thoms 2014). A good doctor-patient relationship was deemed necessary by Schering to foster compliance in the patient and to ensure regular intake.

A prescription from a gynaecologist is needed to obtain hormonal contraception in Germany (for U.S. context see Watkins 2010: 50-1). The experiments in Puerto Rico had demonstrated that safety of contraceptives had less to do with the method than with the relationship itself between doctor and patient when communication took place in a relaxed trusting atmosphere (Angrist 1966; Nijs 1972; cited in Thoms 2014: 157). Women are thus dependent on their doctors to obtain hormonal contraception – to gain access to their bodies – and immediately enter a relation of power inequality, supervision and dependency once they start taking hormones.

3.4.2 *Heteronormative relations with men*

The other obvious mediator between women and a more intelligible femininity is men.

Taking the pill provides contraception for heterosexual intercourse. Achieving intelligibility in this neoliberal biomedical regime is thus granted only to women who practice heterosexual sex. Several participants framed the pill regime as an initiation to adult- and womanhood, Klara refers to it as part of ‘becoming-woman’³⁵. Julia remembers it was ‘really exciting’ to start practicing contraception herself and saw it as a step towards womanhood. She used to have an alarm to take it at the exact time every day:

³⁴ in German: ‘goldwert’

³⁵ in German: ‘Frauwerden’

‘[...] like first it was a huge step in my life...like really somehow significant and the first time at the gynaecologist like...and also somehow for me like, I don’t know, the role that I took was just much more important than that of the child before, so that was for me a huge step...’ (Julia, interview by author, 03/02/2016, Berlin)

The context in which 9 out of 10 of my participants started taking the pill was the (often first) longer relationship with a man. Many even started taking it preventively before they started having heterosexual sex. When I asked Klara when she first started taking the pill, she answered:

‘when I had my first boyfriend...so when I had my first serious boyfriend who I slept with and that was at...nearly 18...and then...yeah, I just used the pill because...uhm...that was the method, that or the condom...what I just didn’t know...because it was somehow...uhm...like part of it...of the first boyfriend...[laughs] or at the time you start having sex that you just take the pill...especially if you have a stable boyfriend...yeah...’ (Klara, interview by author, 04/02/2016, Berlin)

Besides these accounts marked by excitement, participants also expressed feeling pressured. Lenny spoke of ‘attitudes of entitlement’³⁶: of men expecting that women take the pill. My participants were all aware that the ultimate responsibility for contraception always remains with the woman when taking the pill. As neoliberal biomedical subjects women are responsible for their own containment, increasingly so in a neoliberal biomedical regime. Grosz argues women are expected to act as the ‘guardians of the purity of sexual exchange’ (Grosz 1994: 197). In this imaginary, the uncontained feminine body is actually dangerous and polluting for men (Grosz 1994: 193). Coherent with a heteronormative regime, women are supposed to protect men from corporality.

Heteronormativity is as another way in which women are mediated back to their bodies: through men. With heteronormativity here I refer to institutionalised heterosexuality. A heteronormative system assumes a construction of gender as dichotomical and the homogenization of the two genders respectively. Butler’s heterosexual matrix is a ‘grid of

³⁶ in German: ‘Anspruchshaltung’

cultural intelligibility through which bodies, genders, and desires are naturalized' (Butler 1990: 151, note 6). The femininity that is sold to women through the pill is highly heteronormative. Having alienated women from their bodies, the pill regime imposes a heteronormative lifestyle to regain access to their bodies.

The pill regime takes part in creating subjectivity that fits within a heteronormative framework where people are solely involved in heterosexual monogamous long-term predictable romantic relationships where the prime responsibility for contraception is placed with the woman/girl. Having achieved this intelligible heteronormative sexuality, they are controllable and predictable in their behaviour. Lenny recounted feeling judged and being policed by doctors due to Lenny's non-normative sexuality and gender. They therefore value their current gynaecologist for being more accepting:

'I don't' know... I think my sexuality is very non- non...normative somehow, also with these changing relationships and changing partners³⁷ and so forth...that this also...that she was like the only one who...didn't like...peg me as somebody strange...who is then strange in everything somehow...' (Lenny, interview by author, 05/02/2016, Berlin)

Lenny's narrative points to a further implication of a heteronormative pill regime, namely the assumption of a separation between sex and gender, or of a nature that is separate from culture. The heteronormative matrix organizes how bodies are understood: and to make sense a body has to cohere in sex and gender. This assumes gender and sex as separate and stabilizes bodies of women and men that exist oppositionally and hierarchically through compulsory heterosexuality (Butler 1990: 151, note 6). The assumption is that passive matter – 'nature' or 'sex' – can only be interpreted and lived in one way: having the capacity to give birth directly implies certain cultural choices like practicing heterosexual sex. The pill regime thus polices the coherence of sex and gender. In this heteronormative matrix, other sexualities

³⁷ the German 'Partner...innen' alludes to male and female genders.

are unintelligible, falling outside the matrix. Lenny expressed that for a gender queer individual, contraceptive alternatives are still lacking. The pill is not designed for people with queer sexualities who may have irregular or infrequent sexual intercourse with cis-men.

3.4.3 *Heteronormative cosmetics*

Another instance in which the pill polices the coherence of sex and gender is its cosmetic function. In other words, access to intelligible femininity is also granted by using the pill as a cosmetic. This has been increasingly the case with pills of the third generation that have been labelled ‘lifestyle drugs’ (Watkins 2012). Increasingly, it is used as a treatment for acne, hirsutism (body and facial hair on cis-females) or to gain volume and improve the form of the breasts. Despite its side effects and proven long-term adverse reactions, and subsequent fall in popularity, medical use of the pill has increased over time (Marks 2001: 5). For some of my participants this cosmetic function was a contributing factor in initiating the regime, for Manu it was even the primary reason. Manu was prescribed the pill against facial hair growth. This means the pill was completely separated from its contraceptive function. Manu narrates the moment of being called out by her doctor:

‘well its its just crazy it was thrown in my face so unexpectedly and abruptly, that’s actually a real taboo...and on the other side...also taking pleasure in defiance not to bow down to these norms of appearance...but then also a kind of relief...that obviously...you can change your appearance to an extent...’ (Manu, interview by author, 06/02/2016, Berlin)

In the neoliberal biomedical regime, health and beauty are inextricably linked for women (see Stacey 1997: 194). Manu used to have facial hair and now uses the pill to shape her body to cohere to a normed femaleness without facial hair. The pill graspably shapes the body into a more intelligible femininity. The moment of being called out as unintelligible at the doctor’s appointment integrates Manu into the pill regime where she finds – ambivalently – relief in achieving an intelligible femininity. I discuss Manu’s case further in chapter IV to provide an alternate, diffractive reading of her account as a means to resist the regime.

3.5 Back to the wild: the unproblematic usage of ‘nature’

In this section I want to dwell on my participants’ strategy to what I called the suppression of femininity and what one of my participants, Klara, referred to as the ‘blocking of everything that comes from the woman’. All my participants criticized the disciplinary mechanisms of the pill and some alluded to a kind of suppression. Most of my participants narrate a pre-pill nature that is suppressed by the pill. The pill thus figures as a separate technology that acts *upon* nature. In this section I would like to point to the impossibility of going ‘back to the wild’ and also emphasise the dangers of constructing an underlying fixed nature by highlighting its instrumentalization for oppression. These constructions are inherently politically dangerous and have been mobilized with the objectives of scientific racism for instance (see Somerville 1994)³⁸.

The construction of naturalness and femininity is essential to marketing contraceptive devices: Ever since the first developmental stages of the pill, Pincus was warned by Searle that the company would not support a product that might tamper with menstruation and thereby interfere with nature (Reed 1984: 375; cited in Marks 2001: 94). The seven day placebo week – historically included so to maintain ideas of ‘normalcy’ and ‘naturalness’ – has no biological reason according to Carolyn Westhoff M.D., professor of obstetrics at Columbia university (Davis 2003; cited in Aengst and Layne 2014: 174)³⁹. Today, contraceptive products like Seasonale are modifying cultural scripts that associate

³⁸ Heiko Stoff (2014) discusses the German fascist legacy of the ‘natural’, tracing constructions of ‘naturalness’ around oestrogen in the 20th century. Coherent with the physiology supported by fascist thought, oestrogen and hormonal treatments were not seen as unnatural by German consumers despite scientific research of the time indicating carcinogenic potential.

³⁹ In her research of contraceptive practices among elderly people in two Swiss cities, Rusterholz (2015) encountered that her participants referred to ‘natural’ methods as those methods that were not modern: One participant thus referred to sterilization as a ‘natural’ method (Rusterholz 2015: 59).

menstruation with disorder and obstruction (Mamo and Fosket 2009: 931). The new ‘natural’ here is a body conceptually defined as menstruating four times per year. Contraceptive discourses are thus fundamentally aimed at rewriting dominant biomedical and cultural narratives about what is and is not presumed to be natural when it comes to menstruation and birth control.

As this short excursion goes to show, ‘natural’ and ‘nature’ are constructions whose meaning and implications are shifting and are inherently unstable. The notion of ‘natural’ always bears the potential to normalize power relations. I outline these appropriations of ‘nature’ to show the futility and danger in resisting the pharmaceutical disciplining through our claim and aspiration to a fixed attainable state of nature. The thereby presupposed binary of nature/culture allows the regime to co-opt us, integrate us anew in a slightly modified regime. The pharmaco-industrial complex does not hesitate to appropriate this language for its own means. People currently being oppressed by assumptions of a ‘natural order’ are queer or gender fluid or trans* people for instance (see Stryker 1994: 248). Many trans* people experience their bodies through hormones. Making demonising claims about hormones per se thus pathologises trans* people. For Susan Stryker, ‘nature’ is a ‘fabrication that cloaks the groundlessness of the privilege you seek to maintain for yourself at my expense’ (Stryker 1994: 240-1). Working through the power relations that produce the category of nature is a way of escaping antagonistic – and inherently oppressive – nature/culture constructions. This strategy may pave paths of resistance that subvert ‘nature’.

In this light, the narratives of my participants resemble this idealization of unintruded-upon nature and the (particularly female) body as a sealed container of purity that has to be defended against exterior toxins. This usage of ‘natural’ has to be carefully examined for

exclusionary dynamics based on dichotomies that construct natural as opposed to degenerate and toxic. Most of my participants describe hormonal contraception as ‘unnatural’ and characterize it quite drastically so: Manu refers to the ‘crazy hormone supply’, Bente calls it the ‘hormone bomb’ and ‘a kind of intervention on natural femininity’. Lenny describes hormonal contraception as a ‘pretty forceful intervention’ repeatedly. For most of my participants this characterization as ‘unnatural’ is tied to an understanding of a state of original nature that is fixed. In this scenario, the pill has the power to disconnect them from this original nature, their ‘natural’ bodies. Asked how they would describe hormonal contraception, Lenny says ‘something supportive but also something negative’:

‘[...] and the negative is like that it is an intervention for me...and uhm...something that somehow stands between me and my body...like...yes. Like something that...separates me from my body. Yes [laughs] it’s crazy but...but I think so yes [laughs]’ (Lenny, interview by author, 05/02/2016, Berlin)

The perception that the pill – or hormonal contraception more generally – can disconnect or separate my participants from ‘nature’ means that ‘nature’ figures as something underlying, unchanging. In Lenny’s narrative above, the pill separates Lenny from their ‘natural’ body. As outlined in the previous pages, this conception of nature is politically dangerous because it can be instrumentalized for oppressive means. Under the disciplinary regime, a certain conception of nature becomes something to be strived for, something attainable if only subjects discipline themselves enough to do so. Two of my participants, Bente and Laura, abandoned hormonal contraception in the belief of opting for the more ‘natural’ option. I argue that they are caught up in a slightly modified disciplinary regime. Laura has now embarked to find out everything about natural contraception. She is also enrolled in a course about holistic health practices. For her this initiative is part of getting to know herself. Knowing yourself here means being in synch with the ‘natural’ body. Laura works hard to attain this newly found naturalness by discovering her natural cycle:

‘menstruation is just still this...this primary instinct...that the human still has, that has not be completely overrun by modernity...except with the pill...and uhm...I do believe that it is important as a woman to... yourself recover somehow the own cycle and also recognize it for yourself and...to notice when do I have my ovulation or something like that...there are so many signs when you listen into yourself [...] that I myself, get to know my own cycle somehow...and not deal with it... so ignorantly...and then just one day be surprised when I get my period’ (Laura, interview by author, 04/02/2016, Berlin)

I think very similar mechanisms are at play here as under the neoliberal biomedical pill regime. Despite her rejection of the practices of institutionalized biomedicalization, Laura’s aim is still knowledge and mastery *over* the body. The body has to be known in its entirety in order to control it. Laura still does not want to be surprised by her period, valuing planning and predictability. Laura also still understands herself as individually responsible for the achievement of ‘naturalness’. The narrative then perpetuates an ontological understanding of people as isolated, individualised and rational.

Naturalness must be attained through disciplining. Naturalness here is just a new sameness: a woman that menstruates and is consciously aware of the corporeal signs of the reproductive cycle. In the narrative, Laura establishes an explicit link between knowing your ‘natural’ cycle and therefore yourself. Hormones, in this imaginary, interrupt this access to ‘nature’ and hinder self-knowledge. Hormones figure as something foreign that degenerates and corrupts the natural body. So while Laura’s perception of alienation from her body may be grounded in embodied knowledge, the strategy she adopts to escape this alienation is structurally similar to the neoliberal biomedical regime responsible for her alienation. She creates a new ideal according to which she disciplines herself. She marks pills as toxic in an attempt to ‘cleanse’ herself to attain ‘naturalness’. So although Laura’s strategy is a response to medicalization, this kind of narrative strongly re-entrenches the nature/technology boundary, re-enabling biopolitical disciplining through maintaining purity etc.

3.6 Preliminary conclusion of chapter III

The neoliberal biomedicalizing processes that the pill forms part of, have exacerbated control over bodies in unprecedented ways through dynamics of self-disciplining. As with other health regimes, the self-disciplining under the neoliberal biomedical regime is a form of continuous boundary drawing that enables rational expression: a well-maintained body is a body that does not interfere. As such, the body is a continuous danger to reason. Ironically, the molecular and auto-administrative dimension of the neoliberal biomedical regime potentially opens possibilities to question the boundaries of the self, as well as between nature/culture more generally.

Hormonal contraception usage under the neoliberal biomedical regime entails the containment of hysterical unintelligible femininity as well as the production of an intelligible femininity that is docile and governable. It is as if overflowing matter – transgressing the body's borders – amounts to challenging the coherence of a subject as well as 'the limits of the socially hegemonic' (Butler 1990: 131). Specifically with the pill regime, transgressing the body's borders is the failure of not being able to contain the feminine hysterical body. The neoliberal biomedical regime of the pill is based on the fear to be the irrational uncontrolled woman who was not able to control her body and its excesses (as in pregnancy or menstruation for instance). Ironically, it takes a rational subject – the disciplined pill-user – to produce and maintain this femininity.

All of my participants were partially aware of oppressive dynamics of the regime.

Returning to 'naturalness' was a dominant narrative present in all my participants' accounts but was problematized and reflected upon to varying degrees. Four of my participants adopted this 'returning to naturalness' as a strategy in order to escape the pill regime. I call it a strategy because they took/are taking active steps to exclude hormones from their lives. This

‘nature’ they aspire to is really a shifting and unattainable ideal however and my participants would discipline and punish themselves to attain it. They decided to go ‘back to nature’ as self-disciplining subjects, with their narratives still reflecting the domination of mind over matter. The body has to be known in its entirety in order to control it. This means not an end to the disciplinary regime but just the shifting of the disciplinary goals.

They remained intelligible rational subjects by maintaining the body/technology dichotomy, and could thus be reintegrated into a – slightly adapted – disciplinary regime that still has as its main aim to contain the body and the feminine in the service of rationality. This strategy makes subjects co-optable by the biopolitical regime again. Going back to nature is a slightly modified re-capturing of the feminine, otherizing ourselves and the ‘mysterious’ female body again in the service of patriarchy. Resistance needs a more molecular dimension that re-envisions subjectivity through bodily experience.

CHAPTER IV: SEXED EMBODIED SUBJECTIVITY

‘Can it be that in the West, in our time, the female body has been constructed not only as lack or absence but with more complexity, as a leaking, uncontrollable, seeping liquid; as a formless flow; as a viscosity, entrapping, secreting; as lacking not so much or simply the phallus, but self-containment – not a cracked or porous vessel, like a leaking ship, but a formlessness that engulfs all form, a disorder that threatens all order?’ (Grosz 1994: 203)

‘Fluids, unlike objects, have no definite borders; they are unstable, which does not mean that they are without pattern. Fluids surge and move, and a metaphysics that links being as fluid would tend to privilege the living, moving, pulsing over the inert dead matter of the Cartesian world view...’ (Young 1990: 192-93)

If chapter III sketched out the rational subject that disciplines herself with the pill regime, chapter IV is about the subversion of this subjectivity while remaining within the biopolitical pill regime. By remaining within the regime, I mean continuing taking the pills. This approach ties back to my objective of finding ways to embody/use hormonal contraception beyond antagonistic debates – that is, without uncritically embracing it or completely demonizing it. It is of course possible to stop taking the pill without taking up an antagonistic position towards hormonal contraception and thus falling back into the dichotomic trap of nature/culture. My purpose however is to re-read and refigure hormonal contraception, so I will focus on the resistances *within* and *through* the neoliberal biomedical regime.

4.1 Subverting the neoliberal biomedical regime: searching for sexed embodied subjectivity

Under the disciplinary regime, the pill is used to suppress the feminine through a performance of a rational subject. As part of this, the body is tamed in service to an expression of mind-centric rationality. The formation of the rational subject depends on the continuous drawing of boundaries between body/mind, nature/culture and self/other which is always also a ‘boundary between feminine and masculine’ (Creed 1993: 25). We are in constant fear of losing our boundaries, of becoming diluted as subjects, living in a society that values boundaries over continuity (Creed 1993: 29). A path of resistance to the disciplinary regime while *remaining in it* lies in embracing irrationality and failure. One way of embracing

irrationality can be by embodying the feminine hysterical body, allowing body/mind to produce subversive embodiments of hormonal contraception together.

A significant aspect of rationality then is the domination of mind over matter resulting in a fully contained and controlled body. A biopolitical subject embodies this domination: fully contained and demarcated, this subject is legible in a rational phallic regime. In this chapter, I conceptualise the transgression of carefully constructed bodily boundaries as the escape of the unintelligible fluid feminine. The resistance here is grounded in embodiments that embrace the unintelligible feminine in order to subvert the regime. Embodiments that emerge from the unintelligible feminine, become with their own fluid corporeality unexpectedly and thereby remain un-cooptable.

These subversive embodiments are precisely not about idealizing an essentialist natural femininity but subverting the undervaluation and oppression of the feminine and claiming validity for corporeal knowledge. Sexed embodied subjectivity is irreducibly tied to the specificities of the sexed body and embraces corporeality. This is an approach grounded in feminisms of sexual difference like that of Elizabeth Grosz (1994, 2012) or Luce Irigaray (1985, 1993a) who ontologically refigure sexual difference as a productive force, not as an essentialist symbolic norm.

This sexual difference inherently transgresses body/mind and matter/semiotics dichotomies, as it is grounded in biology and the flesh but is open-ended, generative and unpredictable in its becoming. Crucially, sexual difference here is not understood as an anatomical given that pre-exists culture. Rather, Grosz and Irigaray assert the force of matter while insisting on the inseparability of nature/culture. They herald sexual difference not as oppositional difference

but productive of divergence, interrupting cultural representation (Grosz 2012: 70). The sexed embodied subject asserts her difference and multiplicity non-antagonistically. I want to use this condition as a means to escape the disciplinary regime, by being undefinable in the rational vocabulary. It is not about becoming who you ‘really’ are but becoming unpredictably, indefinitely.

With *sexed* embodied subjectivity, I refer to an embodiment of the feminine. It is subversive because it defies the dichotomic separation of mind/body and matter/semiotics in its becoming despite a disciplinary regime that builds on precisely these separations. It is thus a way of affirming the corporeal and a femininity that is un-cooptable, that will not be captured and disciplined by a phallic regime. This chapter is about the truth and knowledge produced by bodies, especially female bodies, that break with and intrude upon rational discourse: in my participants’ cases that I draw on in this chapter, it is the uncontainable leaking body and the hysterical mood swings. These are the ‘untidy experiences’ where the dichotomies leak into each other. The biopolitical rational response – as outlined in chapter III – would be to separate, purify, demarcate and punish to remain intelligible. A sexed embodied subject readily lets her corporeality inform her embodiment, she does not force it out. This embodiment transgresses the body/mind dichotomy without re-establishing it.

I will focus on narratives of participants that were able to resignify and refigure these bodily processes and excesses to produce new, more fluid embodiments that cohabit the dichotomies of body/technology and matter/semiotics ambiguously. The following section is thus entitled ‘escape of the feminine’. In what follows, I will outline how two of my participants’ narratives go beyond the disciplinary regime by narrating how their bodies would not be disciplined by the pill regime, alluding to matter that would not be tamed. They used non-

mechanistic metaphors, figuring a creative body/mind and body/technology interaction⁴⁰ without a voluntarist subject master-minding it. These metaphors implicate the subject in the object, rendering mastery and exteriority undesirable (Grosz 1994: 23), producing narratives in which the human body opens itself to technology, internalizes it, becomes with it.

4.2 The escape of the feminine: overflowing unpredictable matter

Striving to be intelligibly feminine, the neoliberal biomedical subject polices the abject and monstrous within herself. Unpredictable or uncontainable matter – like irregular menstruation for instance – reminds us of the impossibility of fixing permanent, immutable boundaries between interior/exterior, self/other. The cost of establishing a clean, ordered body is the separation and disavowal of the feminine and its sexual specificities and fluids. But whatever it is we want to exclude to maintain our clean and proper interior always threatens to re-enter or re-emerge uncontrollably. The temporary banishment of the expelled fluids always haunt us (Stacey 1997: 76). The excessive, uncontained body is the abject, the ‘threatening spectre’ (Butler 1993: 3). A sexed embodied subjectivity necessarily grounds itself in this abjection, that is overflowing and unpredictable matter.

Instances where matter appears/disappears outside of a schedule is an opportunity to reconceptualise the body outside of binary pairs and thus refigure subjectivity. Fluids – and all uncontained matter – dilute the subject: they are indeterminate, not categorizable, they flow and cannot be pinned down (see Young 1990, Irigaray 1993a). They challenge the borders of the subject. They refuse being read as entities and thus cannot be governed by rational laws (Grosz 1994: 195). They panick men, threatening to dilute their containment, their existence as unified entity, solid one-ness. Feminism of sexual difference like that of

⁴⁰ I use interaction in this chapter where it could read intra-action. Intra-action as a Baradian concept is elaborated in chapter V.

Grosz postulates that if in this regime women's bodies are inscribed as seeping and leaking, let us not reject this but act *from* this subject position. Seeing that persons socialized as women are represented and live themselves as liquid (Grosz 1994: 203), this is no claim to essentialism that women are liquid but a creative response to a lived reality.

4.3 Manu: refiguring the lack of menstruation

Manu's narrative takes an interesting turn in the disciplinary regime when she resignifies and refigures menstruation and its absence. Manu started using the pill after having been advised by an assistant doctor that her facial hair could diminish by taking the pill. She identifies as queer and was conflicted about adhering to norms of appearance and discussed the matter at length with her partner at the time. Ultimately, she decided to start taking a specific pill that helps with acne and facial hair. After having removed this hair manually before, she now started ingesting the pill with the purpose of shaping her body into a more intelligibly feminine form, being integrated into the neoliberal biomedical regime. In her case, her body was contained, the hair stopped growing, the acne receded, no matter overflowed. But her body still reacted unexpectedly with the pill and halted monthly bleeding. For Manu this was a 'relief' to not be reminded of gender norms. The subversion lies in the unexpected bodily change that allowed Manu to subvert the neoliberal biomedical regime and its dichotomies from within the regime. She narrates an embodiment that is ambiguously feminine and experienced through the body-hormone interaction. It is thus grounded in corporeality and the specificity of her sexed body.

In the first instance, Manu was called out at the dermatologist's practice. Another assisting woman was present as well:

'[...] and then they talked about it for ages...oh my god, you really have a crazy beard growth. But it's obvious this will happen if you pluck out the hairs with a tweezer.. uhm.. yeah...and then they talked about it for a long time how strong my beard growth is and...

then I thought A) that's interesting, nobody has said that to me publicly before... uhm.. yeah and then... it was going back and forth and then she said well, you could take the pill for example to ... uhm... avoid this therapeutically... then I started taking the pill for that reason and thought it was quite handy actually...' (Manu, interview by author, 06/02/2016, Berlin)

This narrative shows quite obviously how Manu was made to feel vulnerable at the doctor's appointment. The situation exposed her vulnerability to others. In a Butlerian framework, we can think of ourselves as constitutively vulnerable to others from the outset because our linguistic place and identity depends on fellow beings. Butler thinks of language and the community of speakers always pre-existing the subject. The subject then emerges as intelligible according to a language matrix – as boy or girl for example – having been named as such. This naming is constitutive to the subject's identity. Constitutively dependent on being named by others, our fellow beings have the power to profoundly dislocate us through calling us out – interpellating us.

In this instance, Manu was called out as unintelligible in her womanhood. The legible femininity the doctor and her assistant are valuing is achieved through a rational controlling of the body. The rational subjecthood of Manu is thus being contested for she was called out for not being able to control or contain her excessive body. The constitutive outside intruded into the realm of the clean and ordered intelligible subject. At the same time this calling out points to the fact that these subject boundaries are constructed in the first place and we really exist much more fluidly in dependence on others.

In a second step, Manu follows the advice of the doctor in an attempt to reassemble herself to intelligible subjecthood. The neoliberal biomedical regime swallows her. Called out as unintelligible, Manu was offered the pill as a means to regain intelligibility as 'woman'. She is dislocated, disappropriated of her body and then resold a shiny smooth femininity in the

form of the pill. These are the dynamics of dependence of the neoliberal biomedical regime I outline in chapter III.

Conceptualising the pill routine as performative – a performance of rationality – allows me to examine how my participants uphold the disciplinary regime but also potentially disrupt the disciplinary patterns. Performing the pill routine, my participants participate and repeat a discourse they do not constrain: their ‘agency’ consists in the reiteration of discourse/norms. The reiteration of discourse/norms is necessary precisely because the materialization of them is never complete (Butler 1993: 2). With the materializations never quite complete, and with the subjects’ reiterations never quite constrained or controlled by themselves or the context, there is always the possibility to break with the context. Paradoxically then, performativity is enabled through the context with which it breaks (Butler 1997: 40). Change and resistance emerge unpredictably through performative repetition of a regime.

If she had decided rationally to take the pill for the effect of not having a period, this action would have involved calculation and predictability, again characteristics of *homo oeconomicus*. I argue that the risk of not knowing how she would become was essential to a transformation that is unco-optable. She was aware of the many effects and changes this pill regime could induce. Although difficult, she decided to embark on this unpredictable journey of becoming. Manu remembers the first time she took the pill:

‘[...] but taking it the first time was somehow difficult when you consciously put yourself in relation to this thing... yeah and then there is also this discourse that you... I don’t really know, probably it works in both directions when you take the pill then you have no desire for sex, or maybe it goes the other way round... or when you take the pill you have more desire for sex, they can somehow tell you everything about the pill. [...] All these things you can become with the pill!’ (Manu, interview by author, 06/02/2016, Berlin)

It is Manu the rational subject that embarks on the pill regime to regain intelligibility. In the above-cited narrative however, there is a trace of Manu's openness for other conditions to emerge. Although there is intention and agency involved, this rational voluntarist agency is not the causal factor in the creation of new conditions.

With the unexpected halt of bleeding in Manu's case, I would like to extend Butler's performativity in line with Grosz's account of how new conditions emerge. As for Butler, Grosz conceptualises culture and biology as indissociable but emphasises the productivity of matter. Where Butler focuses on the constraints of materialization, Grosz theorizes the productivity of matter even when it escapes the realm of the intelligible. In acknowledging biology as an active collaborator, the pill regime could be viewed as a performance that continuously implicates nature and culture in new unforeseen ways. They differ in that for Grosz the vibrancy of matter can ontologically challenge the performance of a subject. In this view then, the pill regime can be refigured based on shifting corporealities.

Butler and Grosz both see resistance as inherent to the acting out of power, the performance of the pill regime itself. While for Butler resistance occurs through changes in reiteration that shift the borders of the intelligible and epistemological, for Grosz resistance is disruption through ontological difference or variation. Grosz draws a surprising analogy between post-structuralist thought and Darwin, arguing that the workings of power – natural selection for Darwin – always generate resistance (Grosz 2008). Natural selection in evolutionary theory is the generation of unforeseen random difference or variation. Grosz thereby provides an enriching theory of performativity grounded in Darwin's evolutionary theory that emphasises biology as an actor. With Grosz's elaborations of performativity, the body-hormone

interaction can be said to produce ontological difference that escape the framework of the disciplinary regime.

In a third step, the initial trauma of having been called out is used to transform embodiment. The moment of vulnerability, of being shamed for an uncontained body is used to find an embodiment grounded in a shifted corporeality arising from pill-body interaction. Manu does not get rid of the pill but expands the margins of its meaning and configuration. She describes the paradox of taking the pill:

‘yeah the paradox... so on the one hand the pill brings gender identity... irritating characteristics in the background... so like things that classically are not part of being-woman...like the beard... and on the other hand... when I take the pill... yeah when I take the pill then... that [the irritating characteristics] take a backseat and the being-woman can theoretically move to the foreground.. and but at the same time I forget the being-woman much more because I don’t get my period anymore and I don’t have to deal with it...that I’m woman... or...that I’m supposed to live woman or whatever...’ (Manu, interview by author, 06/02/2016, Berlin)

I pick out Manu’s narrative because it subverts the pill regime from within, unexpectedly without voluntarist agency. Her integration into the regime served the disciplinary function of shaping her body into a more intelligibly feminine body. The goal was to contain the excess of a body that did not fit nicely into the heteronormative matrix: she was told to contain her facial hair. Through the repetitive performance of taking the pill on a daily basis, the body was disciplined but other unexpected side effects emerged like the absence of menstruation⁴¹. The complete absence of menstruation is not a common effect in persons who take the combined oral contraceptive pills as in Manu’s case. Her body thus interacted with the pill, unexpectedly producing the unpredictable effect of no bleeding.

⁴¹ Manu is on a pill regime that allots a one week of break for bleeding to occur. This is the common COP (combined contraceptive pill) that contains both oestrogen and progesterone.

Equally unexpected, Manu exposes the theatrical element of the pill as this techno-period is precisely *not* medically necessary but just serves to uphold a certain idea of ‘normalcy’ and ‘femininity’⁴². This occurrence uncovers that techno-femininity’s ‘naturalness’ relies on a withdrawal bleeding we have come to recognise as a sign of our continuous reproductive cycle. For Manu, this absence had the relieving effect of not being reminded of gender. Although being read more intelligibly as a ‘woman’ now, the absence of period allows Manu to inhabit this category subversively and more unintelligibly from within. It is like she ‘passes’ as woman in public, avoiding unwelcome staring, but actually embodies this category in a queer way.

Manu’s advising doctor and the dominant discourse of the neoliberal biomedical regime may conceptualise Manu’s pill regime as a ‘balancing out’ or ‘return’ to an original inherent femininity, thus remaining in a dichotomic thinking that neatly separates body and technology. Manu on the other hand, uses the pill regime without ‘balancing out’ or ‘returning’ to an illusionary natural femininity. Instead, her embodiment is never quite arriving to an identity, it is a continuous becoming that remains unintelligible to her. It is grounded in a corporeal interaction between body and technology that never quite settles down, transgressing the body/technology dichotomy. Instead of ‘returning’ to an inherent femininity, this embodiment is queer in that it ‘undermines the very notion of the truth of sexuality’ (Kennedy 1994: 140). Manu’s embodiment ultimately does not serve the neoliberal biomedical regime. It destabilizes sexual identity from within. In a move of queer agency, the weapon that is directed at her is turned around pointing at the oppressor.

⁴² For a detailed discussion of techno-femininity, see chapter III: Suppressing the unintelligible feminine for techno-femininity.

Manu's narrated embodiment sits queerly and ambiguously between nature and technology. She experiences her own ambiguous gender through the pill. In this newly found subjectivity there is no pre-technological body. Assuming a pre-technological body would foreclose the possibility of generating new embodiment. The technology then takes on a teleological objective to unidirectionally alter the passive body. In Manu's account body and technology always already constitute each other. Manu does not attempt to 'restore' some out-of-balance femininity or going back to a pre-pill state of nature. Instead of using 'technology' *upon* 'body', Manu's embodiment embraces the inseparability of body and technology. With body and technology interacting, there can be no final goal of their becoming together. Manu's narrative interlaces body and technology but subverts how they interact in the pill regime. The pill is not used to discipline but to enable a new embodiment.

Apart from refiguring the body-technology interaction, Manu's narrative can also be read as a queering of feminine corporeality. Based on the unpredictable unfolding of body and technology, Manu embodies 'woman' in an undefined way that is not linked specifically to menstruation – the feminine corporeality par excellence. In her case, corporeality is ambiguously sexed. It is not the overflowing, uncontainable matter, hence hysterical, but rather the ambiguously open-ended assertion of femininity in the face of an even potentially 'male' bodily aspect: 'hyper-containment'.

Borrowing from Chen and Luciano who at one instance define queer as 'the desire to persist in the face of precarity' (Luciano and Chen 2015: 193), Manu's moment of precarity at the doctor's appointment is transformed to question and subvert the disciplinary structures that produced her precarity – in this case fixed ideas of a heteronormative femininity. Manu's embodiment can be read as the open-ended material-semiotic refiguring and subversion of

femininity; her subjectivity is always in the process of materializing. As this materialization stabilizes over time, it produces ‘the effect of boundary and surface we call matter’ (Butler 1993: 9). To me it seems that the paradox of adhering and not adhering to normative femininity remains unresolved, in tension, and Manu does not feel the need to make an absolute decision here. She remains open to ambivalence of her position and subjectivity. Importantly, this queer embodiment of femininity opens the feminine further in order to signify in ways that nobody can predict in advance⁴³.

While it is possible to read Manu’s narrative of embodiment in a Butlerian framework, this framework is blind to the animacy of the body that – together with the pill – gave impetus to a new, more ambiguous embodiment. In a Butlerian framework, Manu moved from being an unintelligible body to an intelligible body that fits the heteronormative matrix and can be read as ‘woman’. Butler’s performativity theorizes the emergence of bodies through linguistic structures where sexed bodies materialize through naming gender. Due to Butler’s linguistic and epistemological emphasis however, her framework does not account for the animacy of flesh or matter. This framework cannot account for Manu’s newly-found unintelligible subjectivity grounded in the absence of bleeding, while simultaneously maintaining a degree of intelligibility through the containment of beard growth. In other words, Butler’s heteronormative matrix does not respond to the generative force of matter.

As outlined previously, a more materialist feminism like that of Grosz does not contradict Butler, but engages with matter more affirmatively. In this framework, the body is still understood through and shaped by culture, but is granted ontological expressivity and

⁴³ See Butler (1993: 29) for a discussion of the category ‘woman’ and its deconstructive usage.

animacy even if becoming is unintelligible. The body refuses to be understood through structures of difference. Manu has come to embody hormonal contraception unintelligibly and un-cooptably due to an unexpected interaction between body and technology – the absence of monthly bleeding. Here, indeterminable bodily difference serves as the fundamental ground of subjectivity. Her embodiment is grounded in the generative coupling of body and technology, enabling a resistance to the disciplinary regime.

Preciado argues that the dominant cultural signifiers of gender today are beard and voice, no longer X and Y chromosomes. Preciado takes this as an opportunity to challenge virility as the natural prerogative of cis-males (Preciado 2013: 227). I argue that Manu's resistance is more subtle but potentially even more subversive. While Preciado extracts himself from the regime by opposing it and abandoning femininity, Manu does not abandon the category woman but expands it – queering its corporeality – to make room for unintelligible embodiments. She embodies the techno-femininity induced through the pill regime and subverts it by embodying it open-endedly and therefore unintelligibly. Creative resistance challenges the very ontology of the disciplinary regime from within, re-envisioning subjectivity through corporeal experience of body/technology interaction.

4.4 Julia: refiguring pain and discomfort

Julia has taken the pill since she was 14 until now, at the age of 23. She has had breaks inbetween due to discomfort and problems that she thinks are linked to the pill. This discomfort included depression and mood swings as well as physical discomforts like

‘massive tensions in the breasts, so I had so much pain in the lower abdomen all the time... and I always felt really bad well I always felt like 40 kilo heavier somehow but just water-like, like completely everywhere water retention like really terrible’ (Julia, interview by author, 03/02/2016, Berlin)

For doctors these symptoms were not categorizable and thus ‘unintelligible’. In a period of discomfort, Julia remained with the pill regime, abandoning the control rhetoric and letting her body overflow. Julia mostly sees her behaviour as failure to assert a more rational approach towards hormonal contraception. Her narrative can be read diffractively as resistance to the neoliberal biomedical regime by asserting an embodied sexed subjectivity. This reading traces the unintelligible difference and a corporeally grounded open-ended ontology in Julia’s narrative.

In a first instance, Julia started taking the pill under typical conditions as outlined in chapter III in her first relation with a man at age 14. She was used to and cherished the contained, predictable body; particularly knowing exactly when her period would arrive. This pill-mediated femininity is intelligible but haunted by the spectre of excess and the abject. When she began to experience discomfort again a year ago, she sought help from doctors who were not able to diagnose her. It was matter overflowing, the hysterical feminine body surfacing. In a series of doctor appointments, Julia was advised to seek help through behavioural therapy. She was pathologized, her subjecthood questioned for failing to contain the matter and hysteria. Julia recounts:

‘somehow such a back and forth from doctor to doctor took place and somehow in my head there is this little backdoor – this has to do with the pill – but somehow you still look somehow for excuses and it is just such a comfort... somehow because I think to myself as I said... on the other hand I was at the gynaecologist so I was somehow in the hospital, I was at the gynaecologist, and he checked up on everything...like I was at the ear-nose-and-throat specialist and in the end it was like okay, you have to go to a psychologist... and then I decided to do a behavioural therapy [...]’ (Julia, interview by author, 03/02/2016, Berlin)

The body’s workings here escape full linguistic representation. This is graspable in the narrative when Julia resorts to the tactile and morphological (how she feels) instead of visual metaphors. Materiality here exceeds the rational discourse and although unrepresentable – it cannot be named. It refuses to be the constitutive outside. There is always a gap between

corporeality and the masculinist regime that tries to name and control matter. Difference cannot be eliminated. But this regime tries to flatten out difference, insisting on sameness and unity, rendering intelligible, in order to dominate. Pill-mediated techno-femininity is molded and understood through terms of sameness, making the Other (feminine) into lesser version of the Same (masculine) (Grosz 1994: 208). When this gap between corporeality and the masculinist regime cannot be satisfactorily hidden, it is experienced as loss of control.

This loss of control over her body is resignified and refigured by Julia in another passage. Although she is critical of herself for not being ‘informed’ enough about hormonal contraception and alternative options, she finds a way of narrating an embodiment that embraces unpredictability; a subjectivity that is grounded in the changing material animacy of her body and its interaction with the pill. This then constitutes a queer reading of having been called out as hysterical and unintelligible for lacking the mastery of performing containment. She describes an indifference or disinterest⁴⁴ towards the pill and its effects to explain her lack of engagement with it:

‘somehow it fits exactly to what I appreciate in life, just like... that I’m... how I am feeling in the here and now, and just have the head turned forward and not like... I just think always that if... if what is ahead of me is more exciting than what is behind me, then I’m good and I think that, exactly that is the problem with the pill like... So I think now I’m fine and let’s see what tomorrow brings, if it’s worse tomorrow then I have to change it, but if that doesn’t happen [laughs] then I will probably take the pill until my death [laughs]’ (Julia, interview by author, 03/02/2016, Berlin)

In this narrative, Julia is not forcing her body into a structure of intelligibility that would require an inside/outside border. The characteristics of the body and the pill are undefined in this conceptualization, changing day-to-day together with many other factors. She does not assert a complete understanding over her body, evading a clear body/mind separation. Acknowledging the generativity of matter – the distinctive production of difference – her

⁴⁴ In German: ‘Gleichgültigkeit’

corporeality serves her to refigure subjectivity. This amounts to an ontological refiguring of subjectivity fundamentally grounded in irreducible bodily difference. She then embodies her own alterity, refusing to contain her body in structures of differences.

The biopolitical subject Julia is wary of the effort expected of her to inform herself about alternative contraception methods. Although she is critical of herself and attributes her lack of rational engagement with other contraceptive options to valuing ‘comfort’, she invokes an attitude of resistance to the self-management regime. Considering the IUD as an alternative contraceptive option she says:

‘somehow it is physically connected for me with an effort, just to think about whether I want this, why do I want this...do I maybe want children, do I not want children, okay, what’s my life plan now? So...do I trust the doctor, am I sure about it, that’s a lot of decisions, do I feel well advised, those are all things... somehow my life doesn’t revolve 24/7 around going to the doctor and being enlightened about this...’

It is possible to read this narrative diffractively in very different perspectives. For Julia, refusing to spend more time on contraceptives seems a rational reaction to an increasing demand on her time and effort to understand the complexity of contraception. This refusal could also be read as a consumerist attitude towards a medicament that is supposed to just work, not cause complications and responsabilize a professional for this who is paid by her. There also lingers a resistance to pressures of neoliberal risk management propelled through the ideal self-managing individual who is solely responsible for his/her health.

The embodiment narrated by Julia resists the disciplinary regime by embracing unpredictability and corporeal difference. Grosz emphasises corporeal generation of difference and variation as inherent to power relations (Grosz 2008: 41). Framed in this way, Julia’s resistance is enabled through the same dynamics that discipline Julia: Using the production of difference as a ground for resistance, resistance is never an external force. This means that self-transformation cannot be stopped as it is spurred by the oppressing forces

themselves. As Grosz points out, this also means that power structures and mechanisms are moldable by transformative resistance (Grosz 2008: 42). If the disciplinary regime and the production of difference – that can be the ground for resistance – are effects of each other, there can be no fixed model of either power or resistance, they necessarily shift and mold each other. Julia's refiguring of discomfort and pain is thus an invitation to embrace unpredictability that is nevertheless very specific to her subject position and circumstances.

4.5 Preliminary conclusion of chapter IV

In this chapter, I examined two accounts of resistance to the disciplinary regime. In both of them, the neoliberal biomedical subject is not in charge; instead body and mind and body and technology intra-act more creatively and less hierarchically to produce difference. This is possible if we value the inherent potentialities of bodies and acknowledge differential corporeality as fundamental marker of subjectivity. In both accounts, embodiments of subjectivity were grounded in specificities of the corporeal body, amounting to a mode of becoming with the pill that is not entirely intelligible to the disciplinary regime.

Manu and Julia resist by subverting the regime on its own terms. Having been profoundly dislocated by the regime – being called out as hysterical or not legible as 'woman' – my participants' queer the regime from within. Approaching queer as a 'desire to persist in the face of precarity' (Luciano and Chen 2015: 193), Manu open-endedly embodies femininity; she refigures femininity constantly according to the conditions the body/technology interaction create for her. Both accounts provide a more affirmative engagement with hormonal contraception. Instead of understanding contraception as a matter of constraint as the 'back to nature' narrative implies, I wanted to use hormonal contraception here serves as a way of becoming unpredictably and un-cooptably.

The point of giving two very different accounts of embodied subjectivity was precisely to show that there is no one model to transgress the nature/culture and body/mind dichotomies. A model can be understood as a 'selective rewriting' (Grosz 1994: 209): the complexity of my participant's accounts and lived realities would have allowed for an infinite amount of other possible models. I highlighted what I thought could be politically relevant to think resistances within/against the disciplinary pill regime. The accounts have in common however that mind and body do not affect each other unidirectionally in a causal relationship. Instead, they refigure each other constantly in interaction, producing corporeal difference.

CHAPTER V: POST-HUMAN SUBJECTIVITY

‘I believe that encounters with lively matter can chasten my fantasies of human mastery, highlight the common materiality of all that is; expose a wider distribution of agency, and reshape the self and its interests.’ (Bennett: 2007: 122)

‘Why should our bodies end at the skin, or include at best other beings encapsulated by skin?’ (Haraway 1991: 314)

This chapter further elaborates paths of resistance against but also *through* the disciplinary regime. If chapter IV sketched out potential resistances in the form of subjectivities grounded in uncontained corporeal experiences, chapter V builds on these embodied subjectivities, offering post-human figurations and embodiment to negotiate our hormonal contraception usage subversively and ethically and also trace our accountabilities to other implicated humans and nonhumans. I do this in two decentering movements: epistemologically, I would like to think of the uncontained corporeal, the unintelligible feminine difference as a surfacing of inhumanness. The moment of inhumanness – or monstrosity – can be dehumanizing but also generative and radicalizing. Tracing the inhuman is thus a way of refiguring human subjectivity as more open-ended and creatively unfolding.

Then, in shifting the human from the center of analysis, two figurations are elaborated that serve as a tentative road map to this becoming with our own inhumanness. For this purpose, I will conceptualise hormones as non/human queer actants by focusing on the animate/inanimate dichotomy. Through post-humanist figurations we can further disrupt biopolitical scripts, while tracing accountabilities to others previously excluded through the mechanic performance of the biopolitical regime.

5.1 Subverting the neoliberal biomedical regime: searching for the inhuman

Chapter IV limited itself to conceptualising the moment of irrational hysteria – in Julia’s case for instance – as a moment of divergence off the masculinist rational regime. In this chapter, I

would like to conceptualise this instant also as a divergence from humanness, following Grosz who speaks of the inhuman as ‘the uncontainable condition of the human’ (Grosz 2011: 11). The link between the feminine and the inhuman is that the performance of ‘human’ is also always a performance of gender, race and class. The same ontology that figures humans as gendered also figures them as subjects over and against an object-world (Washick et al 2015: 76). The human in my analysis is thus an inherently unstable category. The same collapsed boundaries through which the rational subject may spill into the unintelligible irrational feminine, also let her spill further into the inhuman. A questioning of masculinist rationality can be extended to a questioning of humanness itself.

If we follow Grosz (2011) – who draws on Derrida and Darwin – the non/human or inhuman always already constitutes us. There is no bounded isolated human that exists isolated and separated from animals and other non/humans⁴⁵. Rather, we have ‘a heterogeneous multiplicity of the living’ (Derrida 2002: 399) within us that cannot be fully determined or separated. All accounts, all language is always already embedded in, and builds on non/humans. Of course, this is a conceptualisation we are trained to deny in our daily performance as bounded unified rational Selves.

This rational ‘I’ is unambiguously gendered masculine in terms of the qualities we attribute to it (rationality, consciousness, linearity, etc.) while his Other is always feminine, more corporeal, animalistic, monstrous, existing in mere complementarity to the rational masculine Self. Our language and signifiers privilege a certain human then: European, masculine, upright (Grosz 2011: 14; see also Braidotti 2013: 13). When this Other – the rational Self’s

⁴⁵ The slash in non/human alludes to this co-constitutive existence of humans with various non/humans (see Giffney and Hird 2008).

own alterity – surfaces, it is unintelligible in that it cannot be understood within the confines of the rational subject's matrix of signification. In my participants' narratives then I was looking for the instances beyond the 'I', narratives that go beyond logocentrism and the matrix of signification. In other words, narratives of corporeal, animalistic, monstrous knowledge.

I use the term inhuman to refer to the life within us that has not acquired the status of human, in this case the feminine hysterical corporeal, our own alterity⁴⁶. Following Deleuzian-Guattarian feminist thought like Elizabeth Grosz's, the inhuman is a process, not a denominator or category, alluding to its inherent generativity. The inhuman can be a potential opening of the body to become unpredictably with hormonal contraception (Grosz 1994: 188). Grosz (2011) conceptualizes difference as the generative force of the world. Specifically the inhuman work of difference is a force that 'stretches, transforms, and opens up any identity to its provisional vicissitudes, its shimmering self-variations that enable it to become other than what it is' (Grosz 2011: 91). In this dynamic understanding of inhuman, becoming with our own inhumanness and alterity may loosen the violent hold of the category human, expand the realm of inhumanness, and highlight our implications with other critters.

Following Karen Barad, the posthuman is the crucial recognition of non/humans' role in everyday practices, scientific practices and those practices that do not include humans (Barad 2007: 32). Similarly, Rosi Braidotti (2013) conceptualises the posthuman as an attempt to overcome the exclusionary system of humanism and rationality so to allow a sense of belonging among non/humans, humans and inhumans. As such, a posthuman subjectivity

⁴⁶ Further, the inhuman alludes to the dehumanizing moves that are often overlooked in posthumanist scholarship. It resonates against the violence enacted in the name of humanity – the inhumane.

essentially rejects to settle into dichotomies of nature/culture and human/nonhuman, striving to strengthen her companionship to Others. This chapter thus endeavours to draw on our inhumanity as a base for a post-human subjectivity that is attuned and responsible to non/humans.

5.2 Hormones as queer non/human actants

As in chapter IV, that traced how body/technology materialize together non-hierarchically in interaction, this chapter conceptualises substances and relationships to them as materializing continuously in interaction but with the onlooker decentered. For Jane Bennett, an actant is ‘an entity or a process that makes a difference to the direction of a larger assemblage without that difference being reducible to an efficient cause’ (Bennett 2013: 149). Instead of understanding hormones as separate and oppositionally different to the human – or even as abject – the non/human suggests their co-constitutive character of humanness. Thus rather than oppositional to humans, I want to understand them as different to us ‘in degree’ (Grosz 2011: 17). Treating hormones as actants means that in the body/technology encounter, neither body nor hormones pre-exist the encounter; it is only in intra-action, becoming together, that they produce ontologically unseperable phenomena: temporary techno-body-configurations.

As in chapter IV, I draw on Luciano and Chen’s definition of queer – ‘the desire to persist in the face of precarity’ (Luciano and Chen 2015: 193) – this time, using moments of precarity to expand the ‘human’. One of hormonal contraception’s queering potentials lies in its ability to interrogate the human Self, tease it to question itself, provoking its boundedness and containment. In the face of this precarity, hormonal contraception provides the vehicle for becoming differently and unintelligibly with it – diverging off the biopolitical scripts.

Ultimately, what I offer then in this chapter is a queer reading of instances of inhumanness during hormonal contraception usage⁴⁷. Reading inhumanness not just as a category but as a vehicle for generativity, a process, an unfolding, post-humanist figurations let us embody hormonal contraception ethically and subversively. This path of resistance is grounded in intra-active becoming with technology, not in the voluntarist agency of a human subject.

5.3 Klara and ‘a good acquaintance’

Klara has used the pill in the past (over two years) but says she does not tolerate it well. She is now using the hormonal IUD (intra-uterine device) since three months. Klara has mixed feelings about hormonal contraception and opting for the IUD was a very important decision for Klara. When asked about a name, image or affect that could describe her relation to her contraceptive method, Klara said:

‘well I would say it is.. [laughs] maybe it sounds dumb but it is like... a good acquaintance.. that you... trust... but with who you always have these little problems and you don’t really know... uhm...there are these things that really annoy you about it but you are still like... hm.. somehow dependent... and somehow grateful but still annoyed... [laughs] that’s how I feel right now. [laughs] yeah it is.. you... you... humanize it somehow I think.... Because it is such a... such a big decision...’ (Klara, interview by author, 04/02/2016, Berlin)

In a different passage, Klara criticizes the antagonistic debate she sees hormonal contraception caught up in. She states:

‘I think this could possibly maybe be explained even clearer...by the gynaecologist or in general by society that you’re like...know better what you are getting into...and not...and that you can talk about it and not...like, either be forced to accept it as something you have as a woman or...uhm...or that you can like...that you can like not practice hormonal contraception at all because of those things.’ (Klara, interview by author, 04/02/2016, Berlin)

Firstly, the figure of the ‘good acquaintance’ seems to encompass the always shifting ambiguity of Klara’s relation to the technology and her embodiment of it. She says she is

⁴⁷ See Luciano and Chen (2015) and Giffney and Hird (2008) for queering the inhuman

grateful but annoyed, has her problems with it but also trusts it. This figure thus bears potential to think of hormonal contraception usage as embodying ‘multiple im/possibilities that coexist and are iteratively intra-actively reconfigured’ (Barad 2015: 388). The IUD here has no ‘essence’ or inherent characteristics and nor does Klara. This embodiment is fundamentally ambiguous, unpredictable and always emerging. Becoming open-ended with hormonal contraception makes room for heterogeneous experiences, pointing to the impossibility of closure of their transformation and deteleologizing technological epistemes. Open-ended and indeterminate, becoming with ‘a good acquaintance’ means inhabiting dichotomies of body/technology as well as nature/culture fluidly.

Klara mentions ‘being annoyed’ and ‘these little problems’ that seem to dislocate or unsettle her so ‘you don’t really know’. Klara does not seem to have a fixed attitude towards these ‘problems’:

‘[...] and maybe I’ll think differently about it in a year maybe... I think now I’m still in this beginning phase where it’s still a bit rough and you just bleed a lot... I think I bled for four or five weeks in the beginning... and then it really hurt the first time I had my period again and a few things... uhm... but maybe in a year I think totally super... yeah...’
(Klara, interview by author, 04/02/16, Berlin)

One of the ‘problems’ or annoyances Klara referred to in the previous section seems to be the bleeding and pain elaborated here. She approaches these occurrences critically but in an open-ended way, giving room to other meanings and refigurings. Defined as ‘a person one knows slightly, but who is not a close friend’ (*Oxford Dictionaries* online, s.v. ‘acquaintance’) the term acquaintance implies that the knowledge operating in this relation is ‘slight’. This may mean it is superficial but also that it lacks firmness and fixity. Further, its Latin root *accognoscere* (*ad-* ‘to’ and *cognoscere* ‘come to know’) hints at the evolving character of this knowledge. Klara’s knowledge of her IUD is thus slight and evolving. As Klara suggests, maybe in a year this relation may be ‘totally super’.

We could think of these ‘problems’ or annoyances as a surfacing of inhumanness, as the ‘uncontainable condition of the human’ (Grosz 2011: 11) that remains unintelligible in the rational humanist vocabulary. In the following I would like to elaborate opportunities to interact with this inhumanity: we may think of these occurrences as interpellations through hormones. Perceiving contraceptive hormones as non/human actants that constitute humans, it may be possible to refigure them as legitimate interlocutors to our humanness and mastery. If interpellation is the process of being constituted – subjectification – through being ‘hailed at’, contraceptive hormones may be able to ‘hail’ humans⁴⁸. Being interpellated by the hormonal contraception we use, we are constituted in the turn to the interpellative hail⁴⁹. As such, we are always-already embodiments of body/technology intra-actions because the urge to respond is related to our constitution by non/humans. The subject responding to the interpellative hail of hormones must be essentially cyborgian, recognizing her co-constitution of body/technology.

I am here extending the moment of interpellation that I traced in Manu’s and Julia’s account in chapter IV to include nonhuman actants. This then complexifies Luis Althusser’s theory of interpellation – taken up by Butler in *Bodies that Matter* (1993) – that still assumes the subject/object binary with the human at the center of analysis. If the subject can respond to the interpellation through hormones from her cyborgian subject position, this implies a sensibility to non/humans, a realization of mutual implicatedness.

⁴⁸ Here a verb with less voluntarist connotations would be more adequate.

⁴⁹ Interpellation was first elaborated by Luis Althusser to account for the sense in which ideology captures human subjects: one is interpellated when one feels obliged to engage as when the police man in the street hails: ‘Hey you!’ (Althusser 1971)

Thinking further how a post-human subject can respond to the interpellation by hormones and inhumanness, a metaphysical framework is required that grants animacy to matter. This animacy, or ontological expression, is eclipsed in Butler's framework of performativity as I argued in chapter IV. If interpellation is to be seen as a 'potential for generation' (Haraway 1991: 89) – an opportunity for generating creative responses – that may offer paths out of the disciplinary regime, a reconceptualization of nature is necessary. Extending the discussion of Butler's and Grosz's approaches to matter/nature of chapter IV, we could say Barad's revises performativity, rethinking nature ontologically as more agentic, i.e. practicing agency. Similar to Grosz, Barad's focus is not just epistemological (as in Butler's case). Rather, Barad conceptualizes an onto-epistemology that entangles matter and meaning⁵⁰ where a possibility for change opens, in transit from being-*in*-the-world to being-*of*-the-world. She thereby accounts for nonhuman forms of agency (see Barad 2003).

As a figure, the good acquaintance serves as material-semiotic node or knot in which bodies and meanings co-shape each other (Haraway 2008: 4), where matter contributes not only content, but also form and direction. Rather than an agent, hormonal contraception can function as actant in becoming with others. Barad and Bennett emphasise agency not as property but as part of an entanglement or apparatus (Barad) or assemblage (for Bennett). By fostering a subjectivity that acknowledges the animacy of things, a sensibility to non/humans and inhumanness, the occurrences of pain and bleeding can stimulate a post-human subject to become with them without teleological goal: 'you dont really know'. Grounded in the corporeal specificity of IUD-body intra-action – in Klara's case pain – we are presented with

⁵⁰ While Butler focuses on the role of language in the constitution of bodies (Butler 1993: 30-31), Barad's aims to elaborate the process of materialization at a more metaphysical level, through phenomena that locally entangle matter and meaning. So where Barad theorizes the emergence of new conditions, Butler explains the constraints of revising/changing the phenomenon.

an invitation to let ourselves be re-organized and re-mapped by the hormones we ingest⁵¹.

Post-human embodiment then implies remaining radically ontologically open to transformation.

Elaborating Klara's acquaintance as a post-humanist figuration, entails a rethinking of the subject/object boundary; we could think of it as a 'subject-object shaping dance of encounters' (Haraway 2008: 4) or a 'dance of indeterminacy' (Barad 2015: 395-96).

Hormones dance on the edge of the animate/inanimate border. In this dance or negotiation none of the partners precede the meeting, they have no names and do not fit into the nature/culture dichotomy. With no fixed referent then, a post-human figuration allows hormones and humans to read – seemingly incompatible – insights through each other, enriching the other⁵². In this diffractive move, Klara and the IUD can potentially always produce different shifting meanings through a highly responsive relationship. The dancers shape each other and are refigured by the patterns they enact (Haraway 2008: 25), negotiating subject/object, human/nonhuman and animate/inanimate divisions locally and temporally. We are who we become with others: becoming, or transing, in this way is a constant undoing and redoing of oneself.

In a post-humanist subjectivity that relates to the IUD as an acquaintance, it may be possible to refigure responsibility and knowing in terms of sensibility. Granting hormones the power

⁵¹ Notable accounts of ontologically open subjectivities are: Stacy Alaimo's trans-corporeality in the context of Multiple Chemical Sensitivity that she defines as 'experiencing yourself as co-extensive with the material world' (Alaimo 2010: 116); Eva Hayward's auto-ethnography 'Spider City' (2010) where she recounts wandering through her neighbourhood, letting herself be refigured by the environment and various nonhumans. The body figures not only as permeable, but also always as creative reaction to its surroundings, a material force.

⁵² With the human at the center of analysis, hormonal activity would be understood – or read against – a human-centric framework. This severely curtails the possibility of new meaning and refigurings being produced.

to refigure us may contribute to fostering a sensibility for our inhumans/inhumanness.

Thinking of responsibility as a greater sensibility to our surroundings, as a readiness to respond to, we could resist this individualist responsibility and obligation to know mechanically that my participants spoke to, as outlined in chapter III.

As Klara recounts, she ‘humanized’ her IUD because it was a ‘big decision’ (see citation above). Klara may be insinuating that there can be no final definite solution but rather an open-ended figuring out. An ‘acquaintance’ cannot be known in her entirety, she changes unpredictably and adapts to other bodily processes for instance. Valuing sensibility rather than just an increase in knowledge is a strategy Bennett adopted in her teaching of environmental science (Bennett 2013: 151). It is not so much about completely getting rid of the dominant form of relation between body/technology or self/nonself but a matter of encouraging a different repertoire of sense encounters with the assemblages in which we participate (ibid.): to want other things, to be able to relate differently and non-hierarchically to matter and our surroundings.

Jane Bennett and William Connolly (2002) refigure thinking as intra-corporeal affect, rather than the traditional rational thinking located closed off in the human mind. Or a thinking grounded in materiality that draws on timbre, our heart beat, the tightness, receptivity or sweatiness of our skin or the relaxation or agitation of our stomach (Bennett and Connolly 2002: 160). Instead of dominating matter through full understanding of it, we remain open to what cannot be anticipated and receptive to our various others. This openness ensures an ethical engagement and becoming with hormonal contraception and can sensitize us generally to our surroundings and others.

5.4 Esther and her ‘little partner’

Esther has taken the pill for nearly ten years. For Esther the pill allows her to be self-reliant, responsible and provides a certain feeling of freedom. Besides this, the pill is not a very emotional issue for Esther, it plays a rather ‘ulterior’⁵³ role in her life. Asked about a name/image/song/feeling to describe her method, she spoke of the pill as a ‘little partner in life’:

‘but maybe a kind of feeling like a little somehow... nearly a kind of... somehow a kind of little... partner in life [laughs]... somehow like I think sometimes he has really been around for a while...and anyway pretty good...he’s pretty good at his job’ (Esther, interview by author, 06/02/2016, Berlin)

A little later, she speaks of a ‘sense of partnership’, pointing to a co-operative relation to the pill. The *Oxford Dictionary* defines partnership as ‘a person who takes part in an undertaking with another or others, especially in a business or firm with shared risks and profits’ (*Oxford Dictionaries* online, s.v. ‘partner’)⁵⁴. This definition alludes to Esther’s characterization of contraception as ‘a business I had to handle’: A relationship that marks distance but also implies ‘shared risks and profits’, entangling Esther and her partner in their becoming. The pill here figures as neither an enemy or an oppressor, nor as a friend or liberator; partnership, similar to Haraway’s companionship (2008), means an ongoing engagement that can take many directions and forms that lacks teleological goals or ideals⁵⁵. Constantly engaging, responding, figuring out, without any strictly defined framework to rely on, this embodied relation provides the potential for ethical embodiment. It is responsible in that partnership

⁵³ In German: ‘hintergründig’

⁵⁴ Similar to Klara’s acquaintance, the partner has connotations of distance. In contrast, the actants in Esther’s and Klara’s account seem to be gendered differently. Esther’s little partner – who is mostly narrated as reliable – takes on a male gender (indicated through the gendered grammatical article in German), while Klara’s acquaintance seems to take on a more hysterical side: Klara trusts the acquaintance but she seems intransparent (‘you don’t really know’) and unpredictable in her operations.

⁵⁵ Haraway’s companionship (2008) is similarly marked by no promises: it can refer to friends or a military unit, to consorting or oppressing. The meal cum panis provokes ‘indigestion’ yet always the arrival of something new.

involves opening space for the Other, putting oneself at risk, and arriving together through touching, sensing, intra-acting (Barad 2012b).

The ‘little partner’ could potentially be read as anthropomorphous or even anthropocentric. I choose here to read it as a form of inhuman animacy based on a voluntary curtailing of Esther’s sovereignty and consequently a shift in the location of agency. This seemingly compromises her sovereignty as a subject who is in control of her contained body. Forming part of this partnership, Esther’s subjectivity and will is always constituted of non/humans. The partnership grants agentic power to the pill with neither Esther or the pill figuring as fully sovereign or volitional in their actions. Bonnie Washick et al speak of an agency of substances that is between more than ‘having an effect on’ but less than ‘willed’ (Washick et al 2015: 64). Jane Bennett emphasises in her work the limitation of human agency, stating that in significant ways we will only ever exist as part of collectives and assemblages (Bennett 19/10/2011). Acknowledging the inhuman animacy of the pill, the partnership invites us to foster a more generous, receptive and responsible attitude to our own alterity, instances of inhumanness and irrationality. Understanding herself in partnership with, allows for a more expansive notion of Self that is attuned to her connections and dependencies on her various others.

Having a long-term relation to her method of contraception, Esther’s narrative also implies a shifting sense of ‘naturalness’. Speaking about how she has read about different effects the pill can have:

‘I feel good about these ways...and...somehow also normal if this is a word you want to use and that’s why... I never had the feeling that it influences me in this direction... but rather just... a kind of... it actually feels...although it is a lot of chemistry... relatively natural in my life. *Relatively natural*, yeah....’ (Esther, interview by author, 06/02/2016, Berlin)

Hormonal contraception here functions as a vehicle to keep refiguring what ‘feels natural’, or what constitutes ‘natural’ within Esther’s own embodiment. Together they refigured the terms and conditions of their partnership. In this case, the body/technology and with it the larger nature/culture binary shifted but never to be quite settled or fixed. Potentially, becoming with a little partner can incite subjects to inhabit a nature that is queer, that cannot be coopted by the neoliberal biomedical regime. Without an underlying unchanging structure, a kind of original innocence we could aspire to, we have to write stories without the founding myth of original wholeness, to paraphrase Cherrie Moraga (Moraga 1983).

Elaborating on these refigurings, Esther said the following when I asked if her relation to her method of contraception had changed over time:

‘obviously it changed... because in the beginning it does feel much more... unnatural... when you have this... I don’t know when did I get my period... when I was 13 I think... like between 12 and 13 probably... and then I... for like three years... yeah, at 16 I started taking the pill so I was without [pill] for three years [menstruating]... that’s not so long but uhm...it did feel a little... in the beginning...it obviously doesn’t feel natural to... swallow this every day.. that *my period comes clocked*...and everything... and that also changed again[...] since then its actually always constant...wait... always like four days that I have them but now after all this time ...uh...*it just feels totally self-evident and... and just... natural... but that has definitely changed yes...*’ (Esther, interview by author, 06/02/2016, Berlin)

‘I get my period that comes... that has just totally *merged into me*⁵⁶... yeah, my period comes only for four days now,... before it was... when it was completely natural, it was like uh...one... nearly a complete week... or six days definitely... and obviously much more... incalculable... that’s now always exactly calculable...’ (Esther, interview by author, 06/02/2016, Berlin)

Read diffractively, Esther’s narrative about changing menstruation on the one hand speaks to the neoliberal biomedical regime, the need to control bodily fluids (as discussed in chapter III) when she seems to imply the ‘exactly calculable’ menstruation is preferable. On the other

⁵⁶ German: ‘das ist schon so in mich übergegangen’

hand, this narrative also alludes to a shifting naturalness, and a somewhat fluid ontology in which the clocked menstruation has ‘merged into’ her. I purposely pick out this narrative as I am trying to read the same narratives diffractively, multilayered, containing multiple meanings.

In a first instance, ‘natural’ is linked to menstruation: Esther refers to her ‘natural’ period that she experienced between the ages of 13-16. Taking/swallowing the pill did not feel ‘natural’ nor did her clocked period and its reduction to 4 days (down from one complete week). These elements – the clocked, shortened period and the swallowing – were refigured in the shift from unnatural to natural. At the time of the interview, Esther was feeling ‘good’ about the effects, the pill and its workings on the period having merged into her. As shown in chapter III, the techno-period relies on an understanding of ‘nature’ – and specifically natural menstruation – that was constructed in the 20th century in the course of the pill’s development. Esther here adopts the techno-period as ‘natural’ while maintaining its cyborgian constitution, open to refiguration.

Esther’s sense of naturalness acknowledges her cyborgian embodiment that always already transgresses nature/culture: the pill has ‘merged into’ her, refiguring the ‘natural’ as embodied by Esther. For Esther, experiencing herself through hormones is not at odds with naturalness. A dominant narrative of my participants concerning the pill regime (as outlined in chapter III) was an understanding of nature as pre-technological, thus fixed. In this dominant narrative, ‘nature’ figures as an underlying unchanging structure of the world⁵⁷. The figure of the ‘little partner’ may aid Esther to continuously produce different meanings in intra-action with the

⁵⁷ Invoked as such, nature has been used as a tool of oppression for centuries as briefly outlined in chapter III.

pill: instead of viewing nature and technology as separate, and complementary, the little partner diffracts body/technology through each other, producing difference.

The post-human subject on the other hand, finds herself as part of a nature that cannot be dominated or understood. It is always in unpredictable, in flux. Indeed, there is no 'nature' in its pure form. Nature here cannot be understood as something 'out there' but as a set of interacting forces, flows, and entities at work inside our bodies and also across bodies (Bennett 2013: 153). The ethical stake here is that this understanding of nature encourages us to become more responsive to processes that refigure nature/culture and through which new things come into being. This complicates questions of ethics and responsibility seeing that there is no fixed framework of referents (no stable nature/culture coordinates). This also may be an opportunity however to engage with the world, and technology, less mind-centric, more intuitively by responding open-endedly. This involves granting non/humans – like hormones – the ability to trigger and refigure us.

Esther's becoming with the pill, refiguring the nature of her techno-period, shows that what we label as 'natural' is also always the outcome of a becoming with others. Hormonal contraception is part of Esther's embodiment. It exposes the patchworkedness of nature: Nature has never been a unified whole, just like the human body. Indeed, sex hormones in the human body continuously transform into each other, denying any label that may pin them down as fully belonging to a 'natural' female or male body (Fausto-Sterling 2000). 'Nature' or the 'natural body' are ongoing entangling processes but also at the same time undoing themselves (Barad 2015: 412). If we think of Esther's bodily experience as 'natural', we could say 'nature itself *is* an ongoing deconstructing of naturalness' (Barad 2015: 412).

In this context, I would like to suggest transing as a term to designate a movement of (un)becoming (Sullivan 2009), a subjectivity that is always emerging in its undoing of ‘nature’. Drawing on trans* studies, transing subjectivity is not transgressive in and of itself, it is rather a continuous undoing of universality – of the self as well as of nature – highlighting the ‘radical specificity of materiality as iterative materialization’ (Barad 2015: 413). Further questioning the ‘natural’ category, Myra J. Hird (2008) argues technology is not an exclusively human endeavour. Acknowledging the existence of trans-animals (see Margulis and Sagan 1997; cited in Hird 2008: 241), helps us question the ‘unnaturalness’ of technology and refigure it as technicity all bodies practice⁵⁸.

5.5 Preliminary conclusion of chapter V

The figures that were elaborated in the following pages are no accurate depictions of hormonal contraception usage. Rather than representations or illustrations (Haraway 2008: 4), the figurations are invitations to embody, grounded in the constantly shifting corporeality of my participants Esther and Klara. These figures invite uncontained matter and monstrosity to disrupt patterns and produce alterities. They thereby challenge norms of intelligibility, humanness and their mechanic metaphors. Figurations that implicate us with hormonal contraception could offer paths of always-emerging subjectivity that remains unrepresentable, unintelligible and uncontrollable for the disciplinary regime.

This chapter went to show that the paths of resistance to the neoliberal biomedical regime are about becoming with Other: with the technology we use, but also our own alterity and

⁵⁸ It is worth noting that my participant Bente’s use of ‘natural’ contraception implies a technicity as well. She measures her temperature regularly and tracks her cycle through a mobile phone application. Rather than conceptualising technology as separate to the already constituted human body, Nikki Sullivan and Samantha Murray refer to *technés* as ‘dynamic means in and through which corporealities are crafted’ (Sullivan and Murray 2009: 3)

inhumanness that can surface spontaneously. The horizon of this becoming is never reached, no full humanness can ever be attained. Instead, we continuously risk wholeness and coherence, letting ourselves be refigured by hormones and the non/humans that we are linked and indebted to through our hormonal regime.

Figurations enable us to figure ourselves as processes that are a doing rather than a simple adhering to a fixed identity (a certain gender or a rigid political stance on hormonal contraception). Rather than existing as a bounded rational human subject prior to using hormonal contraception, we are shaped and defined through intra-action with the hormones, as subjects that are always emergent, transing. With no full interiority we could call ‘human’, humans and technology evolve together on equal ontological footing open to be refigure by the other. Figurations serve as embodiments that do not let boundaries settle definitely. As such, the figurations provide no fixed outcome or final solution for hormonal contraception usage.

I want to underline the ethical potential of deflating the human ego and opening new possibilities of embodiment when we open up the self to the vibrant matter around and within it. There is the promise of androcentric generativity as a ground for resistance to human disciplinary regimes. In this post-human scenario, responsibility is prior to any intentionality of consciousness (Barad 2007: 392): no individualized responsibility as we saw in chapter III but a partial responsibility in the sense that we are part of the mattering of the world (Barad 2007). Embodying hormonal contraception is a form of continuous mattering. It becomes ethical when we trouble ourselves – or the Self – as *this* is the root of caring; ethics never comes from a peaceful place (Barad: 2012b).

This is a powerful resistance to the neoliberal biomedical regime's insistence on individualized responsibility, self-management and a hierarchical understanding of mind over matter. This does not mean that we are powerless – there is always agency reverberating – but that we are not in total control of our body/technology unfolding. Even if the assemblages or apparatuses we are embedded in, are seemingly upholding the status quo, agency can never 'run out' (Barad 2007: 235). The potentiality of change cannot disappear.

CONCLUSION

‘What if instability, or rather the indeterminacy of in/stability, is the condition for the possibility of taking a stand?’ (Barad 2012: 80)

My research suggests that the dominant narratives about hormonal contraception today remain locked in a simple nature/culture separation. The neoliberal biomedical regime casts hormonal contraception as an unproblematic technology we can use *on* our bodies, enabling us to be more functional women and workers. The trendy eco-critique – as reiterated by particularly two of my participants – seems to completely reject ‘hormones’ as a homogenous group, assuming the technology can be *separated from* us, safeguarding our ‘natural’ monadic bodies. This is a largely antagonistic framing that locks us in fixed categories, enabling oppression and hindering the production of any new interpretations of the technology.

This thesis destabilizes and refigures this nature/culture dichotomy based on embodied experiences and the politicization of those – in order to enable the generation of new meanings and relations. This was done through a detailed localized examination and theorization of body/technology intra-actions in the case of hormonal contraception usage. These body/technology embodiments were politicised through a sensitizing of the hormonal contraception using subject towards these hormones, other implicated beings, and her own alterity. This decentered reading of embodiments grounded in the undervalued part of the binary term – the feminine, the corporeal, the monstrous and inhuman – allowed this thesis to produce a set of four figurations. These figurations continuously produce new meaning about self and technology, thereby resisting the disciplinary regime.

Chapter III shows that a fixed nature/culture dichotomy is instrumental to the neoliberal biomedical regime in its effective control of women’s bodies. As the analysis showed, this fixed nature/culture dichotomy serves as bedrock to many other dichotomies that substantiate

inequality such as male/female and self/other. My participants exert control over their bodies through the pill regime, even when they aspire to go back to a pre-pill state of nature. In this, their performance partly serves to suppress the corporeal or what I elaborated as the unintelligible hysterical feminine within them. The pill regime, marked by rationality, can thus be said to produce a pill-mediated techno-femininity that is intelligible in the rational masculinist vocabulary. Following this regime, hormonal contraception users are highly predictable and calculable so they can be effectively governed.

It emerged from the analysis of the performative pill regime that even the narratives that reflect the neoliberal biomedical regime can be read as potentially disruptive to the disciplinary regime. While it is important to stress the durability of power relations – i.e. the neoliberal biomedical regime – there are no one-way causations in biopolitical regimes, and no simple good versus bad. Instead, narratives always evidence resistance that can take a multiplicity of forms, particularly the surfacing of previously subjugated corporeal knowledge.

Countering these control mechanisms, Julia's and Manu's accounts (chapter IV) refigured pain/discomfort and the absence of menstruation by problematizing the body/technology boundary. Their momentary failure to perform in the neoliberal biomedical regime served as an opportunity to zoom in to the material-semiotic process of their performance and ground a newly-found embodiment in corporeal experience, body-technology intra-action. They generated these embodiments as pill-ingesting subjects, not by abandoning their subject positions and locations as female, and potentially docile, bodies. They reclaimed their irrational corporeality as subject position: allowing them to embody body/technology and

matter/semiotics ambivalently. Hormonal contraception here is used affirmatively to generate new fluid embodiments.

Post-humanist figurations as the ‘little partner’ and the ‘good acquaintance’ from Esther’s and Klara’s accounts (chapter V), allow them/us to refigure their relation to the technology, becoming open-ended in a non-hierarchical intra-action between body and technology. A post-humanist subject is not constituted by its past but is constantly moving, connecting with others and being defined by them. My participants’ figures help us frame the world in terms of ‘lived possibilities, in terms of possibilities of becoming other’ (Grosz 2011: 16). The figurations provide a possibility to foster a sensibility to the substances we ingest – as an alternative to understanding our surroundings through mastery anatomically or mechanically. Sensitized to hormones, we are challenged and refigured by them, thereby exploring other always new embodiments, as well as our own alterity.

Inhabiting hormonal contraception usage through the figurations of the little partner and the good acquaintance is a way of sensitizing us to our dependencies and vulnerabilities to others. Figuring subjects in response to others, the figurations serve as subversive tools to re-envision individualist understandings of responsibility. Countering individuating dynamics of self- and risk management under the neoliberal biomedical regime, the embodiments and figurations encourage us to acknowledge the neoliberal and post-colonial power relations that constitute our modern subjectivity as pill-ingesting subjects. Ethical embodiment means remaining responsive to our Others.

In a larger picture then, this thesis is an exploration of subjectivities that resist the biopolitical regime. The challenge throughout the analysis lay in remaining accountable to the unstable

line between the fluidity of embodiments and the durability of power relations and structures. Although my participants contest hegemonic articulations, I also tried to emphasise the durability of the constraint on their lives (mainly in chapter III): their pill-ingesting performance at once confirms and contests the regime. The backdrop to theorizing resistance is an acute analysis of the status quo where the scope of change is delimited – although not deterministically and for all time – but still *systematically* (Washick et al 2015: 69). A limiting factor of my analysis is that my circle of participants in Berlin cannot speak to the stratification of neoliberal biomedicalizing processes according to race and class for instance that are dividing and stratifying people anew today (Clarke et al 2003: 185).

Figurations that transverse body/technology

My main contribution through this thesis is a set of political and located figurations that invite us to ambiguously inhabit the dichotomies of body/technology and self/other – and potentially many others. Sitting queerly between dichotomies, these figurations incite us to view difference or technology not as oppositional but as a productive force. As such, they escape the metaphysical frameworks that prescribe difference as apartheid (Haraway 1992: 299). They certainly deny hormonal contraception – or us – any inherent characteristic. Rather, they serve as invitations to get in touch with our own sense of alterity. As such, we are never one monadic whole with clear boundaries but always in the process of enclosing others, unfolding ourselves.

Through these figurations, hormonal contraception can be thought as a radically open device that refuses to be understood as either natural or unnatural. It can thus not be coopted by any dogma and/or disciplinary regime. As a diffractive tool that produces difference, hormonal contraception can serve us as an annoyance to the phallogocentric, rational and linear worldview, a mode to disrupt unity, cohesion and sameness. Refiguring pain and

menstruation, my figurations serve to conceptualise hormonal contraception as an opportunity to become Other, to decenter the human subject, and manifest the accountabilities we owe to our many companion species, tracing responsibilities and ethicality to others through embodiment. As a little partner or a good acquaintance, hormonal contraception transverses all dichotomies and serves us to intertwine the seemingly separate.

Unlocking hormonal contraception from a fixed nature, these political figurations point to the material-semiotic power relations that manifest inequality in reproduction. As such, this thesis contributes to FSTS and black feminists' work that has expanded the notion of reproduction as significantly not a purely genetic or biological process (see Roberts 1997, Lee 2013, Murphy 2013, Roberts 2007). This is an important politicisation that does not stop at dichotomic borders of nature/culture, strengthening the feminist struggle for reproductive justice (see Roberts 2015, Briggs et al 2013). This movement, originating with women of colour in the U.S. context, is connecting reproductive health with wider social struggles.

The figurations aid in refiguring the nature/culture intra-action to inhabit nature/culture more productively and open-endedly, serving a feminist ethics and politics, subverting the biopolitical regime. Instead of 'nature' or femininity as a bedrock upon which subjects construct and perform intelligibly, the nature and femininity (in Esther's and Manu's narratives) figured as fluid and evolving, deconstructing itself in its becoming. The 'naturalness' (as in Esther's case) or the femininity (as in Manu's case) we inhabit are always already queer, a patchwork of naturecultures. My participants' local refigurings of 'natural' and femininity thus inherently contradict the assumption of essence, providing tentative road maps to rethink these concepts as a process: becoming as a constant undoing of 'natural', Self, an interior, or any kind of universality. This suits a feminist politics by subverting a

regime that seeks to control women's bodies, counters oppression based on the mobilization of anything 'natural', and also aids more empathetic orientation towards the world.

The inherent in/stability that constitutes subjects is evidenced clearly in the narratives of hormonal contraception usage. The figurations serve to undo concepts, while transforming and becoming with technology and our own alterity. More broadly then, this thesis suggests in/stability as the ground for ethical politics. Armed with tentative road maps, feminist ethics remains an attempt at and doing of justice that can never be attained.

One way to extend this research is a further exploration of figurations derived from hormonal contraception as a basis for progressive politics. Our response-abilities to non/humans like lab animals can be traced through figurations based in the inhumanity of embodiment. Our response-ability to other marginalized humans could be traced through more racialized figurations based on the spectral historicity of less-than-human bodies that haunt the modern pill-ingesting subject. In other words, I suggest to further exploit hormonal contraception's potentiality of transgressing fortress Self, fostering intimacy with the world.

APPENDIX I: INTERVIEW QUESTIONNAIRE

Preliminary questions:

- What is your name?
- Can I say 'du'? ('du' is a less formal way of addressing people in German that I considered appropriate for the interviews)
- How old are you?
- Where are you from?
- What is your preferred pronoun?
- How would you describe your education and current profession?
- How do we know each other?
- What is the method of contraception you have been using? Over which period of time?

Main questions:

- 1) When and why did you start/stop using this method?
Wann und wieso hast du angefangen hormonell zu verhüten? Wann und wieso hast du aufgehört?
- 2) How did you inform yourself about contraception and where did you get this information from?
Wie und wo hast du dich darüber informiert?
- 3) Can you contextualize this with moments or periods in your life? Can you tell me a/the story of how you decided to start using contraception? What was going on in your life that may have influenced your decisions? Can you recall the cultural and social ideas that were operating around contraception when you made your decisions? Was it an easy or hard decision to make? (Contextualize your decision)
Kannst du diese Entscheidung(en) in Kontext bringen? Kannst du mir eine/die Geschichte erzählen wie du angefangen hast hormonell zu verhüten? Was ging in deinem Leben vor zu der Zeit? Kannst du die kulturellen und sozialen Ideen identifizieren, die zu der Zeit um Verhütung kursierten? War es eine einfache oder schwierige Entscheidung?
- 4) How would you describe the contraceptive method you are using? What does it do? How does it operate? Which words or phrases would you use to describe it?
Wie würdest du die Verhütungsmethode beschreiben, die du verwendest? Was macht sie? Wie verhält sie sich, wie operiert sie? Welche Wörter oder Ausdrücke würdest du verwenden um sie zu beschreiben?
- 5) If you can choose a name/image/word/movement/song/affect etc that could describe the type of relationship that you have with the use of contraception, what would that be?
Wenn du einen Namen/ein Bild/ein Lied oder Gefühl/Affekt wählen solltest, das deine Beziehung zu deiner Verhütungsmethode beschreiben könnte, was wäre das?
- 6) Has this relationship always been as it is now or has it changed over time?

Ist diese Beziehung immer so gewesen oder hat sie sich über die Zeit verändert?

7) What effects (if any) does the contraceptive method you use have on you or your life? Can you share what kind of effects you feel/see/etc. emotionally/physically? Can you see effects on your relationship with yourself, your relationship with others, your relationship with your body, sexuality?

Welche Effekte (wenn überhaupt) hat die Verhütungsmethode auf dich oder dein Leben? Kannst du mir sagen welche Effekte du fühlst/siehst? Kannst du Effekte sehen auf die Beziehung mit dir selbst, deine Beziehung mit anderen, deine Beziehung mit deinem Körper, deiner Sexualität?

8) What do you think about those effects? What do they mean to you? How do you position yourself towards these effects? Is it ok, not ok, or something else? Why? *Was denkst du über diese Effekte (Auswirkungen)? Wie stehst du ihnen gegenüber? Wie positionierst du dich zu diesen Effekten? Ist es okay, nicht okay oder etwas anderes? Warum?*

9) What does your position reflect about what is important to you? How does your position reflect you? What is it that you are valuing by taking this/these positions(s)? *Was sagt deine Position darüber aus was wichtig für dich ist? Was ist es das du schätzt/würdigst indem du diese Position einnimmst?*

10) Do you have friends or acquaintances that use the same method? What do they say or share with you about it? Do your experiences have something in common? How are they different?

Hast du FreundInnen oder Bekannte, die die selbe Methode verwenden? Was sagen sie darüber? Haben eure Erfahrungen etwas gemeinsam? Inwiefern unterscheiden sie sich?

11) How to you see your contraception usage in the future? *Wie siehst du deine Verhütungsmethode in der Zukunft?*

12) How were the questions for you? Is there something important I did not ask about? *Wie waren die Fragen für dich? Hast du das Gefühl, dass du erzählt hast was du erzählen wolltest?*

APPENDIX II: TABLE OF PARTICIPANTS

Name	Age	Contraceptive method	Period of usage
Klara	24	Hormone IUD, previously the pill	Pill: 2 years IUD: 3 months
Esther	25	The pill	10 years
Nora	19	The pill	4 years
Manu	30	The pill	5 years
Julia	22	The pill	8 years with breaks
Anastasia	22	The pill	6 years
Camilla	28	The pill	7 years
Laura	27	‘Natural’ contraception, previously pill	Pill: 5 years
Bente	27	‘Natural’ contraception, previously pill	Pill: 9 years
Lenny	25	Condoms, previously pill and Nuva Ring	Pill: 3,5 years with breaks Nuva Ring: 1 year

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