MATERNITY IN CRISIS:
CON(TRA)CEPTIVE POLITICS IN MILLENNIAL IMAGINARIES

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ABSTRACT

NATALIE FIXMER-ORAIZ: Maternity in Crisis: Con(tra)ceptive Politics in Millennial Imaginaries
(Under the direction of J. Robert Cox)

This dissertation is broadly situated at the nexus where contraceptive technologies, cultural (re)production, rhetorical theory, and feminism meet. I am primarily concerned with the discursive terrain in which reproductive politics unfold, particularly surrounding the recent emergence and significance of con(tra)ceptive technologies imagined to manage reproductive "emergencies." I use the term "con(tra)ceptive technologies" broadly to reference internalized, disciplinary and/or social mechanisms that function as sites for the expression and negotiation of cultural anxiety/desire, and work to (re)configure and/or (re)inscribe the meaning of pregnancy, reproduction, and motherhood. In part articulated by a "politics of life itself" and framed within the context of neoliberalism, I argue that these technologies circulate within, and are given velocity by, broader cultural configurations that privilege a "posting" of feminism, race politics, and the events of 9/11. As such, this project examines the unfolding of "emergency" reproductive technologies as potential sites for the rearticulation and/or undermining of differential biopolitical power formations, and the constituting of "legitimate" maternity and citizenship in contemporary imaginaries.

Each chapter examines a distinct site where this cultural work is occurring—for example, the contentious debates surrounding the availability of emergency

contraception, Nadya Suleman's high-profile motherhood as a disciplining force within the complex terrain of assisted reproductive technologies, and the recent obsession with crisis teen pregnancy in popular media. While these sites may seem divergent in character, critical communication theories invite the mapping of their overlaps and continuities to ask broader questions at the intersections of power, meaning, and culture. Thus, my analysis is largely centered on the circulation of narratives within popular culture through news, film, and television, with a generated sensitivity to the ways in which they cohere, signify, and constitute meaning and subjectivities. I argue that discursive figurations of reproductive "crises" work to negotiate cultural anxieties surrounding con(tra)ceptive technologies through a narrow (re)inscription of the borders of "authentic" or "legitimate" motherhood, and that this contributes to a disciplining of women that fractures along myriad lines of social difference. In this way, my research is explicitly attuned to the functioning of power, and articulated to a vision of reproductive justice.

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CHAPTER ONE

CON(TRA)CEPTIVE POLTICS IN MILLENNIAL IMAGINARIES

Technology is not neutral. We're inside of what we make, and it's inside of us. We're living in a world of connections—and it matters which ones get made and unmade.
Donna Haraway, *You Are Cyborg*

In the first decade of the twenty-first century, reproduction is both all the rage, and much to be enraged over. From substantive scientific investments in new reproductive and genetic technologies, to raucous political debates over contraceptive access and sex education, from mediated fixation on larger-than-life families to the commodification of maternity itself through chic form-fitting clothing and baby accessories, reproduction has commanded the cultural spotlight with considerable verve and regularity. The obsession is not entirely new, of course. Struggles over, and attention to, issues of reproduction and maternity possess a long and significant history,[1] but in this dissertation I posit that something different is going on. It is a difference informed by the conditions of late capitalism and afforded resonance through a "posting" of feminism, race politics, and the events of 9/11—cultural forces that have coalesced to inform a particular (maternal) structure of feeling marked by crisis.

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[1] See, for example, Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: University of Illinois Press: 2007), Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America (*New York: New York University Press, 2005).

Extending from these concerns, my project aims to explore the recent emergence and significance of con(tra)ceptive[2] technologies imagined to manage reproductive "emergencies." My use of the term "technology" is both expansive and particular. It signifies both material innovation, as well as internalized, disciplinary and/or social mechanisms, all of which function as sites for the expression and negotiation of cultural anxiety/desire, working to (re)configure and/or (re)inscribe the meaning(s) of pregnancy, reproduction, and motherhood. Thus, my research examines the unfolding of emergency reproductive technologies as potential sites for the rearticulation and/or undermining of "differential" (Sharma) biopolitical power formations, and the constituting of maternity and proper citizenship in contemporary imaginaries.

The following questions frame this dissertation: What are the technologies emerging and circulating in contemporary contexts that contribute to the cultural marking and management of reproductive emergencies? In what ways might these technologies operate as sites at which certain ideologies, cultural practices, assumptions, and/or power formations are imagined, negotiated, or reinscribed, particularly within a broader discursive apparatus that hinges on the management and pre-emption of emergency? What is the relationship of these technologies to biopolitics; or, how are emergency reproductive technologies collectively articulated and materially deployed in ways that discipline, (re)produce, or otherwise (re)figure reproduction and the meaning of motherhood? Finally, what are the implications for feminist, cultural, and rhetorical theories and for reproductive politics more generally?

[2] Controlling fertility occurs along two general vectors—attempts to prevent pregnancy and attempts to encourage and/or enhance pregnancy. My work engages both conceptive and contraceptive technologies; when citing their patterns of overlap, I refer to "con(tra)ceptive" technologies to note a range of reproductive technologies that, in spite of substantive distinctions in their indicated medical use, are nonetheless discursively situated/embedded within similar logics and relationships of power.

These questions sketch the parameters of inquiry for my research and anticipate its practical and theoretical directions. This introductory chapter, then, grounds such an inquiry within particular disciplinary, intellectual, and cultural and political conversations in three ways. First, I provide a brief rationale for my study, suggesting the potential and significance of this work within the discipline of communication studies. I then work to situate this study within relevant bodies of literature, highlighting points of overlap and departure, and indicating in what ways my research might compliment and extend existing scholarship. Finally, I elucidate how a specific set of communication theories might be used to address the questions posed here, and conclude with a preview of chapters that highlights the specific cultural moments engaged in this project.

Why Emergency Con(tra)ceptions? Why Now?

Reproduction has readily occupied contemporary imaginaries in myriad and distinct ways. First, it is the site for continued scientific exploration, innovation, and the development of "new and improved" techniques aimed to encourage control over fertility. Increasingly sutured to bioengineering and the study of genetics, "reprogenetics" has emerged as a scientific and medical field that weds assisted conception to genetic selection (Roberts, "Race, Gender"). As such, reprogenetics is concomitantly interrogated by scholars and activists concerned about its potential use to exacerbate and concretize what Shellee Colen terms "stratified reproduction"—"power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (qtd. in Ginsburg and Rapp 3). In addition, countless variations on traditional hormonal contraceptives promise new "choices" for women, and, as I will argue, accompanying sets of responsibilities; for instance, freedom from the "burden" of

monthly menstruation (Mamo and Fosket), or the possibility of avoiding pregnancy *after* unprotected sex (see chapter three of this dissertation). Finally, mediated celebrations of large, reproductively enhanced families abound in pop culture; exemplars include reality TV stars the Gosselins of *(Jon and) Kate Plus 8*, Michelle and Jim Bob Duggar of *19 Kids and Counting*, and celebrities Brad Pitt and Angelina Jolie with their high-profile assemblage of children. Much like other technologies of reproductive management, these celebrations are highly contingent on, and bracketed through, race and class politics. These fissures and divestments are evidenced in more or less overt social practices and discourses, for instance, in the overwhelming public response to Nadya Suleman (more commonly referred to as "Octomom") or in the social/legal status of low-wealth mothers in the post-welfare state (Mink, *Welfare's End;* Roberts, *Killing the Black Body;* Solinger, *Beggars and Choosers*). This list is far from exhaustive; it does, however, illuminate the ubiquity and significance of reproductive politics in contemporary culture.

To locate these patterns and practices within the fabric of social life is not to mark a profound break with history or a moment unprecedented in its potentials and possibilities. Indeed, the celebration of certain kinds of "life," and attendant disparaging of others, has historically delineated the borders and shaped the meaning of social and individual (re)production. Reproduction has long been imagined as a site for the negotiation and management of complex cultural anxieties and, often at the expense of women, is situated in the midst of contentious/complex social, political, and economic policy debates. As historian Rickie Solinger reminds us, "Official discussions about reproductive politics have rarely been women-centered. More often than not, debate and discussion about reproductive politics—*where the power to manage women's*

reproductive capacity should reside—have been part of discussions about *how to solve certain large social problems facing the country*" (*Pregnancy and Power* 4, emphasis in original). Scholars like Solinger, Angela Davis, and Dorothy Roberts have documented with painstaking precision the relationship between pregnancy and power in U.S. history and the multiple histories of reproductive politics that are consistently undermined by racism, classism, and sexism. From the earliest moments of the slave trade—when parental status was legally codified to privilege the interests of white slave owners over those of the bonded African (-American) women who bore children, many times as a result of rape—to the forced sterilization of low income women, immigrant women, women of color, lesbians, and/or women with disabilities through state funded programs throughout most of the twentieth century, what is made abundantly clear is that pregnancy—and maternity itself—are privileges of race, class, age, ethnicity, marital status and ability.

Despite historical continuities and overlaps, I argue that something different is going on. It is a difference exemplified in, and illuminated by, at least three distinct cultural influences, including contemporary biopolitics, deepening neoliberalism, and a posting of feminism, race politics, and 9/11. First, contemporary theorists (Roberts, "Race, Gender"; Rose; Samerski; Sharma) have begun to grapple with the ways in which biopolitics has transformed and adapted within the context of late capitalism. Biopower, originally theorized by Michel Foucault as "numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" (*The History of Sexuality* 143), has shifted from state governance over the health of the population, to a sustained investment in "biological citizenship" (Rose). This form of citizenship, Nikolas

Rose explains, hinges on individual responsibility and risk management: "individuals themselves must exercise biological prudence, for their own sake, that of their families, that of their own lineage, and that of their nation as a whole" (Rose 24). Furthermore, biological citizenship is both accompanied and extended by new forms of authority: "ethopolitics—the politics of how we should conduct ourselves appropriately in relation to ourselves, and in our responsibilities for the future—forms the milieu within which novel forms of authority are taking shape" (Rose 27). A thorough naming and investigation of these emergent mechanisms of governing reproduction, maternity, and women themselves, reside at the center of this study.

A second mark of distinction for the contemporary engagements with reproduction is their thorough embeddedness within, and co-optation by, neoliberalism. To be sure, this is one of the defining dimensions of biological citizenship for Rose, and thus is central to a contemporary biopolitics that hinges on individualized choices and privatized responsibilities. Beyond this, however, there is a kind of "posting" work going on here that assumes the successes of feminist and civil rights movements are complete, adopting the language of (certain aspects of) feminism and antiracism, while simultaneously working to subvert their fundamental tenets and more transformative potentialities. Critical studies interrogating postfeminism as a set of cultural assumptions and practices tied to late capitalism and post-civil rights discourses[3] prove useful in

[3] See, for instance, Angela McRobbie, "Postfeminism and Popular Culture: Bridget Jones and the New Gender Regime," *Interrogating Post-Feminism: Gender and the Politics of Popular Culture*, eds. Yvonne Tasker and Diane Negra (Durham: Duke University Press, 2007), Sarah Projansky, "Mass Magazine Cover Girls: Some Reflections on Postfeminist Girls and Postfeminism's Daughters," *Interrogating Postfeminism: Gender and the Politics of Popular Culture*, eds. Yvonne Tasker and Diane Negra (Durham: Duke University Press, 2007), Kimberly Springer, "Divas, Evil Black Bitches, and Bitter Black Women: African American Women in Postfeminist and Post-Civil-Rights Popoular Culture," *Interrogating Postfeminism: Gender and the Politics of Popular Culture*, eds. Yvonne Tasker and Diane Negra (Durham: Duke University Press, 2007), Pamela Thoma, "Buying up Baby: Modern Feminine Subjectivity, Assertions of

exploring the recent complex, even conflicting, discursive terrain in which the politics of con(tra)ceptive technologies unfold. As Yvonne Tasker and Diane Negra explain, "What appears distinctive about contemporary postfeminist culture is precisely the extent to which a selectively defined feminism has been so overtly 'taken into account,' as Angela McRobbie has noted, albeit in order 'to emphasize that it is no longer needed'" (1). Silja Samerski's study of genetic counseling implicates this logic in reproductive politics as it articulates "choice" to cover over a kind of "compulsory self-determination": "the call for responsible decision making under the shadow of genes and risk must be understood as a social engineering technique . . . . the professional imputation of this new autonomy makes women powerless while holding them responsible" (Samerski 744). In other words, "choice" no longer means what it did. Mainstream feminisms of the 1960s and 70s' claims to a "woman's right to choose" are, and have been, easily absorbed and appropriated by a broader discourse of consumption that troubles inclusion and solidarity within feminist communities (Solinger, *Beggars and Choosers;* Tasker and Negra), and perhaps even undermines the original vision of mainstream advocates/thinkers. Contemporary scholarship must respond, then, to the complexities and nuances of postfeminist culture, its emphasis on, adaptation to, and co-optation by late capitalism and consumerism.

Finally, con(tra)ceptive politics are newly distinct for their location within a cultural context affectively marked by 9/11 and accompanying notions of "emergency" and "crisis." Several scholars note significant trends in post-9/11 governmental practices. These include a rearticulation of collective identity contingent upon indiscriminate

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'Choice,' and the Repudiation of Reproductive Justice in Postfeminist Unwanted Pregnancy Films," *Feminist Media Studies* 9.4 (2009).

patriotism, an adherence to a resurging conservativism and normative "family values," and a vision of nation that has eclipsed privacy and dissent.[4] It is, as Jennifer Gillan explains, "both a makeover of, and a return to, 1950s style Containment Culture that divides the world into two camps, fetishizes national security, and establishes uncritical support as a value unto itself, and makes 'personal behavior part of a global strategy'" (196). Proliferating rhetorics of emergency and crisis serve these processes, suspending normative practice in favor of exceptional practice, discarding "business as usual" where the rules no longer apply. In this dissertation, then, I use post 9/11 to signify a certain period of time during which the exigence of emergency is collectively felt and filtered into routine ways of relating to one another and to the world, one in which state power is exercised in ways that enabled collective anxieties surrounding the notion of crisis in general to emerge and proliferate. Importantly, this exigence—and the prior two influences—are less a claim about the "effects" of 9/11, than they are an attempt to understand and map the ways in which logics of crisis and emergency are given increasing salience and velocity in post 9/11 imaginaries.

As ongoing, organizing and disciplining forces, "emergency" and "crisis" help to retool not only the concept of nation as it refers to collective life and practices, but also the ways in which families and individuals are imagined to contribute to the (re)production of nation and national identity. In short, within post 9/11 US culture, the logic of emergency possesses a resonance that adheres not only to security checks at airports and the defense of national borders, but is similarly vested in domesticity, and

[4] See, for example, Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (New York: Verso, 2006), Naomi Klein, *The Shock Doctrine: The Rise of Disaster Capitalism* (New York: Picador, 2007), Setha Low and Neil Smith, eds., *The Politics of Public Space* (New York: Routledge, 2006), Don Mitchell, *The Right to the City: Social Justice and the Fight for Public Space* (New York: Guilford Press, 2003).

specifically, in the differential protection and proliferation of domestic bodies—of reproducing national identity through the bodies of certain women. Thus, these logics inform the cultural milieu within which understandings of reproductive technologies circulate, shaping the meaning and experience of reproduction itself, and carrying with it a set of material, political, and disciplinary implications.

This dissertation project, therefore, interrogates how various technologies of reproductive emergencies function alongside, and are given velocity by, this broader rhetorical and affective landscape. In what ways might these imaginaries cohere to create a specific set of meanings, to refigure, manage and discipline reproductive bodies, and to perhaps reinforce, rework, or otherwise transform relationships to cultural (re)production? As a communication scholar invested in feminism generally, and reproductive justice more specifically, it becomes necessary to pose questions regarding the contours and mechanisms of contemporary biopolitics and emergency con(tra)captive technologies, so that we might more fully understand their implications and possibilities, so that we might locate spaces of opportunity, antagonism, agency, and resistance.

Continuities and Departures

While the rationale for this study suggests several bodies of literature from which I intend to draw, this section more thoroughly reviews the relevant intellectual conversations and theoretical frameworks that ground my project, with specific attention to significant continuities, overlaps, and points of departure. I envision that this project will extend from four broad areas of scholarship, which are feminist critiques of reproductive politics and technologies, cultural studies of science and technology, rhetorical theory and criticism, and contemporary work on biopolitics.

Reproductive Politics and Technologies

Feminist scholarships and activisms have been engaged with reproductive technologies for centuries. Rightly so, as the exigence for such work is clear. Mainstream celebrations of "progress" and "technology" obfuscate the long, disquieting histories of material practices in which the use of science has curtailed, rather than enhanced, some women's reproductive autonomy in ways that fracture along myriad lines of social difference. As such, scholars and activists alike are pressed to question the implications of these technologies, and their deployment in particular medical, cultural and political spaces, for women in general and reproductive justice more specifically. This body of scholarship is extensive and diverse; for the purposes of my work here I will focus on two significant themes that arise from this literature, namely, the multiple *histories* of reproductive politics that are constituted through differential relationships of/access to social and political power, and second, an historically cultivated and theorized skepticism towards reproductive technologies specifically, and science as a discipline more generally.

First, attention to reproductive politics necessarily involves sustained interrogation of the ways in which privilege informs the histories of women's experiences concerning reproduction, maternity, and the negotiation of power in America.[5] Examples of these distinctions are many and diverse, but include, for instance, the definition of (and the cultural value assigned to) motherhood itself. Dorothy Roberts (*Killing the Black Body*) traces this definition back to the antebellum period of American history, when

[5] See, for example, Anne Balsamo, *Technologies of the Gendered Body: Reading Cyborg Women* (Durham, NC: Duke University Press, 1996), Angela Y. Davis, *Women, Race, and Class* (New York: Vintage Books, 1983), Valerie Hartouni, *Cultural Conceptions: On Reproductive Technologies and the Remaking of Life* (Minneapolis, MN: University of Minnesota Press, 1997), Roberts, *Killing the Black Body*, Solinger, *Pregnancy and Power*.

white women's most important social responsibility was to reproduce new members of the white race. Black women, on the other hand, were defined through slave labor first and foremost; their children were legally designated as slaveholder's property. In this way, women in bondage were, quite literally, denied motherhood through law. Roberts argues that similar racist assumptions concerning motherhood continue to this day. Detailing the politics of welfare reform, involuntary sterilization and long-term birth control measures wielded against predominantly Black women through public policy, as well as the explosion of new reproductive technologies and the racism these practices tend to perpetuate, Roberts asks: "What does it mean that we live in a country in which white women disproportionately undergo expensive technologies to enable them to bear children, while Black women disproportionately undergo surgery that prevents them from being able to bear any?" (*Killing the Black Body* 285).

It is not solely divergent histories that fracture a sense of inclusivity or cohesion within reproductive politics; in addition, mainstream, liberal feminist movements for reproductive choice have centered largely on the concerns of white, middle-class, heterosexual women. As Angela Davis explains, "class bias and racism crept into the birth control movement when it was still in its infancy. More and more, it was assumed within birth control circles that poor women, Black and immigrant alike, had a 'moral obligation to restrict the size of their families.' What was demanded as a 'right' for the privileged came to be interpreted as a 'duty' for the poor" (Davis 210). Questions concerning contraception, reproduction, and who may and may not become a mother are not bereft of politics; they are embedded within relationships of power and privilege. Race and class remain at the center of these divisions between women; interrogating their

past and present manifestations becomes an essential component of any rigorous inquiry into reproductive politics and/or technologies. In other words, like any other set of technological-cultural innovations, emergency reproductive technologies neither emerge nor exist in a vacuum. Understanding these histories, patterns, and practices surrounding reproduction contextualizes and makes meaningful contemporary relationships between power and maternity.

A second significant theme within the reproductive technologies literature is its rather tenuous relationship to science and reproductive technologies themselves. Much scholarship contains the residue of technological determinism, and perhaps understandably so, given its deeply troubled and problematic histories. However, theoretical positions that assume reproductive technologies are fixed, acting on the world in predetermined and monolithic ways, are becoming increasingly less common as the social and political role of science/technology in both public and private life is more or less assumed. Critiques of scientific objectivity are now commonplace within feminist literatures and build on a foundation informed heavily by feminist standpoint theories and science studies. Sandra Harding's classic text, *Whose Science? Whose Knowledge?* argues that science is always already a form of politics. Noting that "science contains both progressive and regressive tendencies" (10), Harding is careful to reject both a narrative of technological progress and a narrative of scientific neutrality, insisting that we remain sensitive to science as a socially produced, and thus, socially *located*, episteme. She argues that the privileged status of the natural sciences often obscures its social and cultural origins: "social desires are frequently defined as technological needs;"

(37) the popular and medical discourses surrounding con(tra)ceptions reveal that they are no exception.

Thus, scholarship grounded in feminist standpoint epistemologies maintain a healthy skepticism towards scientific inquiry and research, and assume the normative investments of science: "As powerful sources of cultural meaning, [the sciences] establish, reflect, maintain, and enforce the borders of an incessantly fluid status quo—categories, identities, bodies, and relations that count as natural" (Hartouni 25). Working explicitly on questions of reproduction and technology from a communication perspective, Valerie Hartouni's departure from much of the literature that precedes her lies in her refusal of technological essentialism. Examining the ways in which reproductive technologies are written onto and through the body politic, Hartouni seeks to interrogate how reproductive technologies function as a kind of episteme of the social body: "[m]ore interesting to consider, and for that matter more pressing, is how socially significant differences were (and continue to be) produced under the auspices of disengaged discovery" (22). For this dissertation, the provocation of Hartouni's work resides in the suggestion that these technologies disrupt and make vulnerable social productions of the "natural." In this way, a thorough interrogation of reproductive technologies becomes an opportunity to examine cultural assumptions and hierarchies, relationships and negotiations of power, with an eye toward contingency, instability, and vulnerability.[6]

[6] Hartouni is not the only communication scholar to work at these intersections; the scholarship of Celeste Condit and Nathan Stormer is both prominent and influential in this regard as well. Their work is discussed at greater length in a later section of this chapter.

Culture and Technology

Hartouni's work is also comfortably situated within a wealth of prominent media and cultural studies scholarship that assumes technology to be inextricably wed to cultural assumptions and power formations. Indeed, just as technologies are understood as thoroughly woven into the fabric of cultural life, so too, in this view, is culture informed by and infused with the technological: "the reduction of technology to 'gadget' or 'tool' negates considering it as an activity constituted in sets of social practices . . . . Humans set technology in motion, but it too, in fulfilling expectations, also has the potential to introduce unforeseen changes to social relations and practices" (Hills 544). Culture and technology cannot possibly (or usefully) be extracted or divorced from the other. In Andrew Feenberg's words, "technology is not a destiny but a scene of struggle" (*Critical Theory* 14), and is, in this way, tied to broader struggles against hegemony:

> The narrow focus of modern technology meets the needs of a particular hegemony . . . Under that hegemony technological design is unusually decontextualized and destructive. It is that hegemony that is called to account, not technology per se, when we point out that today technical means form an increasingly threatening life environment. It is that hegemony, as it has embodied itself in technology, that must be challenged in the struggle for technological reform. ("Democratic Rationalization" 663)

Thus, critical work accounting for the epistemological function of technology becomes a particularly rich mode of inquiry for understanding, challenging, or otherwise disrupting cultural patterns and relationships of power.

This approach, which foregrounds the complex, and mutually constitutive, relationship between culture and technology, provides a useful lens through which to interrogate the various (economic, social, political, and historical) forces that help to shape con(tra)ceptive technological meanings and significance. It also allows for an

exploration of the kinds of institutions and/or social relationships that are perhaps (re)enforced or undermined in this process of meaning-making. This is precisely the kind of theoretical orientation assumed by Carolyn Marvin in her study of the electric light and the telephone. She writes: "In the end, it is less in new media practices…than in the uncertainty of emerging and contested practices of communication that the struggle of groups to define and locate themselves is most easily observed" (5). For Marvin, electricity specifically and technologies more generally are better understood not as inevitable, determining forces in socio-political contexts, but rather as contingent sites for the expression of anxiety, fear, and desire onto which codified social roles are projected and played out. Rather than assume the ontological force of technology, my focus in this project is to interrogate its epistemological function, to illuminate the various ways in which it is imagined to negotiate social relationships and shape cultural and political communities. This critical orientation informs my approach to emergency con(tra)ceptive technologies.

Second, my approach to technology integrates Foucaultian definitions and assumptions that articulate technology as a range of practices, behaviors, and various modes of governance. In *Technologies of the Self*, Foucault names four different modes of technologies, including technologies of production, of sign systems, of power, and of the self: "These four types of technologies hardly ever function separately, although each one of them is associated with a certain type of domination. Each implies certain modes of training and modification of individuals, not only in the obvious sense of acquiring certain skills but also in the sense of acquiring certain attitudes" (18). For Foucault, the interaction and exchange between these forms of technology becomes the site for modes

of governance; he defines governmentality relative to technology as "contact between the technologies of domination of others and those of the self" (19). In other words, as Ann Balsamo succinctly states, technology for Foucault names "the process of connection among discursive practices, institutional relations, and material effects that, working together, produce a meaning or a 'truth effect' for the human body" (21). I suggest, then, that con(tra)captive technologies might include various cultural practices or technes as sites at which reproduction and maternity is managed through discourses of crisis, emergency, and disaster. Working to extend the meanings of emergency con(tra)ceptions, I am fundamentally concerned with contemporary relationships between pregnancy and power, and the reinscription and/or negotiation of biopower at a variety of contemporary locales.

Rhetorical Theory and Criticism

Drawing from the intellectual traditions that allow us to broaden and rethink the notion of technology prefigures a turn to other social and cultural sites where similar technologies of reproductive emergencies are unfolding. Reclaiming rhetoric itself as a form of techne that works to "create not only new relations of power but also new subjectivities" (Lauer 47), various contemporary artifacts reveal collective anxieties about, and profound governmental investment in, the reproduction of particular bodies, classes, and cultures. In my research, I am interested in exploring not only public struggles over Plan B® emergency contraception and various technologies of reprogenetics, but also the cultural narratives regarding reproduction and technology that reflect and enforce a logic of emergency, crisis, and desire for control. While cultural and media studies scholarship provide a set of critical tools for making connections—for

mapping the broader discursive terrains in which contemporary reproductive politics unfold—rhetoric is uniquely positioned to critically account for the specificities of this terrain, interrogating particular moments, texts, events, places, or artifacts as they shape the contours and qualities of contemporary reproductive politics in America.

Three areas within contemporary rhetorical scholarship seem particularly useful in this endeavor. The first is critical rhetoric. A theoretical orientation explicitly attuned to the discursive form and function of power, critical rhetoric aims to reveal and demystify mechanisms of power that structure and inform social practices (McKerrow). Critical rhetoric, in this way, assumes the political dimensions of rhetorical practice and inquiry; it is committed to illuminating discipline and marginality as written into the assumptions, norms, and practices of public life and culture. Alongside cultural studies scholarship, critical rhetoric also takes seriously the significance and impact of vernacular voices and popular culture, and eschews the notion of a singular, discrete text in favor of an understanding of cultural and rhetorical texts as situated within broader discursive formations. Extending from this literature, my interest lies primarily in what John Sloop refers to as "the politics of *doxa*" (Sloop 168), the myriad ways in which dominant (popular) discourses operate alongside one another to constrain, discipline, or otherwise function ideologically.

Second, rhetorical scholarship that takes seriously the materiality of discourse and its constitutive function helps to ground and orient my approach to these cultural moments. [7] While critical rhetoric suggests the materiality of rhetoric, this notion has

[7] See, for example, Carole Blair, "Contemporary U.S. Memorial Sites as Exemplars of Rhetoric's Materiality," *Rhetorical Bodies,* eds. Jack Selzer and Sharon Crowley (Madison, WI: University of Wisconsin Press, 1999), Dana L. Cloud, "The Materiality of Discourse as Oxymoron: A Challenge to Critical Rhetoric," *Western Journal of Communication* 58 (1994), Michael C. McGee, "Text, Context, and

been substantially explored and developed in its own right, and demands that we consider different questions within, and implications for, our work. As Carole Blair argues, "we must ask not just what a text means but, more generally, what it does; and we must not understand what it does as adhering strictly to what it was supposed to do" (23). Rhetoric's materiality, then, implies at least two shifts in more traditional understandings of rhetorical theory and criticism (Blair). The first is that discourse exceeds description or persuasion. Rhetoric is constitutive of our communities, our relationships, of that which we perceive to be (and experience as) real. In this way, rhetorical criticism as a mode of inquiry presents the possibility of disrupting normative assumptions and behaviors that fuel relationships of power, privilege, and marginality. This trend in contemporary rhetorical criticism is exemplified in a variety of ways, but for example and of particular relevance to this study is the exploration of "risk" as a rhetorical concept that is socially constructed rather than an objective and a priori phenomenon (Scott, "Kairos as Indeterminate"), but that nonetheless possesses a significant material force that shapes public policies and flows of capital, among other things. The second shift that material rhetoric inspires refers to the unpredictable currencies of rhetorical iterations. In other words, "rhetoric has material force beyond the goals, intentions, and motivations of its producers, and it is our responsibility as rhetoricians not just to acknowledge that, but to try to understand it" (Blair 22). Thus, contemporary rhetorical scholarship that grapples with the material force of discourse, that seeks to explore the co-articulation of various texts, and that is explicitly attuned to rhetoric's political import and significance, informs

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the Fragmentation of Contemporary Culture," *Western Journal of Communication* 54 (1990), Raymie E. McKerrow, "Critical Rhetoric: Theory and Praxis," *Communication Monographs* 56 (1989), John M. Sloop, "Disciplining the Transgendered: Brandon Teena, Public Representation, and Normativity," *Western Journal of Communication* 64.2 (2000).

my orientation as a scholar and provides a strong foundation for my exploration of con(tra)ceptive technologies in contemporary culture.

Finally, a significant body of rhetorical scholarship attends explicitly to issues of reproduction, politics, and culture;[8] thus, many scholars working in this area help to further inform and ground my work. Celeste Condit has written extensively on genetic technologies and reproductive politics. Her work posits and critically engages significant complexities and interdependencies between culture, technology, power, and discourse, and is particularly attentive to the cultural forces that shape and inform women's "choices." Nathan Stormer's decidedly Foucaultian engagement with biomedical discourses and technologies explores the ways in which processes of reproduction are imagined by/articulated through science in the production of an expansive "pro-life" narrative. Stormer argues that "contemporary knowledge of reproduction is rhetorical…such rhetoric invites identifications with a particular form of population politics" ("Embodying Normal Miracles" 174). In other words, for Stormer, the very way we think through and about issues of conception, pregnancy, and childbearing is circumscribed by a science that aims to maximize the (re)production of human life.

[8] See, for example, Celeste Condit, *Decoding Abortion Rhetoric: Communicating Social Change* (Berkeley, CA: University of California Press, 1990), Celeste Michelle Condit, *The Meanings of the Gene: Public Debates About Human Heredity* (Madison: University of Wisconsin Press, 1999), Celeste M. Condit, "Women's Reproductive Choices and the Genetic Model of Medicine," *Body Talk: Rhetoric, Technology, Reproduction*, eds. Mary M. Lay, Laura J. Gurak, Clare Gravon and Cynthia Myntti (Madison: University of Wisconsin Press, 2000), Jessica Enoch, "Survival Stories: Feminist Historiographic Approaches to Chicana Rhetorics of Sterilization Abuse," *Rhetoric Society Quarterly* 35.3 (2005), Sara Hayden, "Teenage Bodies, Teenage Selves: Tracing the Implications of Bio-Power in Contemporary Sexuality Education Texts," *Women's Studies in Communication* 24.1 (2001), Sara Hayden and Lynn O'Brien Hallstein, eds., *Contemplating Maternity in an Era of Choice: Explorations into Discourses of Reproduction* (Blue Ridge Summit, PA: Lexington Books, 2010), Mary M. Lay, Laura J. Gurak, Clare Gravon and Cynthia Myntti, eds., *Body Talk: Rhetoric, Technology, and Reproduction* (Madison: University of Wisconsin Press, 2000), Carol Mason, *Killing for Life: The Apocalyptic Narrative of Pro-Life Politics* (Ithaca, NY: Cornell University Press, 2002), Nathan Stormer, "Embodying Normal Miracles," *Quarterly Journal of Speech* 83.2 (1997), Nathan Stormer, *Articulating Life's Memory: U.S. Medical Rhetoric About Abortion in the 19th Century* (New York: Lexington Books, 2002), Nathan Stormer, "In Living Memory: Abortion as Cultural Amnesia," *Quarterly Journal of Speech* 88.3 (2002).

Finally, Susan Merrill Squier's recent work on "liminal lives," cultural narratives, and biomedical technologies foregrounds a rich and nuanced means of understanding literature, culture, science, and technologies alongside one another, as co-constitutive of and circulating within similar logics and apparatuses of power: "I understand both literature and science as technologies because they incorporate 'institutionalized discourses, epistemologies and critical practices' to define what is knowable and to bring those objects into being" (Squier 3). I see my work building on, and in conversation with, this rich body of scholarship that resides at the intersections of rhetoric and cultural studies.

Rethinking Biopolitics

For scholarship engaged with questions of power, technology, and discourse, the work of Michel Foucault continues to be influential and provocative. While Foucault has been critiqued for overlooking gender in his canon of work, feminist theorists have taken on the task of exploring the possibilities (and problematics) of Foucaultian notions of biopower, discipline, and governmentality for studies of gender, sexuality, and the body.[9] This body of literature is quite extensive, and proves particularly useful in exploring the constituting and significance of reproductive technologies within public discourses, reproductive policies, and women's private lives. Discourses of disciplinarity are far from monolithic, however, and fracture, once again, along lines of race and class. As Dorothy

[9] See, Balsamo, *Technologies of the Gendered Body: Reading Cyborg Women*, Sandra Bartky, "Foucault, Femininity, and the Modernization of Patriarchal Power," *Feminism and Foucault: Reflections on Resistance*, eds. Irene Diamond and Lee Quinby (Boston: Northeastern University Press, 1988), Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body*, 10th Anniversary ed. (Berkeley: University of California Press, 2003), Irene Diamond and Lee Quinby, eds., *Feminism and Foucault: Reflections on Resistance* (Boston: Northeastern University Press, 1988), Rosalind Pollack Petchesky, "Fetal Images: The Power of Visual Culture in the Politics of Reproduction," *Feminist Studies* 13.2 (1987), Silja Samerski, "Genetic Counseling and the Fiction of Choice: Taught Self-Determination as a New Technique of Social Engineering," *Signs: Journal of Women in Culture and Society* 34.4 (Summer 2009), Stormer, "Embodying Normal Miracles."

Roberts ("Race, Gender") suggests, these fissures and delineations between women are at once familiar in their pattern of influence and inscriptions of power, and simultaneously shifting in response to contemporary modes of governance and the nuances/necessities of late capitalist culture.

As referenced earlier, recent scholarship suggests that subtle transformations in biopolitical landscapes are taking place. As Nikolas Rose explains, the "complex of marketization, autonomization, and responsibilization gives a particular character to the contemporary politics of life in advanced liberal democracies" (4). Rose's project is to chart a new biological citizenship and its accompanying forms of privatized, individualized authority. My own work relies heavily on his theorizing of contemporary biopolitical formations, with perhaps one significant caveat. Rose argues that the focus on biological citizenship necessitates a move away from thinking biopolitics alongside eugenics: "What we have here, then, is not eugenics but is shaped by forms of self-government imposed by the obligations of choice, the desire for self-fulfillment, and the wish of parents for the best lives for their children. Its logics and its costs deserve analysis on their own terms" (69).

Certainly, Rose provides a nuanced analysis of contemporary biopolitics, noting their significant points of departure from the earlier mechanisms of power elucidated by Foucault. And yet, his dismissal of eugenics as a useful analytic through which we might understand and interrogate the logic of biopower is too hastily asserted (Roberts, "Race, Gender"). To the extent that the notion of biopolitics/biopower continues to illuminate and account for mechanisms of governance, albeit in a different form, so too might we need to rethink the ways in which eugenics itself has adapted and transformed in response

to contemporary modes of governance. If we understand eugenics as "the belief that reproductive strategies can improve society by reducing the births of socially marginalized people" (Roberts, "Race, Gender" 796), the eugenic horizons of contemporary biopolitics are no less present or possible. They are perhaps obfuscated in a shift toward the governing of life at an individualized or even molecular level, but significant continuities are worthy of our attention. To the extent that "[t]he eugenic approach to social problems locates them in reproduction rather than social structure and therefore seeks to solve them by eliminating disfavored people instead of social inequities" ("Race, Gender" 796), contemporary biopolitics may well exemplify, express, and enforce eugenic logics.

Perhaps a more nuanced way of thinking about eugenics or reproductive stratification within the context of contemporary biopolitics is through the lens of what Sarah Sharma calls "differential biopolitics." Sharma argues that, "[a] differential theory of biopolitics is necessary, not just to point out [complexity and multiplicity]…but in order to consider the various technologies of power/self and the affective dimension of these investments and reductions into human life" (139). Her extension of biopolitics as "differential" accounts for complexity, difference, and nuance; it illuminates and interrogates systematic inclusions and exclusions that are both indicated and exacerbated by the form/functioning of biopower. As Sharma explains, "[t]he biopolitical regulation of life reduces *certain* life to bare life. At the same time it also invests in the lives of others, as in the maintenance of lifestyles. In other words *both* reductions and investments cultivate docile and productive bodies" (139). Thus, differential biopolitics explicitly theorizes a means of grappling with difference, an important dimension of any

serious attempt to theorize power, if largely overlooked in most literature on biopolitics. Sharma's work invites a thorough investigation of the (micro)technologies of self-government that are distributed differentially, or otherwise stratified, and that reinscribe a particular (gendered, racialized, classed) social order. Questions of difference and power are paramount in charting the shape and function of reproductive histories; as such, Sharma's theoretical contributions to biopolitics figures prominently in my analysis. Having provided a brief overview of the relevant intellectual conversations and traditions that I intend to draw from and extend, I turn now to the methodological approaches that might illuminate and usefully inform my study.

Critical Methods of Inquiry

My modes of critical reading extend from the aforementioned relevant bodies of literature, respond to the particular sites of inquiry on which my project is centered, and include critical discourse analysis, articulation theory, and a specific orientation to culture.

Critical discourse analysis traverses a broad theoretical and disciplinary landscape; generally, it assumes that language and power are inextricably linked, and explores "the role of discourse in the (re)production and challenge of dominance" (van Dijk 249). Its goals and assumptions overlap somewhat with those of the critical rhetoric program in its emphasis on the constitutive function of discourse, and the recognition of discourse as thoroughly embedded within hegemonic structures and practices. Drawing from these perspectives, my research attends to a close reading of cultural texts, with sensitivity toward their relationship(s) to broader discursive formations. Once again, Foucault's work proves useful in this endeavor. For Foucault, a discursive formation is a

"system of dispersion…between objects, types of statement, concepts, or thematic choices" where one might locate "a regularity (an order, correlations, positions and functionings, transformations)" (*Archaeology* 38). Building on this understanding, Laclau and Mouffe underscore that such a formation "is not the expression of any underlying principles external to itself—it cannot, for instance, be apprehended either by a hermeneutic reading or by a structuralist combinatory—but it constitutes a configuration, which in certain contexts of exteriority can be *signified* as a totality" (106). In other words, unity amongst a set of discourses is less determined a priori than it is a critical task that can uncover and interrogate structures of power and marginality. This is precisely what my research aims to do.

Furthermore, such a task resides at the center of articulation theories and methodologies.[10] Articulation "provides a way of describing the continual severing, realignment, and recombination of discourses, social groups, political interests, and structures of power in a society. It provides as well a way of describing the discursive processes by which objects and identities are formed or given meaning" (Grossberg, Nelson and Treichler 8). Articulation is additionally theorized as a creative process "of thinking relations and connections as how we come to know and as creating what we know. Articulation is, then, not just a thing (not just a connection) but a process of creating connections, much in the same way that hegemony is not domination but the process of creating and maintaining consensus or of co-ordinating interests" (Slack,

[10] See, for instance, Ronald Walter Greene, *Malthusian Worlds: U.S. Leadership and the Governing of the Population Crisis* (Boulder: Westview Press, 1999), Lawrence Grossberg, *We Gotta Get out of This Place: Popular Conservatism and Postmodern Culture* (New York: Routledge, 1992), Stuart Hall, "On Postmodernism and Articulation," *Journal of Communication Inquiry* 10 (1986), Ernesto Laclau and Chantal Mouffe, *Hegemony and Socialist Strategy: Towards a Radical Democratic Politics* (New York: Verso, 2001), Jennifer Daryl Slack, "The Theory and Method of Articulation in Cultural Studies," *Stuart Hall: Critical Dialogues in Cultural Studies,* eds. David Morley and Kuan-Hsing Chen (New York: Routledge, 1996).

"Theory and Method" 114). While the concept itself is abstract and pliant, as Grossberg et al. point out, it is sufficiently pointed in its application and use. Drawing from Stuart Hall, Ronald Walter Greene's use of articulation theory to study the population crisis as a governing apparatus allowed him to "focus on how discourse strategies, populations, and institutions exist independently of one another but are brought together for a particular purpose" (10). My research is methodologically attuned to a similar task—to locate, chart, and question discursive imaginings that wed certain kinds of pregnancies, maternities, and technologies to broader discourses of crisis and emergency—and will certainly benefit from articulation theory.

Finally, my dissertation, which foregrounds this critical task of mapping and articulation, is bolstered and informed by Raymond Williams' theory of culture, which he defines "as the study of relationships between elements in a whole way of life. The analysis of culture is the attempt to discover the nature of the organization which is the complex of these relationships" (*The Long Revolution* 63). For Williams, this inquiry hinges on locating what he terms a "structure of feeling," or "a felt sense of the quality of life at a particular place and time: a sense of the ways in which the particular activities combined into a way of thinking and living" (*The Long Revolution* 63). Williams acknowledges that this structure of feeling is elusive and rather difficult to grasp, but in studying the fragments of culture, and particularly focused on the arts, one can begin this kind of analysis. Thus, my project is largely centered on the circulation of narratives within popular culture through news, film, and television, with a generated sensitivity to the ways in which they cohere, signify, and constitute meaning and subjectivities. Williams envisioned a radical potential for this work in its epistemological and heuristic

import, for the analysis offers to make "interpretation conscious, by showing historical alternatives; to relate the interpretation to the particular contemporary values on which it rests; and, by exploring the real patterns of the work, confront us with the real nature of the choices we are making" (*The Long Revolution* 69).

My sites of analysis, which are outlined at the close of this section, include the contentious debates surrounding the availability of emergency contraception, the figure of Nadya Suleman as a disciplining force within the ethopolitical terrain of assisted reproduction, and the recent obsession with crisis teen pregnancy in popular media, including *Juno, Glee*, *16 and Pregnant,* and *Teen Mom*. While these sites may seem, at the outset, divergent in character and implication(s), critical discourse analysis and theories of articulation invite the mapping of their overlaps and continuities as we ask broader questions at the intersections of power, meaning, and culture. As Marshall McLuhan states, "amid the diversity of our inventions and abstract techniques of production and distribution there will be found a great degree of cohesion and unity. This consistency is not conscious in origin or effect and seems to arise from a sort of collective dream" (22). Thus, without laying claim to causality or intentionality, my project takes these cultural moments as its artifacts, with an invitation to think these texts alongside one another, and as co-constitutive with a contemporary "collective dream." Placing them at the center of this study, I ask how they cohere, diverge, and create meaning within women's lives specifically, and U.S. social and political culture more generally; I ask how they reveal collective anxieties and desires concerning, and profound governmental investment in, the reproduction of particular bodies, classes, and cultures, and with an eye toward how we might intervene on behalf of reproductive justice.

As such, my project proceeds as follows. The second chapter provides an overview and synthesis of theoretical material, in which I clearly identify and define what I mean by "emergency" con(tra)ceptives and provide a more nuanced discussion of the problems that subsequently arise and circulate alongside them. This theoretical work foregrounds my critical orientation and posits an initial rethinking of technology toward the possibility of reproductive justice.

In the third chapter, I examine the public debates surrounding the application for over-the-counter status for Plan B® emergency contraception. I explore the ways in which EC is imagined to disrupt normative sexuality and pregnancy prevention, and argue that EC is subsequently managed through a rhetoric of "exception" and "emergency." Imbuing some women with a "right to choice" and reducing others to scripted "responsible choices," this discursive imagining functions to discipline reproductive bodies through a differential biopolitics (Sharma) and suggests the discursive limits and vulnerabilities of "choice" itself.

Chapter four explores the cultural crisis signaled by, and concomitantly managed through, the figure of Nadya Suleman within the complex terrain of assisted reproduction. Specifically, I map the borders of "fit" maternity as it intersects with assisted reproductive technologies. Even as these techniques are celebrated as expanding "choice" and "self-determination" in motherhood, instances like Nadya Suleman suggest a clear delineation between biological enhancement and distortion or monstrosity; a designation that seems to hinge less on bio(techno)logical capacity for bearing children than it does on assumed cultural legitimacy in raising them.

Next, the fifth chapter is concerned with the increasing presence and significance of crisis teen pregnancy narratives in popular culture as represented in *Juno*, *16 and Pregnant*, *Glee*, and *Teen Mom*. From reality television to independent film, I argue that these narratives exemplify a set of collective anxieties, fears, and desires regarding reproduction and motherhood. Gingerly articulating a perceived crisis in teen pregnancy to an "epidemic" of infertility, the logic of emergency configures adoption as a social technology for redress. These narratives ultimately serve to reproduce the legitimacy of certain kinds of families, asserting maternity not as a biological tie, but as a social status and cultural designation.

In closing, I discuss the theoretical and political implications of this study, exploring the potentials and possibilities for intervention on behalf of reproductive justice as well as a trajectory for further inquiry.

Towards a Politics of Possibility

Technological, cultural, and political imaginations work in tandem to constitute technologies of reproductive emergencies within public discourse, in private life, and with profound implications for the meaning of maternity, pregnancy, and the ability of women to claim a kind of reproductive dignity. While it is certainly true that reproductive technologies enable and produce physical effects on the body, my project posits the possibility that they also engender another set of material effects alongside the physical—an expansion (and subsequent contraction) of discursive possibilities through which women's reproductive rights and choices—their experiences of sexuality, maternity, indeed of the body itself—are negotiated and constrained. In foregrounding an analysis of the kind of discursive conditions under which certain kinds of material effects are

produced/made possible, my research aims to build on and extend the aforementioned bodies of literature as it examines a set of cultural sites where this work is occurring.

In so doing, I anticipate this research makes possible at least two different theoretical contributions/interventions. First, it stands to clarify the communicative dimensions of reproductive politics, with a specific focus on technology. While certainly attuned to the social histories of reproductive technologies, this project does not focus on a charting of material effects. Rather, I am working to map the discursive unfolding of emergency reproductive technologies as "sites of struggle" between a material ontology and a set of cultural anxieties—as sites where the rearticulation and/or undermining of "differential" (Sharma) biopolitical power formations, and the constituting of maternity and proper citizenship in post-9/11 imaginaries, might occur. Second, this mapping process allows for an expansion of the perceived and available modes of intervention. In other words, it empowers "ways of thinking, being, and acting in the world as possible or not" (Slack, "Communication as Articulation" 225). Understanding the communicative and discursive dimensions of reproductive politics invites us to think beyond the form, function, and implications of a particular discursive formation, to imagine other potentialities in the negotiation and management of power/knowledge, and to assert the possibilities of a more robust reproductive justice.

CHAPTER TWO

RETHINKING TECHNOLOGY FOR REPRODUCTIVE JUSTICE

There has never been a shortage of experts ready to pronounce on women's nature and women's bodies. The biological revolution of the second half of the twentieth century has, however, raised the stakes.
Sally Gregory Kohlstedt and Helen E. Longino

Reproductive technologies have been central to feminist politics and scholarship for decades, with clear and substantive reason. The first chapter of this dissertation provides an overview of contemporary reproductive politics as they overlap and cohere meaningfully with shifts in technological terrains, suggesting briefly the various ways in which technologies have been implicated in processes of differentiation, biopolitical regulation and control. In this second chapter, I am able to expand and provide greater depth and critical nuance to an exploration of the reproductive technologies that inform this study and the theoretical perspectives that ground my approach to them. First, I work to clearly define what I mean by con(tra)ceptive technology, providing a brief but detailed account of the specific technologies informing this project. Second, I explore the various ways in which reproductive technologies are rhetorically defined, ontologized, and contested in a variety of popular contexts and scholarly literatures. Drawing on work in critical/cultural studies allows me to suggest a means of thinking about reproductive technologies differently in order to shed light on their discursive dimensions and epistemological functions. I conclude with a few suggestions as to how this work extends

existing literatures, sketches possibilities for interventions on behalf of a more just reproductive politics, and provides the critical and theoretical foundation for the remainder of this study.

Con(tra)ceptive Technologies

Whether articulated to increased choice and autonomy in reproductive decision-making, or to dystopian visions of a Huxlian "brave new world," what is certain is that the landscape of reproductive technology is continually shifting, expanding, and contracting in myriad directions. The first task, then, is to provide a framework within which we might thoughtfully engage these technologies, to begin with a survey of the histories, uses, and technical dimensions of various con(tra)ceptions.

In the first chapter, I briefly defined my use of the term con(tra)ceptive technologies as referencing a range of practices aimed at controlling fertility. Studies of reproductive technologies generally assume substantive distinctions between those technologies designed to prevent pregnancy and those designed to encourage or enhance conception, thereby focusing either on assisted reproductive technologies or contraceptive technologies exclusively. Such distinctions are, of course, materially present, theoretically imperative, and useful in many respects. My work, however, contributes to bodies of literature that attempt to think these technologies together in spite of such differences. In so doing, I aim to identify spaces of continuity and coherence, to chart the ways in which many of these technologies, in spite of significant differences with regard to their indications and use, are nonetheless discursively situated within similar logics and relationships of power. I use the term con(tra)ception or con(tra)ceptive technologies, then, to underscore and explore patterns of overlap between

assisted reproductive technologies and contraception, while simultaneously acknowledging their unique characteristics.

Myriad con(tra)ceptive technologies currently exist on the U.S. and global markets. Of particular interest in this study are those discursively marked by emergency or crisis in contemporary cultural contexts. Subsequent chapters identify and investigate the cultural sites where the rhetorical labor of emergency unfolds; for now, I focus on an explanation of the individual technologies, their histories and functions within a vast medical, cultural, and political landscape.

Emergency Contraception

Emergency contraception (EC), colloquially dubbed the "morning after pill," refers to several methods of preventing pregnancy after unprotected sex. The most common methods are oral medications that include synthetic hormones, more specifically, a progestin called levonorgestrel. The progestin found in EC is more concentrated than in daily birth control pills, and thus able to prevent pregnancy for up to five days after unprotected sex.[11] Levonorgestrel works "by inhibiting or delaying ovulation, or by preventing implantation of a fertilized egg in the uterus" (The Henry J. Kaiser Family Foundation), and importantly, this medication cannot harm or terminate an existing pregnancy. Contrary to popular belief, emergency contraception itself is nothing new; indeed, the practice of combining regular birth control pills and taking them after unprotected sex dates back almost to the inception of hormonal birth control itself. This

[11] The second form of emergency contraception is a copper IUD, which must be inserted by a medical doctor shortly after unprotected sex. This method is not nearly as common, nor is it authorized by the FDA for use as an emergency contraceptive.

"off-label"[12] use of the pill began to circulate within the medical community in the mid-1960s, when a Dutch physician administered a concentrated dose of estrogen to a 13-year-old victim of rape to prevent pregnancy. Over the next decade, physicians began to experiment with and prescribe this method in what they would determine to be "exceptional" circumstances.

In 1974, the first scientific study of emergency contraception was published in a medical journal by Canadian doctor A. Albert Yuzpe; the standard regimen for EC that ensued bore his name and consisted of a combination of regular birth control pills taken twelve hours apart. The Yuzpe regimen, however, remained relatively obscure, and it wasn't until 1997 that the U.S. Food and Drug Administration (FDA) officially sanctioned this practice and solicited pill manufacturers for a new drug explicitly designed for "emergency" use (United States Cong., *Emergency*). At this invitation of the FDA, two small drug manufacturers developed emergency contraceptives—Preven® (approved for sales in the U.S. in 1998; removed from the market in 2004) and Plan B® (approved in 1999).[13] Between the years of 1997 and 2006, emergency contraception was approved by the FDA but available only by prescription. For five of those nine years, the makers of Plan B® petitioned for over-the-counter status, and an increasingly contentious public debate ensued. At its height, the controversy ensnared public health officials,

[12] The FDA does not intervene in the practice of medicine, but rather regulates which medications are available for sale in the U.S., and how they are to be distributed (over-the-counter, or by prescription only). An off-label use of a drug, then, refers to "use for an indication, dosage form, dose regimen, population or other use parameter not mentioned in the approved labeling" (United States Cong. *Emergency* 3).

[13] In August 2010, another form of EC was approved for sale in the U.S. Ella® consists of ulipristal acetate, a selective progesterone-receptor modulator thought to prevent pregnancy through the same mechanisms as levonorgestrel/Plan B® by either preventing/delaying ovulation or preventing implantation. However, as a selective progesterone-receptor modulator, Ella® makes it possible to selectively enable the intended effect of the medication, while simultaneously diminishing undesirable side effects. It is, thus, more effective in preventing pregnancy, and provides a larger timeframe within which to do so. As of this writing, it is available only by prescription.

advocacy organizations, medical associations, FDA commissioners and committee members, media outlets, members of Congress, the Government Accountability Office, and even the Bush Administration. These debates reside at the center of my analysis in chapter three.

Assisted Reproductive Technologies

Medical efforts to encourage, enable, and/or facilitate pregnancy are broadly encompassed by the term assisted reproductive technologies (ART), for which there is no standard definition. Most agency and industry definitions are remarkably narrow—alternative, or "artificial," insemination is excluded from the World Medical Association's definition (World Medical Association); the American Society for Reproductive Medicine includes only treatments that involve "laboratory handling of eggs, sperm, and/or embryos" (American Society for Reproductive Medicine, *Infertility*). My study builds on the work of scientists, policy experts, and advocates at the Center for Genetics and Society, defining ART as "a variety of technologies, some used to initiate pregnancy, and others more specifically used to increase likelihood of pregnancy and/or to test for the presence of certain genes so prospective parents can choose which embryos to implant after in vitro fertilization" (Galpern 5). This definition encompasses a range of hormonal and surgical interventions, including alternative insemination, fertility enhancing medications, in vitro fertilization (IVF) and its accompanying procedures (zygote intrafallopian transfer and gamete intrafallopian tube transfer), egg retrieval, egg and sperm donation, cryopreservation, intracytoplasmic sperm injection, preimplantation genetic screening/diagnosis (PGS/PGD), ooplasmic transfer, and surrogacy.

The Center for Genetics and Society's definition is useful in that it provides a comprehensive framework for understanding various medical interventions designed to boost or otherwise facilitate fertility and pregnancy. And yet, even this more liberal definition remains somewhat abbreviated in its inclusions. ARTs are not simply about the initiation of pregnancy, but as an industry, are invested in the initiation of *maternity* and *familial opportunity*. It is a difference that matters, in at least two respects. First, understanding the distinction between facilitating fertility/pregnancy and enabling mother/parent-hood suggests the necessity of incorporating adoption into conversations about technology, reproduction, and justice. As a social or reproductive technology, adoption has been largely ignored within medical, advocacy, and academic communities otherwise committed to exploring various dimensions of contemporary reproductive technologies, which is a significant gap that my work aims to redress.[14] Second, this clarification highlights the social and cultural dimensions of ART, more fully explored in chapters four and five that illuminate collective investments in (re)producing a particular kind of motherhood and family. These inclusions and clarifications will be elaborated further in subsequent chapters; for now, suffice it to say that ART refers to and encompasses a range of social and medical technologies designed to address infertility and facilitate pregnancy, as well as mother- and family-hood.

Several assisted reproductive technologies demand attention. First, alternative insemination (AI) "refers to several different procedures, all of which involve inserting sperm into a woman's body, the differences referring to whether the sperm is placed in her vagina, uterus, cervix or fallopian tubes" (Galpern 9). The recorded history of this

[14] The exception here is the scholarship of Rickie Solinger (*Beggars and Choosers*), whose work will inform much of my subsequent analysis regarding adoption within the context of reproductive justice.

technology is traced back hundreds of years to the late seventeenth century, when Dutch scientist Anton van Leeuwenhoek observed sperm through the newly invented microscope (Foote). Leeuwenhoek's discovery led to scientific experimentation with insemination in animals, first in dogs and rabbits, and shortly followed by dairy cattle and swine in the modernization of agriculture.[15] The use of AI in response to human infertility was experimental during the 1860s and successfully conducted as early as 1884 in U.S. medical practice, although this first case went unreported for twenty-five years due to social and scientific stigma.[16]

Medical and cultural attitudes have since shifted significantly, and dimensions of AI use today are various and many; the reasons include both male and female infertility,[17] the procedure can be done at home or in a medical facility, with sperm frozen or fresh, from a donor or partner. According to the American Society for Reproductive Medicine, sperm quality is based on "volume (amount), motility (movement), and morphology (appearance and shape)" (*Infertility*). In the case of male infertility due to poor sperm quality, two AI options are available—placing sperm directly into a woman's uterus to encourage fertilization (intrauterine insemination or IUI) or the direct injection of a single

[15] While assisted reproductive technologies are perhaps more colloquially understood in reference to human reproduction, much of the development and use of ART is in animal husbandry, the production of animals for human use and consumption, and most often deployed in factory farm settings. While somewhat tangential to my current project, I believe feminist scholarship and activisms regarding reproductive justice do little to address the political and ethical dimensions of these issues. Current frames of reproductive "choice" and autonomy do not travel well across species. Whether or not they should, or to what extent they might, are concerns I mark here for future exploration.

[16] The human history of AI, much like other histories of reproductive politics and technologies, is mired in eugenics philosophy and practice, and is similarly interrogated by feminist scholarship; see Cynthia R. Daniels and Janet Golden, "Procreative Compounds: Popular Eugenics, Artificial Insemination and the Rise of the American Sperm Banking Industry," *Journal of Social History* 38 (2004).

[17] Approximately one-third of infertility in couples is attributed to men, one-third to women, and the remaining third is attributed to a combination of problems. Roughly twenty percent of infertility cases are unexplained; see American Society for Reproductive Medicine, *Frequently Asked Questions About Infertility,* 2011.

sperm into an egg in a medical lab (intracytoplasmic sperm injection or ICSI). If no sperm are present in the male partner's semen, sperm donation is often recommended. Whether from a donor or partner, sperm used in the AI process is generally "washed," meaning that sperm and semen are separated in order to eliminate dead or slow sperm or any chemicals present that may be contributing to infertility. AI is also recommended for several forms of female infertility, single women and lesbian couples. In cases where women have mild endometriosis, problems with ovulation, cervical abnormalities, or even unexplained infertility, intrauterine insemination is often suggested as a potential solution.

In vitro fertilization (IVF) is one of the more culturally familiar assisted reproductive technologies. In 1978, Louise Brown made world headlines as the first "test tube baby;" a host of affiliated developments in ARTs has followed, such as births from frozen embryos and sperm (cryopreservation), egg donation, and gestational surrogacy. The process of IVF is a significant investment of time, money, energy, technical and medical expertise; its stages involve several distinct ARTs, including those that facilitate ovarian stimulation, egg retrieval, fertilization, embryo culture, and embryo transfer (American Society for Reproductive Medicine, *Assisted Reproductive Technologies*). The first stage of this process, ovarian stimulation or ovulation induction, is initiated by the woman taking prescribed fertility-enhancing drugs, either orally or by injection, to stimulate the production of one or more eggs per cycle; oral medications are not as effective and thus less common in IVF/ART cycles.[18] These hormones function by first inhibiting, and then hyperstimulating, the ovaries. According to the American Society for

[18] Fertility-enhancing drugs are not solely used for the purposes of IVF. They can be prescribed on their own for treatment of infertility, or used in conjunction with AI methods to increase the likelihood of conception.

Reproductive Medicine, timing is critical in this process. Ultrasound monitoring tracks the development of ovarian follicles and, in conjunction with blood tests, reveals the proper timing for the retrieval of eggs. The process, of course, is not without risk or potential failure—in 2008, approximately eleven percent of ART cycles were cancelled in this early stage, due either to a lack of physiological response to ovarian stimulation medications, or, more rarely, to ovarian hyperstimulation syndrome (OHSS) (United States Dept. of Health and Human Services, *2008 Assisted Reproductive Technology*).

In subsequent stages of IVF, a woman's matured eggs are retrieved or "harvested" most often by transvaginal ultrasound aspiration, a surgical procedure done under light anesthesia in which a needle is guided by ultrasound through the vaginal wall and into the ovarian follicles where the eggs can be suctioned out. In the event that the ultrasound is unable to access one or both ovaries, operative laparoscopy can retrieve eggs through use of a small telescope inserted through the naval (American Society for Reproductive Medicine, *Assisted Reproductive Technologies*). Eggs are then fertilized in a laboratory, either in an IVF culture medium, which provides an ideal environment for the sperm and egg to unite, or by means of direct insemination of the egg by needle (intracytoplasmic sperm injection). Even when ICSI is used, there is a possibility that fertilization will fail to occur, as only "40% to 70% of the mature eggs will fertilize after insemination or ICSI" ("Assisted Reproductive Technologies"). An embryo, defined as a fertilized egg that has begun the process of cell division, has a window of one to six days in which to be transferred to the uterus in traditional IVF processes.[19] Some women elect to have a mild

[19] Two variations on IVF currently exist, zygote intrafallopian transfer (ZIFT) and gamete intrafallopian transfer (GIFT). Both report lower rates of success, tend to be more expensive, and are less common than traditional IVF. ZIFT places a one cell embryo, or zygote, into a woman's fallopian tube via laparoscopic surgery. It is widely acknowledged to be the most invasive ART treatment. Following traditional modes of

sedative; no anesthesia is medically required. One or more embryos are inserted through the women's cervix and into her uterus via a long tube with a syringe on one end, called a transfer catheter. Success rates for IVF vary significantly and depend on several factors. The U.S. Centers for Disease Control and Prevention tracks ART statistics, voluntarily reported by the majority of fertility clinics across the country. In 2009, the most recent year for which data are available, 146,244 IVF cycles (including ZIFT and GIFT) resulted in 45,870 live births (deliveries of one or more living infants) and 60,190 infants (American Society for Reproductive Medicine, *Assisted Reproductive Technologies*). In other words, approximately thirty-one percent of IVF cycles resulted in live birth.

In vitro fertilization has proven requisite to the revival of surrogacy arrangements in recent years. As an alternative means for conceiving and birthing children, traditional surrogacy spans a variety of cultures and can be traced back to ancient Babylonian law circa 1800 BCE (Ali and Kelley 47). As Deborah Spar notes, "[w]omen across the globe have long used others to bear the children they could not conceive, relying on a combination of tradition, coercion, and affection to create the desired result" (290). However, in the absence of medical technology, surrogacy arrangements historically dictate that the surrogate or birth mother is also, necessarily, a biological parent, having contributed half of the genetic material through her egg. Until recently, then, surrogacy arrangements have been relatively rare in the United States given the host of affective, ethical, and legal concerns within which they are embedded.

Assisted reproductive technologies, on the other hand, offer the scientific capacity to separate egg from womb, arguably diminishing a surrogate's claim to biological or

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egg retrieval, GIFT allows fertilization to happen inside the woman's body by placing both egg and sperm directly into the fallopian tube. It is a method available only to women with healthy fallopian tubes, and is often considered by women or couples whose religious beliefs may oppose traditional forms of IVF.

genetic motherhood. A gestational surrogate, or carrier, refers to "a woman giving birth to a child formed from the fertilized egg of another woman" (McEwen 275). Thus, globalized political economies, advanced technological innovations, and contractual agreements that straddle international borders (and laws) and link women from a range of socio-economic and ethnic backgrounds are producing what is colloquially referred to as a "booming" industry of trans/national gestational surrogacy.[20] While legal oversight and regulation of surrogacy arrangements remain vague and ambiguous, varying significantly from country to country and even from state to state within the U.S., gestational surrogacy is nonetheless regularly incorporated within the scientific, medical, and professional literature regarding ART options.[21]

This brief overview defines the basic form and function of the con(tra)ceptive technologies informing this project. I turn now to a discussion of the various ways in which these technologies are rhetorically ontologized and contested in a variety of popular contexts and scholarly literatures.

[20] The complexity of questions raised by trans/national gestational surrogacy does not escape the attention of this scholar. In perhaps some of the oldest recorded accounts of surrogacy, intricate relationships of kinship, coercion, and dominance abound. Judeo-Christian texts reference Bilhah, Zilpah, and Hagar, three servants/handmaids who bore children on behalf of Rachel, Leah, and Sarah (respectively). While little attention is devoted to the complexities of these arrangements in biblical texts, what is clear is that inequities between surrogates and intended mothers are written onto and through the practice of surrogacy itself from its early inception. "Handmaids" may no longer be socially or politically palatable, but contemporary articulations of surrogacy within the context of ART ushers in a host of new questions for feminist scholarship and advocacy. I mark this here as a site for future exploration.

[21] See, for example, the American Society for Reproductive Medicine; U.S. Centers for Disease Control and Prevention; World Medical Association. Within this literature, adoption is similarly posited as an alternative to, or even an extension of, fertility treatment. Given that adoption does not involve medical or technological innovation, but rather, hinges on social and legal innovation, it exceeds the parameters of this particular chapter. That said, the use of adoption as a social technology figures prominently in my analysis in chapter five.

Ontology and Technology

Myriad cultural forces coalesce to inform the ways in which con(tra)ceptive technologies come to mean in collective imaginaries and individual lives. This section attends to the mainstream, scientific, and feminist discourses that work to configure the role of these technologies as ontological, natural, or otherwise fixed. I begin with a discussion of mainstream and scientific discourses that articulate reproductive technology to notions of progress and the natural/biological, then turn to a discussion of feminist literatures that contest these meanings, charting the problematic histories of reproductive technologies and their material effects for women.

Reproductive Technology as (Natural) Progress

Not unlike other forms of technology that emerge and circulate within culture, reproductive technologies are often hailed and embraced with enthusiasm within mainstream and scientific communities, simultaneously (and ironically) configured as embodiments of scientific progress and as a natural unfolding of events. Indeed, the notion of technology as enrichment and improvement is intimately connected to cultural constructions—the assumed ontology—of technology itself; innovation is commonly conflated with improvement of material, ethical, cultural conditions. Science and technology, then, become sites for the imagined proliferation of progress and evolution, and they are assumed to function as exceptional and unproblematic goods. Popular discourses exemplify this logic regarding reproductive technology at a wealth of cultural sites and in various ways. In this first section I will illustrate this claim using oral contraception as a specific example. First, I examine the pill at the time of its original introduction onto the U.S. market. Second, and somewhat differently, I draw from

research on a more recent contraceptive, Seasonale, to explore how this logic is expressed within contemporary contexts.

First, the discursive figuration of oral contraception in popular newspapers and periodicals was characterized by an overt celebration of progress and technology. Indeed, since its highly anticipated FDA-approved entrée in the U.S. in 1960, the pill has been hailed as a medical breakthrough of profound importance. In 1966, *Newsweek* declared: "For the eighth consecutive year, the U.S. birth rate has declined, the contraceptive pill is being used by large numbers of U.S. Catholic women, and new contraception techniques promise to blunt the worldwide population explosion . . . . The most revolutionary change in the last 50 years, of course, is the birth-control pill" ("Death of a Taboo" 94). Emphasizing its newness and radical potential, a 1962 article in *Ebony* explained that the pill "is a totally new method of contraception different in every respect from the conventional methods which have been used from many years . . . . [It has] a record of effectiveness which no other contraceptive has matched" (Guttmacher 126).

The comparison of the pill to previous methods frequently emphasizes the vast difference between modern science and earlier "primitive" techniques: "Both drug companies and academic research institutes have recently spent fortunes trying to isolate a contraceptive on the 'nature knows best' reasoning, and they have failed dismally. The truth is that…[plant derived substances] are neither as good nor as safe as the artificial products now available" ("Contraception" 76). There is an explicit and profound distinction made here between the natural and the artificial. In this particular figuration, science and synthetics possess a clear advantage to anything nature can provide on its own. In this way, modern science and technology are continually and readily articulated

as a means of improving, extending, or perfecting nature through innovation; a process for ensuring human evolution. In other words, science is imagined as necessarily building upon, controlling, and allegedly improving nature within the broader cultural narrative of progress.

This unfettered faith in contraceptive technological innovation occasionally is extended to, and situated alongside, other forms of modern convenience and consumption: "Just as we have adjusted our lives to the television set and the automobile, so in 20 years time we shall take the pill for granted, and wonder how we ever lived without it" (Hacker 140). The analogy is striking and revealing. Certainly, the writer remarks here upon the cultural imprint of these particular technologies, the transformative ways in which we have imagined and integrated them into public and private life. The pill, like cars and television sets, becomes a signifier of modernity and a "natural" "unfolding" of human progress. Simultaneously of interest in this analogy are the forms of convenience and consumption negotiated through these technologies, and the parallel experiential claims we might anticipate concerning contraception; indeed, the convenience and consumption (of sex and sexuality) become a primary site of contention over the morality of the pill, particularly in traditional, domestic, white, middle-class settings.

Thus, the pill serves as one example of the celebration and enthusiastic embrace of technological progress, and there are certainly others that have been explored within the vast body of literature pertaining to reproductive technologies.[22] More recently

[22] See, for example, Barbara Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Boston: Harvard University Press, 1993), Gordon, *Moral Property*, Susan Perry and James L. Dawson, *Nightmare: Women and the Dalkon Shield* (New York: Macmillan, 1985), Petchesky, "Fetal Images: The Power of Visual Culture in the Politics of Reproduction.", Roberts, *Killing the Black Body*.

however, progress has been somewhat reconfigured to accommodate contemporary biopolitical configurations, and the "politics of life itself" (Rose). As Rose argues, newer technologies of biological enhancement and optimization are less about mechanical extensions of the body (i.e. the cyborg) or external controls over nature, than they are implicated in a process that seeks to manage the body on a micro level, to augment or reconfigure what's taken to be "natural":

> Unlike these uses of robotics and computing, which seem to make the human being *less* biological, the new molecular enhancement technologies do not attempt to hybridize the body with mechanical equipment but to transform it at the organic level, to reshape vitality from the inside: in the process the human becomes, not less biological, but *all the more* biological. (20, emphasis in original)

Thus, in the era of a "politics of life itself," our organic, biological selves are enabled and enriched through technological intervention. Technologies are no longer divorced from or superior to nature; rather, they offer a way for us to access our better nature(s) through extension and "optimization." In this way, contemporary biotechnologies of life are imagined to produce a more "natural" self.

Laura Mamo and Jennifer Ruth Fosket's study of Seasonale, an extended-cycle oral contraception[23] approved by the FDA in 2003, helps to anchor and explore biological optimization and enhancement within a concrete, contemporary setting. Mamo and Fosket attend closely to the communicative dimensions of Seasonale's advertising campaign, arguing that Seasonale is discursively constituted as a "lifestyle drug" that promises "a refashioning of the material body with transformative, life-enhancing results" (Mamo and Fosket 925). That is, in lieu of an emphasis on effectiveness in

[23] Extended cycle contraceptives lengthen the number of days women take hormonally active pills, which ultimately functions to suppress/reduce menstruation (Hollander). Seasonale advertises that its users only experience four menstrual periods a year.

pregnancy prevention (which is, of course, a notable absence within a contraceptive campaign), Seasonale purports to offer a solution to the "problem" of menstruation and reinscribes familiar cultural pathologies onto the female body:

> [T]he marketers of Seasonale frame menstruation itself, in essence, as a side effect of medication . . . . eliminating these unnatural periods seems perfectly reasonable, and thus Seasonale is normalized. Indeed, changing cultural ideas about menstruation was an important first step in the marketing of Seasonale. These changing ideas reconfigure our experiences of our bodies and can then, theoretically, be turned into changing practices—taking pharmaceuticals—that will reshape the body in congruence with the new ideas. (934)

In other words, menstruation is rhetorically shaped and coded as "unnatural" in order to encourage and legitimize the use of Seasonale as an extended cycle contraceptive. As such, Seasonale functions perfectly within contemporary biopolitical configurations that privilege interventions onto the micro forms of "life itself." As a lifestyle drug, it marks a shift away from technological control over nature, to forms of optimization and enhancement that work to transform what is considered to be natural—i.e. the body itself, its internal processes and biological functions.

These two examples illustrate the ways in which contraceptive technologies are rhetorically naturalized and sutured to notions of progress—either through a discourse that posits science/technology as a force that harnesses and exceeds nature to encourage human progress, or through a positing of science/technology as that which optimizes and brings into existence a better, more natural/biological life. What is clear in both instances is that reproductive technologies are definitively located within popular imaginaries as sites for the extension and progress of "natural" human life. Even within mainstream feminist communities, these technologies are overwhelmingly embraced as empowering women's reproductive "choice" and sustaining "desirable" cultural and population

growth. Most fundamentally, reproductive technologies are assumed as a kind of ontology; they are envisioned as intrinsic, constitutive, and natural, a force with predetermined, progressive material effects for individual women, families, and society as a whole.

Reproductive Technology as a Contested Cultural Force

Given common cultural celebrations of "progress" and "technology" as entirely unproblematic and constructive, feminists concerned with reproductive justice have been pressed to question the implications of reproductive technologies, and their deployment in particular medical, cultural, and political spaces, for women. A wealth of scholarship has emerged in response to the constitution of reproductive technologies as natural, progressive, and/or empowering. Given the (multiple, differentiated) histories of material effects, much of the theoretical engagement with reproductive technology voices (warranted) suspicions and charts their problematic effects and uses.

Much of this scholarship is broadly situated within feminist science studies, which critique the claim to scientific objectivity, and articulate the cultural, historical, and political dimensions of scientific inquiry: "Science does not stand above the world, or apart from its conflicts; it is rather the science *of* a given society. Its communal practice reflects the needs of the dominant sector, and its way of thinking increasingly reflects the dominant ideology" (Berman 250). Thus, feminist standpoint epistemology[24] recognizes science as both rooted within and as an extension of politics. There is no "pure" science that is "misused" and/or "abused;" science is inextricably wed to its social, cultural and historical origins. As Sandra Harding notes in her classic study: "the sciences are part and

[24] Feminist standpoint epistemology is an extensive body of literature that draws on/includes the work of Nancy Chodorow, Carol Gilligan, Sandra Harding, Nancy Hartstock, Patricia Hill Collins, bell hooks, Alison Jaggar, and Evelyn Fox Keller, to name a few.

parcel…of the social orders from which they emerge and which support them. 'Science versus society' is a false and distorting image" (Harding 37). Subsequently, feminist epistemology rejects both a narrative of technological progress and a narrative of scientific neutrality. Rather, science is positioned as a socially produced, and thus, socially *located*, episteme, even if its social and cultural origins are often obscured: "social desires are frequently defined as technological needs" (Harding 37). The popular and medical discourses surrounding reproductive technologies reveal that they are no exception.

For example, much feminist scholarship has interrogated the complex and insidious relationship between birth control, eugenics, and population control.[25] Examples from history abound. In response to then-President Teddy Roosevelt's accusation of "race suicide," white and middle class "pro-birth control feminists began to popularize the idea that poor people had a moral obligation to restrict the size of their families, because large families create a drain on the taxes and charity expenditures of the wealthy and because poor children were less likely to be 'superior'" (Gordon qtd. in Davis 209-210). State-funded family planning programs as early as the 1930s targeted low-income communities of color; while these communities otherwise had difficulty accessing quality health care and medical services, birth control was encouraged and made readily available through government programs (Davis; Gordon, *Moral Property;* Roberts, *Killing the Black Body*). As Ronald Walter Greene explains, by mid-twentieth

[25] See Phillida Bunkle, "Calling the Shots? The International Politics of Depo-Provera," *The Racial Economy of Science: Toward a Democratic Future (Race, Gender, and Science)*, ed. Sandra Harding (Bloomington, IN: Indiana University Press, 1993), Davis, *Women, Race, and Class*, Greene, *Malthusian Worlds: U.S. Leadership and the Governing of the Population Crisis*, Roberts, *Killing the Black Body*, Solinger, *Pregnancy and Power*.

century the use of family planning was central in maintaining U.S. power in global and domestic settings; it was, in fact, "the primary solution to the population crisis" (85). In other words, when it came to contraception, women of privilege were given rights as other women were assigned responsibilities.

Semi-permanent and long-term methods of hormonal contraception have received more extensive critique for embeddedness within racist, classist, and imperialist structures. In the wake of the Dalkon Shield catastrophe, a well-documented instance of inadequate testing and corporate cover-up for profit,[26] technological interventions on the reproductive body have been met with deep suspicions within feminist communities. Norplant, for instance, is a synthetic hormone surgically implanted underneath the skin, which boasts effectiveness in preventing pregnancy for up to five years (Roberts, *Killing the Black Body*). Developed by the Population Council for use in developing nations,[27] Norplant was originally touted for its convenience and long-lasting effectivity. Throughout the 1990s in the U.S., Norplant was enthusiastically embraced by lawmakers as a method of reproductive regulation and aggressively marketed to women receiving public assistance: "At a time when legislatures nationwide are slashing social programs for the poor, public aid for Norplant became a popular budget item" (Roberts, *Killing the Black Body 108*). Many states proposed, and several passed, legislation providing

[26] See Gordon, *Moral Property*, Perry and Dawson, *Nightmare: Women and the Dalkon Shield*. The Dalkon Shield was a brand of an intrauterine device, available in the U.S. from 1971-1974 and eventually removed from the market by the FDA for safety concerns. The Dalkon Shield caused at least twenty deaths in the U.S., and was the source of severe infections, pelvic inflammatory disease, sterility, and other long-term or permanent damages to women's bodies and lives. The manufacturer of the Dalkon Shield did not destroy these defective and dangerous contraceptives in the wake of U.S. controversy: "as the awareness of dangers grew in the United States, it dumped thirty-five thousand shields on the international market. The company later refused to notify third-world users of the IUD's dangers, agreeing only to alert foreign embassies. Today many women still have Dalkon Shields inside their bodies" (Gordon, 334).

[27] These origins, of course, warrant suspicion in and of themselves.

significant financial incentives for the use of Norplant for women receiving Medicaid, AFDC, and other forms of public assistance. Furthermore, while implantation of Norplant was promoted through various state incentives and often free of charge to low-income women, these same programs refused to pay for Norplant's removal. For the many women experiencing the severe (and, at times, life-threatening) side effects of Norplant,[28] this kind of legislative incentive was anything but the promotion of reproductive autonomy and "choice." As Dorothy Roberts writes in her thorough and devastating exploration of Norplant's social/political/legal history, it "served as a means for doctors and government officials to dictate their [poor Black women's] procreative decisions" (*Killing the Black Body* 122). Notably, while the use of Norplant in the U.S. and European countries has been suspended, it and its predecessor, Norplant II, remain a fixture on the international market, particularly within developing nations.

Contraception has not been the only site at which feminist scholarship has questioned the popular assumptions and scientific assertions regarding reproductive technology. Visualization technologies, such as obstetric ultrasound, have been extensively interrogated and critiqued within feminist scholarship and, in particular, along two general vectors. First, the ultrasound has been critically theorized in relationship to medical authority, women's subjectivities, and their experiences of pregnancy; it is a relationship characterized by what Rosalind Petchesky refers to as a "*panoptics of the womb*, whose aim is 'to establish normative behavior for the fetus at various gestational stages' and to maximize medical control over pregnancy" (Petchesky

[28] Side effects of Norplant include heavy bleeding, cramping, weight gain, anxiety, nervousness, nausea, vomiting, dizziness, headaches, rashes, hair loss, ovarian cysts, and mild to severe depression. The severity of these side effects, combined with Medicaid policies that refused Norplant's removal, led to documented instances of women, in moments of desperation, carving the devices out of their arms with kitchen knives (Roberts).

277). Thus, the ultrasound, for many scholars,[29] is implicated in a process that both disembodies and disempowers women, shifting the locus of pregnancy's expertise away from women and privileging instead scientific investigation and the empirical forms of knowledge yielded by visualization techniques. Janelle S. Taylor's ethnographic study provides an illustration of the processes of surveillance and compulsory normativity enforced by use of obstetric ultrasound,[30] particularly with regard to prenatal bonding theory, which "implicitly suggests that women *need* both medical technology and the assistance of the medical professionals in order to form the proper emotional attitude toward their fetuses" (Taylor 23, emphasis in original).

Furthermore, obstetric ultrasound is not only implicated in a process of disembodying women, but also, some scholars argue, in a process of lending scientific authority and velocity to abortion opponents' claims regarding the "sanctity" of embryonic life and fetal personhood (Casper; Duden; Petchesky; Stabile; Taylor). As Monica J. Casper explains: "[s]cience, technology, and medicine are important and authoritative worlds in which definitions of life are propagated and subsequently represented in other worlds…the 'meaning of life' in these worlds is invested with greater claims to truth and universality" (105). As such, fetal personhood is asserted with

[29] See Duden, *Disembodying Women: Perspectives on Pregnancy and the Unborn*, Lynn M. Morgan and Meredith W. Michaels, eds., *Fetal Subjects, Feminist Positions* (Philadelphia, PA: University of Pennsylvania Press, 1999), Petchesky, "Fetal Images: The Power of Visual Culture in the Politics of Reproduction", Janelle S. Taylor, "Image of Contradiction: Obstetrical Ultrasound in American Culture," *Reproducing Reproduction: Kinship, Power, and Technological Innovation*, eds. Sarah Franklin and Helena Ragoné (Philadelphia: University of Pennsylvania Press, 1998).

[30] The critique of what Silja Samerski titles "compulsory self-determination" is also revealed in some of the feminist literature that interrogates ART. See Lisa C. Ikemoto, "Eggs as Capital: Human Egg Procurement in the Fertility Industry and the Stem Cell Research Enterprise," *Signs: Journal of Women in Culture and Society* 34.4 (2009), Dorothy Roberts, "Race, Gender, and Genetic Technologies: A New Reproductive Dystopia?," *Signs: Journal of Women in Culture and Society* 34.4 (Summer 2009), Samerski, "Genetic Counseling and the Fiction of Choice: Taught Self-Determination as a New Technique of Social Engineering."

increasing vigor through visualization technologies, which in turn assume a kind of cultural force. Some scholars note the effective mobilization of fetal imagery to animate anti-abortion movements' recruitment, garner media attention, and legitimate antiabortion rhetoric more broadly (Mason; Petchesky; Stabile); others assert the necessity of feminist response to such imagery within the context of these social/political debates: "As the fetus looms larger and larger in the legend of pregnancy, the politics of abortion must adjust accordingly. This is not a matter of conceding ground, but rather of making explicit the ground of women's reproductive freedom" (Michaels 130). The exigence for this work is increasingly clear. Recent legislative trends suggest the significance of fetal imagery in abbreviating women's rights and authorizing coercion, codified, for example, in state mandates for medically unnecessary ultrasounds for women seeking abortion services.[31]

Feminist interrogations of obstetric ultrasound and contraception are just two topical examples of the extensive literature engaged with, and critical of, reproductive technologies. Embedded within feminist science studies more broadly, this work draws at least implicitly on critiques of scientific objectivity to illustrate the complexities and problematics of assuming science necessarily implies objective, neutral, and universally accessible "progress." These studies extend and elaborate the various forums and practices in which the logics of scientific authority unfold with significant, differential, and at times dire, material implications for women. This work, then, is essential in beginning to disrupt articulations of science as inherently progressive and beneficial, to

[31] While these legislative trends exceed the parameters of this dissertation, I mark it here for further exploration and inclusion in my book project.

begin to understand the complexities, multiplicities, and ambiguities embedded within relationships between women, culture, and reproductive technologies.

And yet, the residue of a kind of technological determinism remains apparent. The critique of science is often used to articulate the force of reproductive technologies in the opposite direction. In other words, while deconstructing assumptions regarding the "progressive" or "beneficial" characteristics of technologies, much of this literature simultaneously assumes and supports a reciprocal claim; that, embedded within a broader cultural system that marginalizes women and minorities, these technologies work to reinscribe and uphold dominant ideologies and power formations. This argument exemplifies a kind of cultural determinism; it assumes that shifts in cultural practices and beliefs instigate the development and use of particular technologies. While certainly reproductive technologies sometimes function in precisely this way, in the process of uncovering the material effects of these technologies, much of this scholarship also assigns a kind of fixed ontology to, and assumes a set of a priori effects for, con(tra)ceptive technologies. While these technologies certainly have material effects (which include, for example, the cultural perception of "crisis" and disruption that this project aims to interrogate), I wish to draw from critical/cultural theories to think about reproductive technologies differently. My project works to privilege the epistemological function(s) of reproductive technologies, in lieu of their ontological status, to ultimately locate possible points of intervention and modes of resistance. In other words, I am interested in the possibilities that emerge when we focus less on charting material effects and foreground instead an analysis of the discursive conditions under which such effects are made possible.

Rethinking Technology

A significant body of media, technology, and cultural studies scholarship has theorized relationships between technology and culture in a way that resists technological or cultural determinism, and works instead to chart intricate overlaps and consubstantialities between the two.[32] Indeed, it seems somewhat facile to assume the relative impotence or overwhelming dominance of either culture *or* technology over the other. Still, the regularity with which these assumptions prevail in social, scientific, and scholarly communities is profound. Interrogating the relationship between technology and culture, generating an understanding the myriad of economic, social, historical, and political forces that shape technological unfoldings is imperative in beginning to unseat some of these assumptions. For Raymond Williams, the stakes are materially significant and substantive:

> If technology is a cause, we can at best modify or seek to control its effects. Or if the technology, as used, is an effect, to what other kinds of cause, and other kinds of action, should we refer and relate our experience of its uses? These are not abstract questions. They form an increasingly important part of our social and cultural arguments, and they are being decided all the time in real practice, by real and effective decisions. (Williams, *Television: Technology and Cultural Form 20*)

Following Williams' theorizing of cultural materialism, much cultural studies scholarship has taken seriously the task of theorizing and thinking culture/technology together, in an

[32] See, for example, Ann Balsamo, *Technologies of the Gendered Body: Reading Cyborg Women*, Andrew Feenberg, *Critical Theory of Technology* (New York: Oxford University Press, 1991), Andrew Feenberg, "Democratic Rationalization: Technology, Power, and Freedom," *Philosophy of Technology: The Technological Condition*, eds. Robert C. Scharff and Val Dusek (Malden, MA: Blackwell Publishing, 2003), Ken Hillis, "On the Margins: The Invisibility of Communications in Geography," *Progress in Human Geography* 22 4 (1998): 543-66. Carolyn Marvin, *When Old Technologies Were New: Thinking About Communications in the Late Nineteenth Century* (New York: Oxford University Press, 1988), Lisa Parks, *Cultures in Orbit: Satellites and the Televisual* (Durham: Duke University Press, 2005), Lynn Spigel, *Welcome to the Dreamhouse: Popular Media and Postwar Suburbs (Console-Ing Passions)* (Durham, NC: Duke University Press, 2001), Raymond Williams, *Television: Technology and Cultural Form*, 2nd ed. (New York: Routledge, 1990).

attempt to move away from the binary often inscribed through processes of theorizing culture and technology as discrete entities.

Understanding culture and technology as more thoroughly integrated allows us to explore the ways in which technology functions as a site for the negotiation of meaning and power. Andrew Feenberg's work is particularly useful in exploring the intricacies that mark technological culture, with a generated sensitivity to the ways in which technologies are necessarily reflective of and inextricably tied to cultural assumptions and power formations. While Feenberg acknowledges the force/imprint of technology, he remains sensitive to their social and political dimensions as "scene[s] of struggle." And in lieu of claiming technology as neutral, Feenberg theorizes technology as "ambivalent," in order to recognize the social values and interests embedded in technological design, while simultaneously admitting the unfixity of these origins. In this way, for Feenberg, critical interrogations of technology constitute an essential dimension of struggles against hegemony (Feenberg, "Democratic Rationalization"). Or, in the words of Carolyn Marvin, they allow us to examine cultural "arenas for negotiating issues crucial to the conduct of social life; among them, who is inside and outside, who may speak, who may not, and who has authority and may be believed" (Marvin 4). Thus, foregrounding the complex of relations between technology and culture provides an opportunity to explore various dimensions of con(tra)ceptive technologies with a sensitivity to discursive fissures, vulnerabilities, and the re-making/mapping of power onto individual bodies and publics, and the available modes of intervention in these processes.

Thus, following the work of Williams and others, I wish to explore the contingencies embedded within con(tra)ceptive technologies' material and cultural

dimensions. In particular, I attend to the discursive ruptures provoked by con(tra)ceptive technologies and signaled by rhetorics of "emergency." Tracing such rhetorics in popular, political, legal, and scientific culture, with dedicated attention to the ways in which they intersect with and inform reproductive technologies, provides a rich site for the investigation of how we collectively manage and assuage cultural anxieties, fears, and desires, and to maintain those practices, beliefs, and structures which are culturally imagined as "natural." As Ken Hillis notes:

> [T]echnology achieves its greatest affect after a disappearing act—when it becomes so commonplace that it is accepted as an indispensable 'second nature'. This disappearance or 'forgetting about' is also the naturalization of the technology-as-conduit metaphor, though on a day-to-day basis, any material or cultural technology must recede into the 'background' of a place if it is to have any meaningful affect. (546-547)

Discourses of "emergency" and "crisis" signal the disruption of technological disappearance, points at which normative modes of con(tra)ceptive practice have been violated or transgressed. Public, rhetorical management and negotiation of the "emergency" becomes the means by which the 'forgetting about' is rigorously re-membered and culturally realigned. Thus, critical attention to these moments of rupture reveal the forms of discursive labor necessary to (re)legitimize and discipline technological use *as well as* its users; it also suggests other modes of rhetorical possibility on behalf of a more just reproductive politics.

This approach is suggested in a few of the literatures engaged with reproductive technologies, and it is from here that I ground and extend the rethinking of technologies towards a reproductive justice. Communication scholars such as Ann Balsamo and Valerie Hartouni interrogate the meaning and significance of reproductive technologies by reading them alongside prominent cultural narratives and practices. For my own

project, the provocation of their work resides in the suggestion that if reproductive technologies provoke a kind of cultural anxiety, it is because they exist as sites upon which we must continually remap assumptions in order maintain certain hierarchies. New technologies seem to present the opportunity to lay bare our ideological problematics and highlight the *work* it takes to maintain and sustain these beliefs and practices. Perhaps it is also, then, the opportunity to de-naturalize these assumptions and practices, to begin the work of interrogating and dismantling hierarchies that prohibit a more libratory (reproductive) politics.

Rethinking con(tra)ceptive technologies in this way provides a point of departure for addressing women's disparate histories and experiences, a space from which to assert the possibilities for a more thorough and robust reproductive justice through an analysis of the presence and significance of reproductive technology in women's lives, and culture more broadly. These technologies are often, and increasingly, implicated in the troubled and differential histories of reproductive politics. However, far from being theorized or interrogated as a set of cultural forces, both material and discursive, con(tra)ceptive technologies are assumed to possess a kind of fixed ontology; they are imagined to act on the world (and on women's bodies) in specific and (over)determined ways. Certainly, it is true that reproductive technologies enable and produce particular physical effects on the body. That said, my project posits the possibility that they also engender another set of material effects—an expansion (and subsequent contraction) of discursive possibilities through which women's reproductive rights and choices—their experiences of sexuality, maternity, indeed of the body itself—are negotiated and constrained. In foregrounding an analysis of the discursive conditions under which certain material effects are produced or

made possible, I argue that we are better able to understand, challenge, and re-envision these relationships. Indeed, I believe our ability to do so profoundly informs the possibilities for reproductive justice in the twenty-first century.

Thus, having offered a theoretical framework for the questions I aim to address in this dissertation, I turn now to my critical sites of inquiry, the first of which explores the recent public debates surrounding use and availability of emergency contraception in the U.S.

CHAPTER THREE

ACCESS TO EXCESS: EMERGENCY CONTRACEPTION AND THE POLITICS OF "TOO MUCH CHOICE"

> *Amy Cappiello was 24 years old the night the condom broke. She sat up in a panic, thought about her job on Capitol Hill and her grad school commitments, and cried. Then there was the fact that she and her boyfriend had only been seeing each other for two months. It was just not the time for her to become somebody's mom. With her boyfriend, Cappiello went right to the emergency room at George Washington University Hospital. There, a doctor and nurse introduced her to the concept of emergency contraception . . . . [which] Cappiello took. To her relief, she didn't become pregnant. "Not being married, making less than $30,000 a year and going to grad school, having a baby would have been a nightmare," Cappiello says now, a year later. "Not only was I not physically ready in terms of being able to provide a stable environment for a baby, but emotionally I was nowhere near ready to have a baby thrust upon me. We would have handled it, but it would have been devastating."*
>
> --Suzanne Redfearn*, Preparing for a Mistake*

Contraception is often coded as empowering women's reproductive choice, and for many women, this is inarguably the case. Stories like Amy's exemplify and bolster this collective imagining. And yet, within the broader scope of contemporary public debates concerning emergency contraception and its accessibility for American women, a focus on personalized accounts is exceedingly rare. Amy's story is a narrative respite in a sea of politically contentious dispute over scientific evidence, religious beliefs, and social morality. What, then, does her story reveal? She is, in many ways, the embodiment of the contemporary white, middle class American dream for women, made possible by the gains of twentieth century feminisms. Young, full of promise, pursuing higher education

and a career in government, Amy is on the road to success. Hers is a narrative that assumes upward economic mobility and hinges on access to resources. As Amy herself is clear to note, however, her circumstances bar her from responsibly bearing children (yet). She is not in a long-term relationship, makes less than $30,000 annually, and is in school. Thus, the emergency identified and addressed here is not simply a broken condom. The emergency is also the potential pregnancy under Amy's current circumstances—a clear threat to American dream-ness, white, middle class, heteronormative identity and lifestyle. The use of the term "nightmare" is both fitting in its candor and revealing in its broader cultural context.

Cultural assumptions regarding birth control and women's reproductive "choice" suture the two tightly together. "Choice" has become a political and colloquial referent for the unencumbered right to determine when, whether, and with whom to have children. As such, it is invariably wed to notions of individual women's autonomy and empowerment. But imagining birth control solely in this way is deeply troubled and troubling. This characterization privileges the experiences of middle-class white women, and ignores myriad histories of material practices in which contraception has been utilized to curtail, rather than enhance, women's reproductive autonomy. In an attempt to guard against state sanctioned reproductive coercion, advocates have argued for birth control methods that place the locus of control in the hands of women. EC appears to do just that—most often, the method is administered by the woman herself and, in a significant departure from other contraceptives, EC is designed to be taken *after* unprotected sex. Close examination of EC's discursive figuration, however, of how this form of contraception is imagined to shape sexuality, reproduction, and social

relationships, calls this facile equation into question. Thus, this chapter explores the mediated discourses that work to craft and anchor EC within contemporary U.S. cultural imaginaries. In so doing, I ask how these discourses figure in challenging or reinscripting reproductive (bio)politics, and consider the implications for rhetorics of choice specifically, and issues of reproductive justice more broadly.

The debates concerned with the availability of Plan B® reside at the center of this study. From 2001 to 2006, while the makers of Plan B® petitioned the FDA for over-the-counter status, increasingly contentious public debates ensued, entangling a range of vested interests and parties from women's rights and health organizations to the Government Accountability Office and the Bush Administration. As FDA officials wrestled with the parameters of EC's availability, the perceived significance and implications of an "unprecedented" means of managing pregnancy prevention—and specifically, a means of preventing pregnancy "after the fact"—provoked a range of responses and expressed anxieties. These moments are uniquely and explicitly rhetorical; they are best critically interrogated and understood as a set of forces that work to anchor and discipline the role of this technology in women's lives. The Plan B® debates demonstrate significant cultural investments in how emergency contraception comes to mean and function—including its "legitimate" use (and users). A number of sources would provide insight into an exploration of EC's discursive figuration, illuminating the various ways in which EC is imagined to negotiate social relationships and shape cultural and political communities. To the extent that mediated accounts provide access to mainstream public voices and cultural sentiments that ultimately function to inform

public policy decisions regarding the use and regulation of EC, my focus here is on media coverage of the EC debates.[33]

This chapter proceeds, then, in three sections. First, in the critical reading of these popular discourses, I explore the ways in which EC occupies highly contested and nebulous ontological ground within reproductive politics, transgressing the borders and chasms between birth control and abortion as a hybrid technology that produces remarkable cultural angst and un-ease. One of the fundamental questions animating public debate is concerned with how to make sense of EC, how to determine whether this technology is a method of birth control, a form of abortion, or not quite either. This question is raised in both implicit and explicit terms, as EC is regularly posited as occupying an amorphous and unsettling space *between* contraception and abortion. In this way, the defining characteristics that anchor EC's imagining in social and political culture are unstable, unfixed, and continuously open to interrogation. Furthermore, this instability between birth control and abortion indicate cultural anxieties regarding an excess of choice, sexuality, and reproduction in American women's lives. Second, I argue that in response to this instability, EC is managed through a rhetoric of "exception" and "emergency" that functions to discipline reproductive bodies through a "differential biopolitics." Drawing from Sharma's theoretical contributions to the study of contemporary biopolitics, I argue that this differential biopolitics imbues some women with a "right to choice" and reduces others to scripted "responsible choices." Finally, I

[33] For this chapter, I studied all articles having to do with EC published in prominent newspapers and periodicals with national circulation, including *The New York Times*, *The Washington Post, The New York Times Magazine, Time,* and *Newsweek*, between the dates of January 1, 1997 and December 31, 2006. These ten years are particularly significant for the EC debates because 1997 marks the original approval of EC for prescription sale in the U.S.; 2006 marks Plan B®'s final approval by the FDA to go "behind the counter" for women eighteen and older. While not all articles are included in the direct quotations provided in this study, each readily inform my analysis of these discourses and contribute to my overall argument.

turn to the significance of these debates for the meaning and function of "choice" as a public claim to empowerment and autonomy. Rather than supporting or extending such claims, I argue that these debates, in working to figure and fix EC, suggest the vulnerabilities and discursive limits of choice itself, and signal the necessity of thinking reproductive politics and technologies differently and, more specifically, within a framework of justice.

Nebulous Conceptions for Emergency Contraception

> *I feel very strongly that this shouldn't be about abortion politics…This is a way to prevent unwanted pregnancy and thereby prevent abortion. This should be something that we should all agree on.*
>
> Dr. Susan F. Wood, *Assistant Commissioner of Women's Health, US FDA*

> *The pill acts to prevent a pregnancy by aborting a child…the emergency in this case is a baby.*
>
> Judie Brown, *Director and Co-Founder of the American Life League*

The introduction of EC began with little political fanfare and an emphasis on scientific progress and technological promise. In 1997, even prior to the introduction of Plan B® and Preven®, *Time* was quick to celebrate the implications of the FDA's initial decision to approve regular birth control for "morning-after" use. "The Good News" section of a regular health update declares: "America wakes up to MORNING-AFTER PILLS" (emphasis in original). "The FDA has okayed the use of megadoses of ordinary birth-control pills, taken within 72 hours of sex, to prevent pregnancy. The regimen, which is 75% effective, is already widely used in Europe" (Adams and Crumley). Much of the public discourse surrounding (and constituting) EC at its official entry onto the U.S. market reflected a similar emphasis on Western innovation and medical progress, and concomitantly assumed political neutrality. These assertions, however, were

relatively short-lived and quickly overwhelmed by moral panic and scientific dispute regarding the use and function of EC in the United States.

Even the earliest iterations of EC's discursive imagining reveal the nebulous and contentious scientific, cultural, and political terrain in which this contraceptive begins to unfold. For example, just as EC is celebrated as a "new and improved" technique for a long-standing medical practice, these descriptors are tempered by discordant explications of its functioning: "Preven's dose of hormones keeps a fertilized egg from implanting in the uterine wall. It's available only by prescription, but it'll stop a pregnancy 72 hours after sex" (Rogers). As this quote suggests, one of the fundamental tensions that marks the discursive entry of EC into American life at the turn of the century is its tenuous and unstable location within reproductive politics. EC is articulated as both, but not quite either, abortion or birth control. Still, it is figured as a defining issue within contemporary abortion politics:

> [T]he abortion pill and the emergency contraception pill—because of their ease of use, the mechanisms by which they work and the fact that they are taken after sex—have blurred the line between contraception and abortion and have added a new wrinkle to the traditional anti-abortion movement. (Shorto)

This fundamental conflation quickly becomes the site for the expression and embodiment of myriad cultural anxieties, a site that demands discursive negotiation and redress if EC is to be publicly justified for over the counter use. Thus, I turn now to examine this common conflation of abortion and birth control, and the "exception"(al) means of negotiation that emerge as a result.

Post-Prevention Contraception

As post-prevention contraception, EC is simultaneously defined *as* birth control, while disarticulated *from* birth control. It oscillates between the new and the familiar, the

exception and the rule, with regularity, but little ease. Indeed, its apparent instability and unfixity as a reproductive technology is a site for continual rhetorical struggle. First, EC is regularly asserted as a method of contraception, but continually marked, and indeed circumscribed, by the extraordinary: "Plan B, as the name implies, is the backup when Plan A fails. It's the second chance to avoid pregnancy after sex. It's what you can do instead of waiting in a high state of anxiety" (Goodman). The notion of exception both permeates and animates this imagining. EC is figured as post-prevention contraception—an opportunity to eclipse fear and distress by pre-empting the possibility of pregnancy or abortion when all other modes of one's regular preventative practice(s) have failed. The use of EC is clearly the exception, as opposed to the rule—or more precisely, an addendum to the rules: "And if the condom breaks? Or a woman forgets to take her pill? There's something for emergencies now, too, a last stop before pregnancy" (Stepp). This is, it would seem, *not* your everyday birth control.

And yet, at times EC is precisely that—ordinary, commonplace, and unremarkable. Particularly for advocates in favor of increasing access and loosening restrictions, aligning EC with everyday birth control is used to compel legitimacy. A medical director for Planned Parenthood states that "[EC] is one of the safest medicines we have available, and it can prevent unplanned pregnancies," (qtd. in Davey and Belluck). EC's hormonal constitution is often cited as evidence of its normalcy: "The pills are essentially birth control pills in higher doses. But as their name suggests, they are not intended as regular birth control. They are for what advocates say they hope are rare instances of unprotected sex, or when, say, a condom breaks" (Zernike). This delicate dance tends to eclipse clear definitional categories. Here, and in much of the

public discussion regarding the ontological location of emergency contraception within reproductive politics, there is a clear conflation of terms. EC is simultaneously figured as not-at-all birth control and just like birth control; it is both unremarkable and everyday, extraordinary and exceptional.

The exception that marks and legitimates EC is, in part, affectively mobilized by the medication's tenuous relationship to abortion itself. At times, the abortion pill, or mifepristone,[34] functions simply as a counterpoint to distinguish emergency contraception and clarify its use: "Unlike Mifeprex or mifepristone, previously known as RU-486, which can induce an abortion safely during the first 49 days of pregnancy, morning-after pills do not cause abortion, advocates say" (Rein and Timberg). Citing "advocates" in this way questions the distinction between EC and mifepristone, even as it is asserted. And indeed, the differences between these two medications are not always entirely clear; at times they are thoroughly confused. Summarizing noteworthy medical advances in 2003, *Time* stated that "Plan B, as the two-pill regimen would be called, would enable women to end pregnancies within 72 hours of unprotected intercourse" (Bjerklie, Park and Song). Such verbage clearly suggests EC as a method of terminating pregnancies, and implicitly invokes the abortion pill. While the technical language was corrected in a later issue, the original description merely exemplifies a common conflation of terms that tends to muddle and complicate EC's constitution. Throughout rhetorical attempts to anchor EC, the abortion pill is continually invoked to position and define emergency contraception. It is simultaneously conflated with EC and disarticulated from EC's

[34] Mifepristone is used to terminate a pregnancy within the first 49 days of gestation (this is the FDA's recommended guidelines for use; many medical facilities will use mifepristone within the first 63 days of gestation). While entirely distinct from EC in its synthetic composition and use, mifepristone is also (perhaps obviously) used after unprotected sex and was approved for sale in the U.S. in September 2000, just over a year after Plan B. Confusion of these medications in mediated and public forums abound.

function and intent. The instability of EC within reproductive politics invites a particular logic to help manage cultural fears surrounding excess, a theme to which I now turn.

Access to Sexual Excess, or the "Morning After" Problematic

Amidst muddled and contentious debates surrounding EC's nebulous character and location within reproductive politics, cultural anxieties begin to surface regarding women's, particularly young women's, (excess) sexuality. Certainly, these concerns mimic a similar impulse in response to the introduction of the birth control pill in 1960 and, to the extent that EC poses a unique set of circumstances, invite a new logic—namely, that of emergency—to manage female sexuality. As a contraceptive method designed to be taken after unprotected sex (a noteworthy and significant departure from other methods of birth control), EC is assumed to heighten convenience regarding the consumption of sex and sexuality, and is therefore problematized through moral rhetorics that characterize this technology as contributing to, if not wholly creating, sexual excess. In other words, because EC is thought to be easy, convenient, it trivializes sex and encourages promiscuity. The proposal for over-the-counter status, the fact that EC "would not only be sold in drugstores, but could also be as available as aspirin, on supermarket shelves or in convenience stores or gasoline stations," (Kolata) rapidly accelerates the circulation of these concerns. To the extent that a morning after pill might "encourage" women's sexual pleasure and independence through a proliferation of reproductive choice(s) and the removal of "consequences," it is simultaneously imagined to threaten a myriad of cultural norms, practices, and relationships of power.

The "problem" of women's sexual excess is overwhelmingly wed to age. Embedded within a climate of Bush-era family values politics, teen sexuality is intensely

scrutinized and constrained through unprecedented funding for abstinence-only education, father-daughter "purity balls" celebrating (or enforcing) teenage girls' commitment to virginity, and teen princess pop stars like Jessica Simpson and Britney Spears publicly discussing their "True Love Waits" pledges. Young women's sexual expression quickly becomes a volatile site for debate regarding the moral dimensions of EC:

> If Plan B goes over the counter…what stops teenage girls from using these pills as regular birth control? Will we get to the point where 14-year-old girls are feeding quarters into restroom vending machines for something other than tampons? Will we see a rise in sexually transmitted infections? (Stepp)

Over-the-counter EC is figured as access to excess—the impending seduction of too much choice. Indeed, increased availability of emergency contraception is thought to rival, perhaps even eclipse, the pill in validating irresponsible sex and rewarding "deviant"—or otherwise undisciplined—sexual behavior by evacuating it of "consequence," and by removing young women from the medical gaze altogether. As the president of conservative Christian public policy organization Concerned Women for America queries: "How can you make it available OTC [over the counter] for most women and not have it get into the bodies of girls for who it has not been approved without prescription?" (Wright qtd. in Kaufman). In the midst of heightened neo-conservatism and the resurgence of the religious right, this explicit reference to young women's (or "girls") bodies positions EC as a direct threat to white, middle-class purity and virtue. Drawing on common representations of American girls in postfeminist culture, girls at the center of the EC debates are rhetorically figured as "at risk." They are "endangered by the world around them (including the proliferation of choices in part provided by feminism and postfeminism) and their personal choices within this context"

(Projansky). EC threatens young women in positing the possibility of unplanned sex without material (or, more specifically, maternal) consequence. It offers superfluous choice and warrants sexual excess; in other words, it provides young women the opportunity to make "bad" choices.

However, it is not just teens for whom explicit and expressed fears of sexual excess circulate; single women in general are figured to be "at risk." Reporting on the reactions of New Yorkers to the FDA's eventual easing of restrictions on access to EC, Vasquez and Hammer write that one woman "could not decide whether she was glad the morning-after pill would soon be more readily available. Several of her friends have already used the pill multiple times." Throughout much of this discourse, there seems to exist a categorical limit that differentiates an authentic emergency from assumed carelessness. EC is regularly claimed to enable and even encourage frivolous and irresponsible sex: "Knowing a backup is available over the counter…might make her more likely to have unprotected sex. 'Some girls are probably going to get careless…If I didn't get so sick I would use it more often'" (Vasquez and Hammer). Women, it seems, are not to be trusted with this kind of decision-making. Indeed, left to their own devices and without the supervision of a medical professional, women will overuse, even abuse, this method of contraception.

And in some ways, how could they not? The name "morning after pill" evokes and substantiates fears surrounding the threat of sexual excess: "No more trauma over 'Am I or am I not?' No more decisions on whether to abort, adopt, or go ahead and raise a child you can't afford. The morning-after pill, known as Plan B, erases the night before" (Stepp). In a rare moment of candor and clarity, this reporter for *The New York*

Times underscores a significant and profound source of cultural distress. The "morning after" implies a "night before"—a euphemism for scandalous or "deviant" sexual behavior. The "morning after" assumes shame, guilt and regret for actions in violation of normative codes of conduct. Thus, any "morning after pill" is already thoroughly marked by and constituted through social and moral aberration. Well-behaved women don't have a "morning after" because they never had a "night before." Thus, how can a pill, aimed only to alleviate ills brought on by one's own bad behavior, be properly coded as a woman's rightful choice? This is, of course, precisely the problem—it cannot. The mainstream frame of reproductive "choice" becomes a problematic, and ultimately ineffectual, public claim within the context of the EC debates, illustrating the rhetorical limits of choice with profound clarity. If not through a claim to choice, then, how is this tension negotiated; how is EC effectively legitimized? In the next section, I argue that in the wake of intense disruptions perceived and provoked by EC's tenuous location within reproductive politics and culture more broadly, science and the logic of "emergency" and "exception" are used to compel legitimacy. These rhetorics work to effectively overwhelm *and* undermine the morning after problematic of sexual excess and "too much" reproductive choice in two related, if differentiated, ways.

Science, Emergency, and Differential Biopolitics

In order to bracket and refute claims regarding the erosion of female morality in the wake of EC, science becomes the broader terrain in which rhetorical claims regarding EC's "proper" function and use tempers questions of sexual purity and moral decay, while simultaneously introducing concerns regarding another kind of "excess" wed to reproduction itself. Through the logic of emergency, science is deployed to harness and

manage cultural anxieties, discipline reproductive bodies, and to (re)inscribe a "differential" biopolitics (Sharma) that affords some women choices, and others, responsibilities. In other words, a theory of differential biopolitics aids in understanding how science is affectively (and differentially) mobilized to legitimize EC, an argument to which I now turn.

First, science is posited as a direct challenge to the articulations between EC and promiscuity. In response to the morning after problematic, repeated scientific accounts of EC's behavioral banality and women's sexual restraint become a common refrain: "Studies indicate that improving access to emergency contraception neither encourages sexual activity by adolescents nor causes women to abandon their regular methods of contraception" ("A Public Health Victory"). Hard data are offered in support of these claims: "studies showed that making [EC] available did not prompt women to use it repeatedly. Of 540 women in one study, Dr. Camp said, 10 used it more than once" (Zernike). Another report in *The Washington Post* draws a parallel between EC-inspired anxieties and those that circulate around other matters of sexual and reproductive health and rights:

> When sex education was introduced in schools, some Americans predicted that young people would start copulating like rabbits. Talking about sex would make kids have sex. Carefully controlled studies showed that hasn't been the case for the current generation . . . . It looks as if young women have learned something about abstinence and sex, and they don't make decisions about either because of what they can buy. (Stepp)

In this way, scientific demonstration of women's sexual restraint—their adherence to EC as a method of exception and only in cases of emergency—becomes the grounds through which EC is domesticated and proven palatable to broader U.S. publics. Research studies are regularly cited to counter the fear that this contraceptive technology will encourage,

enable, and condone (young) women's sexual impulses. Hinging on popular and ideological assumptions of neutrality and freedom from bias, a discourse of science still works to position EC within a moral conceptual terrain as it articulates women as (appropriately) sexually disciplined, whose behavior is suspended, and indeed separate, from the availability of certain contraceptives.

A rhetoric that frequently reverts to the exception disciplines reproductive bodies into traditional modes of maternity and proper feminine sexuality. As mentioned earlier, EC is rhetorically framed as a form of birth control for emergency—and not ordinary—circumstances. Positioning EC as a method of *exception* allows for a circumvention of the problem of undisciplined or otherwise promiscuous sex, and renders EC compatible with mainstream, normative values regarding maternity and sexuality. In a particularly explicit example, EC is declared "not a form of birth control. It is there in case the birth control method fails. The condoms breaks, the diaphragm slips. A woman forgets to take her pills. Or she has sex when she wasn't planning on it" (Trafford). Here, the use of EC is figured to designate *extra* care and responsibility in pregnancy prevention. Simultaneously, a variety of exceptional circumstances are identified so as to underscore an overwhelming presence of discipline and normative family planning measures within these scenarios, consequently recasting women's use of EC as similarly responsible, disciplined, and normative. Implicit is the suggestion that EC is the "non-choice" that resides between the selection of a regular method of birth control, and the politicized right to an abortion—in other words, EC becomes the inevitable (and *responsible*) middle ground between one choice eclipsed and another suspended altogether. The discourse of emergency, then, works to articulate EC to extraordinary circumstance and, in so doing,

disciplines its use (and women themselves) into normative codes of sexuality and "responsible" choices.

Discourses of science and the logic of emergency extend beyond a demonstration of individual restraint, however, and are implicated in the process of differential biopolitics. Science is mobilized in such a way that the fear of sexual excess is not simply deflated or minimized, but is entirely eclipsed by the circulation of a related, differentiated fear—that of reproductive excess. In other words, scientific studies of EC prove not only women's sexual restraint, but focus specifically on the potential of EC to address large scale social ills of unwanted or unplanned pregnancies and abortion: "The [FDA] committees' overwhelming endorsement of making this kind of emergency contraception more widely and easily available has moved the nation a vital step closer toward a change in government policy that could sharply reduce unwanted pregnancies and, in turn, the need for abortions" ("A Public Health Victory"). Throughout this discourse there exists a troubling slippage between how individual women may feel about their pregnancies (i.e. as desirable or not), and social attitudes about who is "fit" for motherhood. A repeated emphasis on reducing "unwanted" pregnancies plays on longstanding race and class bias regarding the politics of motherhood, and effectively relocates concern from the *sexual* excess of women to the *reproductive* excess of certain women—namely, young, unmarried, and/or low-income women.

This troubling pattern is far from anomalous, but rather, is thoroughly embedded within broader cultural attitudes and public policies regarding reproduction. Historian Rickie Solinger (2005) points out that reproductive politics are often disarticulated from

the rights and dignity of individual women and imagined to provoke and sustain widespread social ills:

> [R]eproductive-politics-as-a-way-to-solve-problems reflects a belief that the social, economic, political, and moral problems that beset our country can be solved best if laws and policies and public opinions press women to reproduce or not in ways that are consistent with a particular version of the country's real needs. When social or economic or "values" problems persist, politicians and others claim that this is because women persist in reproductive misbehavior. (9)

EC adheres to this trend, one that posits control over women's fertility as the solution to social ills. First and foremost, it is contextualized in broad cultural terms, and is clearly aimed at relieving the social epidemic of "unwanted" pregnancy and abortion. The logic of emergency once again infuses discussions of EC's potential, which center on its ability to address these broader cultural concerns. Prior to the arrival of the over-the-counter debate in the U.S., early reporting focused on the loosening of restrictions to EC access in Europe and was framed in this manner:

> In the last decade, Britain has experienced a steady increase in the number of teenage pregnancies, unwanted pregnancies and abortions. In 1998, the last year for which figures are available, 22 percent of pregnancies ended in abortion. In addition, in a country struggling to promote a family-based agenda, 51.2 percent of new babies were born to unwed mothers. (Lyall)

While this statistic was corrected a week later (the correct percentage of single mothers being 37.8), the anxiety expressed here is palpable; EC is explicitly imagined as redress for widespread and pressing social emergencies—specifically, the reproductive excesses of certain women. There is a rather frank articulation of which trends are deemed problematic—in this case, teenage and single mothers are isolated demographics amongst otherwise "unwanted" pregnancies and the overall rate of abortion. Indeed, single motherhood is cast in glaring opposition to the meaning of family itself.

Identifying and demonizing young and/or single women is neither unprecedented, nor should it be surprising when located within a history of reproductive politics in which certain women (mostly young, low-income, and/or of color) are socially and discursively figured as "unfit" mothers. Reproduction, pregnancy, and even maternity itself, have long been coded as privileges of race, class, age, and social status. And as a particular faction within broader reproductive politics, contraception is no exception. While the early birth control movement, laying claim to voluntary motherhood, originated within radical labor and socialist movements of the early twentieth century, these alliances were quickly dissolved as birth control campaigns found mainstream support and expression in the eugenics movement (Davis; Gordon, *Moral Property*). In collaboration with eugenics, the birth control movement was "robbed of its progressive potential, advocating for people of color not the individual right to *birth control*, but rather the racist strategy of *population control*" (Davis 215, emphasis in original). In this way, birth control for some women was coded as a right, for others, an expectation and responsibility that served a racist conception of nation.

In its design and potential use, EC may depart from contraceptive history in significant ways, not the least of which is its potential to place the locus of reproductive control and bodily integrity in the hands of women themselves. This is undoubtedly one reason EC is so deeply unsettling and politically volatile. And it is at precisely this moment—a moment of suspension between normative practice and the possibility (or threat) of something new—that the rhetorical and discursive politics of innovation are most visible and significant. Indeed, interrogating the discursive dimensions of EC reveals that this form of contraception is imagined and, subsequently, disciplined within

the same technological tradition of managing social ills through women's bodies, and more insidiously, in attempts to manage the reproduction of certain populations in particular. Questions concerning contraception, reproduction, and who may and/or may not become a mother, are not bereft of politics; they are immersed within social relationships of power and privilege. Here, then, I wish to question which pregnancies are coded as "unwanted" and precisely who is allowed to name them as such, to underscore and interrogate the social and rhetorical articulation of EC as a solution to a set of moral and/or cultural problems. It becomes necessary to ask what kind of inclusions/exclusions the "emergency" delineates, which "choices" are deemed responsible and thereby defensible, and whose interests are being served.[35]

The use of science, its role in figuring excess and disciplining reproductive bodies, carries substantively distinct implications for women in different social locations—in other words, age, wealth, income, class, race, and marital status matter. "Differential biopolitics" can account for this reproductive stratification in the context of contemporary biopolitical configurations; it provides a means of grappling with the complex ways in which women are differently disciplined into normative codes for behavior. As developed within Sharma's work on the "non-place," differential biopolitics is explicitly theorized in relationship to space and place; hers is a spacialized rethinking of biopower that articulates the ways in which it works on and through differentiated bodies. My work extends the concept of differential biopolitics as "particular to the non-

[35] Perhaps not surprisingly, the final ruling on Plan B's OTC application was an unprecedented one. EC was made available behind the counter without a prescription, to women eighteen and older. Pharmacists were authorized to dispense Plan B to adult women, leaving pharmacists in a powerful position to determine who is ultimately provided access to EC. The history of pharmacist dispensing of EC is, itself, mired in controversy over "conscience" clauses and the right of a pharmacist to refuse women's requests. While these issues extend beyond the scope of this dissertation chapter, I mark it here as a point of further exploration for my book project.

place" (Sharma 130) or spaces of transit, in suggesting its theoretical significance and import within reproductive histories and (bio)politics. As evidenced within the context of the EC debates, social location coheres meaningfully with emerging forms of discipline. For women of privilege, the central concern with sexual and moral purity is tamed through scientific demonstration of discipline and responsibility. "Rights" to EC are then properly conferred. Simultaneously, scientific justifications for EC that center on its macro implications—its potential capacity to reduce unwanted pregnancy and abortion—promises to harness the reproductive excess of "unfit" mothers, thus eclipsing rights and assigning responsibilities for women marginalized by age, income, race, sexuality and/or class. EC, whether through the differential biopolitics of reduction or investment, enables a strict enforcement of traditional "family values," while simultaneously disciplining "choice" back into white, middle-class, mainstream frameworks, an argument to which I now turn.

Differential Discipline and the Discursive Limits of Choice

Thus far, I have focused on the public imagining of emergency contraception, the contingent and nebulous ontological terrain it is thought to inhabit, and the precarious relationships among excess, morality, and science it is thought to traverse and resolve through rhetorics of exception and emergency. Here, I turn to the specificity of this negotiation as it relates to the notion of choice and its implications for reproductive politics more broadly.

Rhetorics of choice are largely absent within the contentious debates that ensued regarding Plan B's over-the-counter application. This noteworthy departure from mainstream frameworks for birth control and abortion is perhaps not surprising upon

close examination. Choice is politically and culturally incompatible with a "morning-after" contraceptive that is—by nature of its very name—already marked by assumptions of careless and promiscuity, by superfluous individual control. In this context, "choice" becomes difficult to defend and maintain.. In the midst of heightened cultural anxieties regarding the sexual and reproductive excesses of women, *what became necessary was not a defense of choice, but a demonstration of discipline.* This is precisely what the rhetoric of emergency worked to do, properly circumscribing EC within the bounds of "acceptable" use. To the extent that EC is constituted through a logic of exception and emergency, as a reasonable and responsible attempt to avoid having to choose abortion, EC is disciplined and legitimized as a "choice." At best, then, choice is culturally palatable and socially defensible only to the degree that it is wed to planning, responsibility, and normative sexuality, reproduction, and motherhood. Or perhaps, more insidiously, the logic of exception mobilizes a *suspension* of reproductive freedom and choice insofar as it assigns duties to women culturally deemed less "fit" for maternity. EC is subsequently ontologized within this space as the *non-choice of necessity*. In either instance, the debates concerning EC's over-the-counter status lay bare the more problematic complexities and discursive limits of an "inalienable right to choose."

While the EC debates illustrate well the discursive limits of choice, they are hardly aberrations with the broader context of reproductive politics. Rather, it provides yet another example of the inability of "choice" to fully encapsulate and advance full reproductive dignity and justice for all women. Choice has been critiqued along these lines by feminist scholars and activists alike.[36] As a discourse of consumption, choice is

[36] See, for example, Davis, *Women, Race, and Class*, Laura Mamo and Jennifer Ruth Fosket, "Scripting the Body: Pharmaceuticals and the (Re)Making of Menstruation," *Signs: Journal of Women in Culture and*

troubled in at least two ways. First, in lieu of possessing a claim to inalienable rights or justice, women's reproductive decisions are easily trivialized and denied through the language of choice. "Choice" is easily reduced to whimsical behavior or brash decision-making, as opposed to being located within myriad social and political structures that sharply delineate its borders. Choice is, at best, a *derivative* of rights—a kind of "rights lite": "by the end of the 1970s, fathers were recognized as having rights, fetuses were granted rights, and 'children's rights' were newly and broadly acknowledged. Women, on the other hand, were accorded only 'choice'" (Solinger, *Beggars and Choosers 193*). Thus, in the realm of reproduction, women's claims to autonomy, freedom, and/or protection under the law are rhetorically and materially relegated to a kind of peripheral status, subsumed within a discourse that assigns rights to every imaginable party within the process of conception and childbearing except the woman herself. Unlike possessing a claim to reproductive *rights*, *equality*, or *justice*, women's reproductive *choice* is rendered vulnerable to market analysis, public scrutiny, and social judgment. This marginalization enables the wholesale denial of reproductive choice for many women. Like any other consumptive practice, subject to the inequities exacerbated through free market capitalism, choice is accorded through one's ability to pay. Roberts (*Killing the Black Body*) refers to this as a negative conception of liberty, which allows states to guarantee legal, but not economic, access to reproductive choice. As such, women's decisions are largely determined by income: wealth equals access to a range of maternal

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Society 34.4 (Summer 2009), Roberts, *Killing the Black Body,* Samerski, "Genetic Counseling and the Fiction of Choice: Taught Self-Determination as a New Technique of Social Engineering.", Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States* (New York: Hill and Wang, 2001).

and reproductive options; poverty or a reliance on public funding for health care translates into governmental regulation of one's reproductive health-care decisions.

Second, within the context of contemporary biopolitics, neoliberalism, and vastly shifting technological landscapes, the language of choice itself has been effectively co-opted and used against women to signal a kind of "compulsory self-determination" (Samerski). For example, expanding possibilities made available through genetic testing—informative, biological, genetic, and so on—have quickly transformed the expectations and requirements of proper prenatal care. In other words, genetic screening and testing, and its accompanying sets of decisions and duties, are newly incorporated into a host of bio/technological requirements of responsible mothering in the age of biological citizenship, all under the auspice of autonomy and reproductive choice (Roberts, "Race, Gender"). As Roberts explains, this logic recasts and reinscribes long-standing ideologies with regard to reproduction and difference: "reprogenetics incorporates a seemingly benign form of eugenic thinking in its reliance on reproductive strategies to eliminate genetic risk rather than social strategies to eliminate systemic inequities" (795). In short, "choice" no longer resonates nor signifies in the same ways; it has been absorbed by the logic of capitalism. Its attendant duties and responsibilities trouble not only inclusion within feminist communities, but also the very notion and availability of reproductive freedom itself.

In this way, the EC debates offer another demonstration of the ease with which choice is co-opted and distorted within dominant ideological frameworks and used to reinforce the status quo. In the case of the EC over-the-counter debates, these vulnerabilities are revealed and exacerbated to the extent that a "morning after"

contraceptive always already invites the assumption of carelessness and promiscuity from the "night before." Choice, in this context, becomes a difficult rhetorical framework within which to assert women's reproductive self-determination and dignity. Indeed, what becomes exceedingly clear in these debates is that choice is only culturally legible and defensible to the extent that it is sutured to notions of planning and responsibility, terms clearly imbued with a kind of *doxa* that excludes the possibility of sex, reproduction, or motherhood outside of culturally legitimate and authorized settings. Access to EC over-the-counter is subsequently bracketed by a narrow set of circumstances that are rhetorically clarified through a logic of emergency, with differential biopolitical implications. Some women are accorded rights, others responsibilities—distinctions that continue to deepen, rather than redress, divisions between women within the context of reproductive politics. At best, choice is inadequate in securing reproductive rights for all women; at worst, it works to reinscribe the very inequities and disparities it ought to dismantle, all under the banner of feminism.

For far too long women's access to sexual, reproductive and maternal rights have hinged on race, class, and other forms of privilege. To the extent that a concern for all women's health and lives are not located at the center of mainstream debates concerning reproductive justice, to the extent that public discourse is centered on addressing broader social issues through the management of con(tra)ceptive technologies and women's bodies—we continue to dwell in this treacherous terrain. The over the counter debates exemplify the disciplining of EC's more radical possibilities, including the potential to (re)locate reproductive control squarely in the hands of women. These debates also clarify the discursive limits of "choice" as a framework to secure all women's access to

health and justice. Perhaps in an era of deepening neoliberalism and cultural investment in (consumer) "choice" as synonymous with freedom, our ability to interrogate and problematize discursive apparatuses that privilege some women at the expense of others, to explore, imagine, and articulate alternative possibilities, will bring us one step closer to a more radically inclusive maternal and reproductive dignity.

This critical and ethical imperative, residing at the heart of this dissertation project, is extended and complicated in the next chapter, which explores a recent moment in the ever-volatile cultural and political terrain of assisted reproductive technologies.

CHAPTER FOUR

(IN)CONCEIVABLE, OR, THE RHETORICAL LABOR OF "OCTOMOM"

[T]he distinction between social technologies and new reproductive ones is formal at best: not only are individuals being reproduced, but so too are the social relations that organize and render them recognizable as such.
Valerie Hartouni*, Cultural Conceptions*

Infertility treatment for an unemployed, single mother of six? Eight embryos in one womb? There must be a proper word in the medical literature to describe this achievement. I think the word is "nuts."
Ellen Goodman, *Miami Herald*

All I wanted was to be a mom. That's all I ever wanted in my life.
Nadya Suleman

When news first broke of the Suleman birth, anticipated reception was awe and celebration—it was, after all, a triumph of modern reproductive medicine in many ways. On January 26, 2009, Nadya Suleman gave birth to octuplets in a hospital southeast of Los Angeles, assisted in conception by a fertility specialist and in birth by a team of at least forty-six medical staff. Believed to be septuplets until the last moment of delivery, the Suleman eight were only the second set of octuplets in U.S. history and, within a week, were the longest surviving. But what was initially heralded as a story of medical miracle was not to last. A single, thirty-three year old woman receiving food stamps and disability payments with six young children already at home, Suleman was quickly located at the center of a media firestorm that questioned a range of vested interests,

responsible parties, medical practices and personal decisions, from the ethics of fertility therapies—their regulation or lack thereof—to the sanity of Suleman herself.

To this day, Suleman remains a fixture in popular culture and a point of contentious debate, featured regularly in tabloid culture, mainstream media, fertility industry and public policy disputes. Her story has inspired a musical, a doll with eight detachable babies, a made-for-television documentary, and a reality series. The rumors have been vicious and many, some fueled by contradictions between Suleman's self-described actions, and others revealed by the legal investigation into the medical practice of her fertility specialist, Dr. Michael Kamrava. In mainstream media, Suleman is consistently depicted as self-obsessed and attention-seeking, and less routinely but not infrequently described as insane, pathological, a welfare cheat and/or scammer, proof of all that is wrong with California/America/the welfare state. The blogosphere has proved frighteningly misogynist, containing references to Suleman as a "child hoarder," "psychotic bitch," "Octo-cu-t" [*sic*], and a "dirty specimen of a mammal." She and her publicist(s) have received multiple death threats; in a particularly xenophobic post, Suleman was accused of getting IVF treatments in Mexico and "crawling across the border" to give birth (Bowe).

The vitriol regularly aimed at Suleman is deeply disturbing; it begs for clear consideration of the logics through which such collective outrage is mobilized and articulated, the ways in which it both reflects and reinscribes particular cultural attitudes, practices, and beliefs. Certainly, Suleman is a complicated figure. I am less interested in staking a claim in the debates that surround her personal decision-making or parenting than I am in exploring how her story figures in contemporary configurations of

reproductive technologies and politics, and what it suggests about the possibilities and problematics of reproductive justice. As such, I wish to bracket her victimization and vilification in the press, and the extent to which she may have participated in it, to ask a different set of questions about the ongoing significance and function of her story. The boundaries transgressed and disruptions provoked by Suleman, as well as by her fertility specialist Dr. Kamrava, offer opportunities not only to explore the conditions and constraints of culturally legible maternity, but also to critically investigate the significant rhetorical labors central to the codification of these borders. Such critical opportunities also include, importantly, the possibilities of clarifying the role of assisted reproductive technologies in the project of reproductive justice. Such an inquiry clearly reflects the primary aims of my broader dissertation project, while also pointing to another cultural site at which the logic of emergency works on potentially maternal bodies and the body politic in specific ways. While other chapters attend to the rhetoric of emergency as a disciplining force in mainstream policy debates and risk tutorial in pop culture pregnancy narratives, the figures of Suleman and Kamrava illustrate another medium through which this logic operates in contemporary contexts. In the age of biological citizenship, the forms of governance are many; they include not only mainstream debates that shape public policies and media narratives that proffer technologies of the self, but also consist of privatized medicine and the fertility industry as a market and normative, directional force.

In this chapter I argue that the decision making of Nadya Suleman, combined with that of Kamrava, triggered a significant rupture in the contemporary cultural terrain of assisted reproduction and reproductive politics from which a distinct form of discipline

emerged. Attempting to wed assisted reproductive technologies (ART) with public assistance, Suleman threatened to collapse longstanding and significant distinctions between "deserving" and "undeserving" mothers, between the trope of the (sym)pathetic infertile woman and the "welfare queen." To the extent that her unauthorized reproductive decision making failed to conform to contemporary demands of biological citizenship, the figure of Suleman circulates as a reminder of gendered, ethopolitical responsibility, encouraging self-discipline and governance in the context of reproductive "choice" and neoliberal citizenship. Similarly, the unprecedented disciplinary actions against Kamrava were fueled and sustained by a steady campaign that marked his treatment of Suleman as repugnant and unethical. Such an indictment was less concerned with standardized practices within reproductive medicine than it was with the "worthiness" of the population served. Thus, his exile from the fertility industry asserts in new ways the responsibilities of medical experts to both define and police the borders of "life itself" (Rose).

My argument unfolds in three sections. First, I offer a brief history of IVF and the regulation of ART in order to sketch the terrain in which Suleman and Kamrava acted, and to contextualize the subsequent disciplinary actions that proceeded to unfold. Second, I turn to the cultural boundaries transgressed by Suleman, focusing on her merger of two incompatible tropes, and her subsequent violations of "legitimate" choice and motherhood within contemporary ethopolitical spaces. Finally, I examine the rhetorical figuration of Kamrava, charting his expulsion from the fertility industry as a means of managing public perception of crisis while maintaining current models of self-regulation.

Assisted Reproductive Technologies

The Suleman octuplets constitute the most recent iteration of longstanding debate regarding assisted reproductive technologies, albeit reinvigorated with exceptional fervor and malice. Indeed, the history of ART is nothing if not intensely controversial. In the 1970s, the mere possibility of human conception in a science lab was met with a series of criticisms. Vested parties questioned the ethical dimensions of long-term experimentation on embryos and children, struggled with the notion of surplus embryos, and expressed deep concerns about the shifts that assisted reproduction might provoke in humanity as a whole, both to an individual's sense of self, as well as a collective understanding of nature as malleable and subject to human whim and fancy (Kass; Ramsey). The Catholic Church issued its formal opposition to increasing forms of reproduction that threatened to divorce sex from childbearing, and humans from a sense of divinity or God's will (Congregation for the Doctrine of the Faith). To be sure, these technological innovations have provided significant and consistent fodder for bio/ethical consideration and sensationalized headlines, from cloning, genetic selection, and "designer babies" to the creation of "savior siblings" and "dead dads."[37] Even within communities that readily embrace the possibilities of assisted reproductive technologies, public debates have invariably surfaced around accompanying transformations in the meaning of family—ART not only offering hope to infertile couples, but posing the possibility of parenting to single and LGBTQ peoples.

[37] A "savior sibling" refers to the use of preimplantation genetic screening (PGS) during an IVF cycle to select and implant a specific embryo based on its ability to provide a donor tissue match for a family member (often a sibling) with a life-threatening illness, particularly when no other match is identified. In the instance of "dead dads," sperm cryopreservation has made possible the practice of widows—many of whom have lost husbands due to illness or war—to be inseminated with their deceased husband's sperm. The U.S. Supreme Court is currently hearing arguments as to determine the eligibility of children conceived in this manner for Social Security benefits (Totenberg).

Despite debate and concern, the practice of IVF has become increasingly mainstream since the first "test tube baby" made international headlines in 1978. To date, over four million children worldwide have been born as a result of IVF procedures, and a global multibillion-dollar industry has developed and flourished around assisted reproduction. This is particularly true in the United States, where over four billion dollars "is spent annually on fertility services and the number of IVF procedures has almost tripled to 142,000 since 1999" (Fourcade and von Schaper). Long-term studies have confirmed the health of children conceived through IVF, as well as the overall safety and success of the therapy in addressing infertility. Awarding the 2010 Nobel Prize in Physiology or Medicine to Dr. Robert Edwards, a primary architect of in vitro, the Nobel selection committee's comments suggest the established repute of the practice and its standing in contemporary medical practice:

> His achievements have made it possible to treat infertility, a medical condition afflicting a large proportion of humanity including more than 10% of all couples worldwide . . . . A new field of medicine has emerged, with Robert Edwards leading the process all the way from the fundamental discoveries to the current, successful IVF therapy. His contributions represent a milestone in the development of modern medicine. (The Nobel Assembly at Krolinska Institutet)

Thus, if anything might be asserted about in vitro fertilization and its attendant forms of fertility assistance, it is that it is both widely lauded and practiced, if also, and often simultaneously, subject to intense (bio)ethical, political, and cultural scrutiny.

Currently in the United States, reproductive medicine and the use of ART are governed through several vehicles: regulations on both the federal and state level, and professional industry standards (American Society for Reproductive Medicine, *Oversight*). First, federal oversight is divided into three discrete entities. Since the U.S. Congress moved in 1992 to standardize industry definitions and enhance the quality and

reliability of fertility clinics under the Fertility Clinic Success Rate and Certification Act, the Centers for Disease Control and Prevention (CDC) has been responsible for collecting and reporting annual clinic data regarding infertility procedures and their success rates in individual clinics. Compliance with CDC reporting procedures is optional; in 2008, the most recent year for which data is available, 91.7 percent of U.S. clinics supplied data in order to avoid being listed as a "non-reporting clinic" on the CDC website (United States Dept. of Health and Human Services, *Assisted Reproductive Technology*). The CDC has also developed a model program of embryology lab certification; the decision to adopt this protocol is left to individual states. In addition to the CDC, the Food and Drug Administration (FDA) has jurisdiction over which ART medications are available for use in the U.S., as well as federal requirements for the screening and testing of reproductive tissues such as eggs and sperm. Finally, the Centers for Medicare and Medicaid Services (CMS) govern all laboratory testing for human health assessment and prevention, diagnosis and treatment of disease in the U.S., including those used in reproductive medicine. CMS oversight is largely through lab certification and ongoing surveys to ensure compliance with regulations outlined in the Clinical Laboratory Improvement Act of 1992.

Second, while specific practices and regulations vary from state to state, each exercises its available power in the licensing of physicians (as general practitioners; specializations are covered by professional industry board certifications), designating requirements for continuing medical education, defining the grounds for professional misconduct and authorizing requisite penalties or punishment. Oversight of this regulatory system is maintained through a medical licensing board or another state

agency, and based on laws passed by the state legislature and medical board. Thus, the vast majority of states have legislation that governs ART in some form; it is particularly common for states to use their authority in the licensing of fertility specialists and to eliminate the maternity/paternity claims of tissue (egg or sperm) donors. Beyond these more common forms of regulation, fourteen states currently regulate insurance coverage for infertility services (American Society for Reproductive Medicine, "State Infertility Insurance Laws").[38] Nine states specify the terms for gestational surrogacy contracts,[39] while nine others, plus the District of Columbia, ban surrogacy contracts altogether (Morgan).[40]

Finally, working in tandem with state and federal regulations, professional organizations within the industry of reproductive medicine maintain their own set of standards and protocols through three regulatory forms. Beyond state licensure for general medical practice, specialists undergo further training and certification through physician boards, such as the American Board of Obstetrics and Gynecology (ABOG) or the American Board of Urology (ABU). Each board sets its own standards for physician training, performance, and continuing education: "To become certified by ABOG requires four years of training, plus two years in clinical practice and passage of both written and oral examinations before certification is complete" (American Society for Reproductive Medicine, *Oversight* 8). Specialists in reproductive medicine often obtain post-board certification training in reproductive endocrinology and infertility.

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[38] Including Arkansas, California, Connecticut, Hawaii, Illinois, Louisiana, Maryland, Massachusetts, Montana, New Jersey, New York, Ohio, Rhode Island, Texas, and West Virginia.

[39] Including Arkansas, Florida, Illinois, Nevada, New Hampshire, Texas, Utah, Virginia, and Washington. Additionally, California and Wyoming have laws that state the legality of gestational surrogacy, but specify that no contract is required for its practice.

[40] Including Arizona, Indiana, Kentucky, Louisiana, Michigan, Nebraska, New York, and North Dakota.

An additional layer of industry self-regulation is afforded through the American Society for Reproductive Medicine (ASRM), a professional organization for specialists in reproductive medicine and fertility. The ASRM issues regular reports and guidelines for ART use and practice, while disclaiming efforts to standardize or heavily legislate the profession: "These guidelines have been developed to assist physicians with clinical decisions regarding the care of their patients. They are not intended to be a protocol to be applied in all situations, and cannot substitute for the individual judgment of the treating physicians based on their knowledge of their patients and specific circumstances" (American Society for Reproductive Medicine "Practice Committee Guidelines"). ASRM guidelines include recommendations on specific procedures designed to treat infertility—for example, how many embryos should be implanted during a single IVF cycle—as well as suggested procedures for the use of more controversial technologies like preimplantation genetic screening and diagnosis. While the ASRM has an ethics committee, its publications tend to focus more on the associated risks and rates of success of ART, and less on broader bio/ethical considerations often raised by various advocacy groups (Galpern).

Lastly, rounding out physician board certification and professional guidelines, the industry maintains a measure of self-regulation through embryology laboratory accreditation, which was developed as a partnership between ASRM and the College of American Pathologists. Labs are regularly inspected for compliance with national standards, and these standards dictate "the education, certification, and expertise of laboratory personnel, as well as their authority and responsibilities" (American Society for Reproductive Medicine, *Oversight* 8).

Thus, the practice of reproductive medicine in the United States is managed through an intricate web of federal oversight, state regulations, and self-imposed industry standards of professionalism. Several vested parties—including the CDC and the American Society of Reproductive Medicine (ASRM)—maintain "that ART is already one of [the] most highly regulated of all medical practices in the United States" (American Society for Reproductive Medicine, *Oversight*). This claim, however, is widely contested (Cho; Deech; Galpern; Meyer). Regardless, the question of regulation is perhaps better assessed as one of kind, rather than degree. Careful consideration of these regulations reveals that they attend only to specific, somewhat limited and technical, matters—certification and licensure of physicians and labs, personnel training, tissue handling, reporting and publishing data. For better or worse, current oversight measures explicitly refuse legally enforceable protocols on issues of ethics, access, and medical practice, in favor of codes established by a privatized industry and the professional judgments of individual physicians and clinics. Additionally, the guidelines issued by ASRM are understood more or less as suggestions; strict compliance with these guidelines is approximated at less than 20 percent (Sivinski). Other governments—including those of Canada, Australia, and many in Europe—have opted for nationally uniform and enforceable protocols that determine, for example, under what circumstances parents might select for genetic characteristics (such as gender, birth defects, disabilities, or donor tissue matches), or in the assertion (or refusal) of certain populations' access to ART, such as single women or LGBTQ families (Cho). In the United States, questions such as these are determined by individual fertility clinics, informed by the preferences of

doctors, patients, and the market, legally unenforceable even when addressed through ASRM guidelines and recommendations.

This form of laissez-faire oversight has provoked substantive criticism from a host of strange bedfellows—the religious right, progressive advocacy organizations, and various parties within international communities (Cho; Deech; Ponnuru; Weiss). Interests reflect a range of ethical and political concerns, from the safety of ART and the well-being of women, to embryo protection, the ethics of genetic selection, and the troubling bio/political possibilities of brave new worlds. While assisted reproductive technologies have provided regular fodder for startling headlines and public criticism: "'Fertility Expert: I Can Clone a Human Being,' and 'A Baby Please. Blond, Freckles—Hold the Colic'," (Meyer 2) in the wake of the birth of Suleman's octuplets, the debates over ART resurged with heightened intensity and venom. Thus, having sketched the regulatory dimensions of ART and its attendant political volatility, I turn now to the figure of Nadya Suleman in contemporary imaginaries as a site where the politics of motherhood unfold.

Beggars Cannot Be Choosers[41]

"Octocrazy." "Cheap slut." "Pathological liar." "Sociopath." "Tramp." "The poster child for immoral, unconscionable behavior." The public condemnation of Suleman has been feverish and widespread. It urges careful exploration of the logics through which such fury is marshaled and how it is subsequently deployed. I argue that the controversy over Suleman is due, in part, to her uneasy, and ultimately untenable, merger of two culturally familiar and resonant tropes—that of a woman trying desperately to conceive and that of the single mother receiving public assistance. In this

[41] I am indebted to Rickie Solinger for the use of this phrase in this particular context; see Solinger, *Beggars and Choosers*.

section, I chart the meanings and histories of these two figures in collective imaginaries, and attend to the ways in which Suleman threatened to undo and dissolve significant distinctions between the trope of the (sym)pathetic woman struggling with infertility and that of the "welfare queen."

(In)Fertility and the Politics of Motherhood

While the medicalization of infertility[42]—or indeed, the widespread phenomenon of infertility itself—is commonly thought to have emerged in conjunction with the development of ART in the 1970s, feminist scholars have traced its origins back several centuries (Marsh and Ronner). The historical continuities here are significant—first, despite contemporary narratives that suggest a spike in the rates of infertility in the last few decades, the overall infertility rate has remained remarkably stable in the last century, roughly between nine and thirteen percent (Marsh and Ronner). Significant shifts in the rates of infertility for married, middle-class couples indicate a downward trend since the mid-1960s, while the only demographic to experience a rise in these rates since the mid-1960s is young women under twenty-four, largely due to a rise in sexually-transmitted infections that, left untreated, may cause significant reproductive damage (United States Cong., *Infertility: Medical*).[43] Yet, it was neither young women nor women disproportionately impacted by infertility—namely, women of color and low-wealth women—who became the primary site for cultural panic, empathy, and malaise regarding infertility in recent years. Arising in response to feminist and anti-racist

[42] According to ASRM, approximately 7.3 percent of women and their partners suffer infertility in the United States, which is medically defined as the inability for couples to conceive after one year of unprotected intercourse. However, the twelve-month marker is recent, embraced by fertility specialists, but contested by demographers who point to comprehensive studies suggesting the former definition, set a five-year marker, is a better indicator (Faludi).

[43] Untreated STIs are responsible for roughly fifty percent of preventable infertility in women (United States Cong. *Infertility and Prevention*).

struggles of the 1960s and 70s, the naming of a contemporary infertility epidemic reflects a set of gendered and racialized attitudes with regard to maternity and reproduction.

Charting the emergence and influence of backlash mythology, Susan Faludi cites the infertility myth as a prominent theme in pronatalist 1980s narratives that worked to discipline feminist gains, attitudes, and women themselves. In February of 1982, a study published in the *New England Journal of Medicine* chronicled plummeting rates of women's fertility after age thirty; the report made international headlines overnight:

> ...exhorting women to "reevaluate their goals" and have their babies before they started careers. The *New York Times* put the news on its front page that day, in a story that extolled the study as "unusually large and rigorous" and "more reliable" than previous efforts. Dozens of other newspapers, magazine, and TV new programs quickly followed suit. By the following year, the statistic had found its way into alarmist books about the "biological clock" . . . . [and] as the 40 percent figure got passed along, it kept getting larger. A self-help book was soon reporting that women in their thirties now faced a "shocking 68 percent" chance of infertility—and promptly faulted the feminists, who had failed to advise women of the biological drawbacks of a successful career. (Faludi 43)

The study, disproved shortly thereafter but nonetheless exceedingly socially and politically resonant because it flew in the face of established research by asserting a decline in fertility eight to twelve years earlier than previously suggested, decisively wed infertility to a specific demographic: the educated, thirty-something, professional white woman.

Such a claim has considerable historical precedent; anti-feminist backlash has long informed and animated discussions of women's inability to conceive or bear children (Marsh and Ronner). Indeed, interrogating the assumed origins of infertility reveals a striking degree of continuity in cultural attitudes over time, as infertility has repeatedly been attributed to women's unruly, non-conforming, or otherwise "unbecoming" behavior: "The idea that inappropriate behavior causes infertility…was

dominant in [the 1870s] and has recurred periodically ever since . . . . The young woman who sought a college education—or worse, a career after she earned her degree—would most likely find herself suffering from sterility brought on by 'uterine inflammation'" (Marsh and Ronner 81-82). In other words, not unlike rape culture scripts, when it comes to infertility, women have asked for it. In their refusal to adhere to gendered norms that posit motherhood as the ultimate expression of white femininity—in pursuing education and careers in lieu of traditional family life—women have brought about their own demise. Despite considerable evidence that women's reproductive health has only been enhanced as a result of greater gender equality and opportunities for women, the myth of feminism as the root of infertility persists.

The depiction of selfish, career-driven women and their (deserved) infertility is markedly racialized, positioning middle-class, white women's (in)fertility at the center of the national panic and marking this trend as in need of redress. This is true, in spite of consistent evidence of the disproportionate impact of infertility on low-income communities and communities of color as a result of institutionalized racism and health care disparities:

> National data indicates that 6.4% of white women are infertile at compared to 7% of Hispanic women, 10.5% of black women and 13.6% of other racial groups. Additionally, 8.5% of married women without a high school education or its equivalent are infertile as compared to 5.6% of married women with a bachelor's degree or higher. Some experts believe that due to underreporting, the prevalence of infertility among minorities may be even higher. (Elster)

Despite the evidence, cultural myths maintain infertility as a site of crisis for the affluent, a disease of privileged, professional women and couples who delay childbearing to their own detriment. But the damage is not imagined as exclusively private or individualized; rather, cultural discourses constitutive of the infertility epidemic are also wed to the logic

of white supremacist culture. Dorothy Roberts points out that conservative public figures—such as Ben Wattenberg, Charles Murray, Richard Herrnstein, and Pat Robertson—gained widespread repute in forecasting a crisis in American health and identity that was explicitly articulated to the unmet maternal obligations of educated white/Western women and the reproductive excesses of "undesirable" populations: "*The Birth Dearth*, for example, predicted that reproduction in the industrialized world could not keep pace with population growth in the Third World unless [white] American women took measure to have more children . . . . [*The Bell Curve*] foretold increasing social disparities within the United States owing to the higher birthrates of groups with inherently lower intelligence" (Roberts, *Killing the Black Body* 270). Thus, Roberts astutely concludes, the logic of eugenics is decisively present, not just in the crafting of an infertility epidemic in contemporary collective imaginaries, but also as a backdrop to—and in the concomitant cultural investment in—the burgeoning business of assisted reproduction.

Indeed, a multi-billion dollar industry has emerged alongside, and in response to, the cultural crisis of infertility that both reflects and perpetuates inequities. While CDC reporting requirements include a range of information regarding clinic practices, success rates, patient ages, medical histories and reasons for pursuing ART, demographic information concerning race and ethnicity, education, income, sexuality, and source of payment for services are conspicuously absent. There is a comparative paucity of data regarding the use of infertility services, with the exception of the National Survey of Family Growth, which has been compiled a total of seven times since 1973 by the National Center for Health Statistics (United States Dept. of Health and Human Services,

National Survey). This survey, in all of its iterations, demonstrates that women who use infertility services are disproportionately privileged with regard to education, income, race, marital status, and age because primary barriers to access are economic, geographical, and cultural factors (Bitler and Schmidt; Elster; Stephen and Chandra).[44]

Such are the barriers that Suleman managed to transgress in seeking treatment for infertility, and for which she received considerable public scorn and ridicule. Thus, in the midst of intense criticism following the birth of her children, Nadya Suleman appeared in a few televised interviews in which she attempted to recast herself in a favorable light—as a responsible, degree-seeking woman who, like many others, struggled with infertility and desperately wanted children. Talking with NBC's Ann Curry, Suleman underscores her more conventional, if increasingly rigorous, attempts at motherhood: "I did get married . . . . I went through about seven years of trying [to conceive]. And through artificial insemination. And through medication. And all of which was unsuccessful" (Suleman "Her Side"). Eventually, Suleman explains, an ectopic pregnancy revealed extensive medical complications: "I had so many reproductive problems from fibroids…[and] lesions in my fallopian tubes. It turned out that my tubes were scarred" (Suleman "Her Side"). IVF, it seemed, was the only option. This history of struggle, Suleman insists, is often neglected in the public rendering of her story: "[critics] are not taking into consideration my past history. Seven years of infertility, seven years," in addition to an individual IVF record that resulted in the birth of one child for every five or six embryos implanted (Suleman "Octuplets' Mom"). In short, when pressed to explain

[44] While fourteen states currently require health care insurers to cover infertility treatments, and there is mounting political pressure for more states to follow suit, virtually no program of public assistance covers infertility services. Indeed, such a proposal seems nothing short of ludicrous in contemporary neoliberal paradigms.

or otherwise justify her decision making, Suleman consistently referred back to her troubled history with conception, drawing on culturally familiar and resonant notions of maternal desire and the right to choose: “I feel as though I've been under the microscope because I've chosen this unconventional kind of life. I didn't intend on it being unconventional. It just turned out to be. All I wanted ... was to be a mom. That's all I ever wanted in my life” (qtd. in "Octuplets' Mom: All").

But Suleman’s continuous attempts to rhetorically situate herself squarely within mainstream frameworks for infertility and reproductive choice proved an exercise in futility, as the sym/pathetic trope of the infertile woman was simply unavailable to her. Indeed, tracing the social histories of assisted reproduction and infertility both illuminate and underscore significant incongruities among those who struggle with infertility, those who seek medical assistance, and those who are culturally believed to be the (worthy) beneficiaries of that assistance. The legacy of the infertility epidemic—its investments in anti-feminist backlash and the perpetuation of white/Western culture—forms the milieu within which the trope of the sym/pathetic infertile woman emerges. It is both for and because of this figure that the fertility industry thrives—she is white, professional, affluent, established in age and most often in marriage as well. Her figure might otherwise prove threatening—the embodiment of mainstream women’s lib itself—if it were not for her deep-seated desire for motherhood. Positing an aggressive claim to the rhetoric of reproductive choice, while articulating that choice back to raced and classed notions of maternity, cultural assumptions regarding infertility and its victims embody a postfeminist logic that codes privileged women as rightful mothers and legitimate choice-

makers. Nadya Suleman, as a single mother on public assistance, was deemed neither, a point best illuminated through a juxtaposition of infertility with the politics of welfare.

Welfare and the Politics of Motherhood

The meaning of welfare has experienced profound transformations in the last century (Gordon, *Pitied but Not Entitled;* Solinger, *Beggars and Choosers*). Historically indicative of prosperity and well-being, as well as an apt descriptor for a range of governmental and social services designated for the health and security of the people, welfare is rooted in the social transformations wrought by the New Deal. Still, such programs have been deeply stratified and exclusionary since their inception, with considerably disparate values accorded to Social Security versus public assistance programs (Gordon, *Pitied but Not Entitled;* Solinger, *Beggars and Choosers*). With the vast majority of social welfare programs folded into Social Security by the early 1970s—including, for example, pensions for retired workers, aid to senior citizens, unemployed workers, and people with disabilities—Aid to Families with Dependent Children (AFDC) became the sole program of public assistance, deeply stigmatized and publicly maligned as "welfare."

The stigma attached to AFDC (and its most recent incarnation, Temporary Assistance for Needy Families or TANF) is in part about gender—it reflects and perpetuates institutionalized sexism, the devaluation of gendered forms of labor, and the disciplining of "deviant" family structures that place women at the head of households. But "welfare" is also about race. Initial arguments in the 1930s and 40s supported a system that offered security to white widows as mothers and deliberately excluded women of color, immigrants, and never-married women; it was a form of public

assistance generally well received, if also less prioritized than other dimensions of Social Security (Mink, *Wages;* Moller; Nadasen; Solinger, *Beggars and Choosers*). A series of profound, midcentury cultural and economic transformations in American public life provoked shifts in public perceptions of welfare. Struggles for civil rights, welfare rights, women's rights, and the War on Poverty combined to challenge institutionalized barriers to welfare, and to strengthen rights for women, impoverished communities, and communities of color under the law, as modifications in federal law simultaneously provided widows with social security insurance, removing "deserving" mothers from the welfare rolls. As a result, explains historian Premilla Nadasen, "the politics of welfare converged on the stereotypical image of a black unmarried welfare mother with a child born out of wedlock. This image, more than any other, fed the fires of the welfare controversy" (Nadasen 10). Public responses to single mothers, and particularly single African-American mothers, on welfare drew on existing stereotypes of black women as sexually promiscuous and unfit for motherhood and, lacking structural analysis that might account for institutionalized racism and the disproportionate impacts of deindustrialization, reduced single mothers' economic plight to poor individual choices and personal (ir)responsibility.

Despite the fact that most welfare recipients remained white, black single mothers were increasingly imagined as beneficiaries, which intensified public hostility toward these programs. The racialization of welfare created the context in which the reviled image of the "welfare queen" came to dominate contemporary discussions of poverty and state assistance. Increasing public aggression toward welfare demonstrates clearly the deep-seated racialization of maternity and the cultural devaluation of black mothers and

children: “Poor Black women’s welfare eligibility meant that many chose to stay home and care for their children, thus emulating White middle-class mothers. But because these stay-at-home moms were African American and did not work for pay, there were deemed to be ‘lazy’” (Collins 132). In short, ever since black women successfully campaigned for full inclusion and entitlement to programs that benefitted their white counterparts, their exclusion has been ensured through a relentless campaign of opposition. The trope of the welfare queen—as lazy, promiscuous, excessively fertile, loud, aggressive, matriarchal, and African-American—not only masks the structural origins of poverty and the effectiveness of governmental programs in alleviating it, but also functions to silence the voices of women and families struggling to survive on welfare.

The figure of the welfare queen is, in this way, decidedly invested in obscuring and eviscerating low-wealth women’s claim to reproductive or maternal choice. Unpaid for her caregiving, a single mother who lacks a formal relationship with the labor market is marked as an illegitimate consumer and choice-maker—an undeserving beneficiary of public assistance—a trend that has only intensified since the passage of the 1996 Personal Responsibility Act (PRA). Findings attached to the prelude of the PRA stress that only women with adequate resources should be mothers, that low-income women are illegitimate mothers who give birth to inferior children, who themselves are likely to become dependent on welfare, and ought to be prevented from reproducing at all (Solinger, *Beggars and Choosers*). The “welfare queen’s” childbearing is deemed parasitic for society as a whole; as a result, “many Americans have been increasingly unwilling to acknowledge the rights, the motherhood status, or the citizenship status of poor mothers. Instead, most have chosen to support public policies designed to be ever

tougher on incorrigible women bent on taking the taxpayer for a ride" (Solinger, *Beggars and Choosers* 182). Thus, the image of the welfare queen as a public pariah—an illegitimate consumer who cheats the system and is a poor parent to her children—stands in direct opposition to the figure of the sym/pathetic woman who struggles with infertility. Each becomes the site for the naming of a public crisis; indeed, the collectively imagined crises are two sides of the same coin, as each posits precisely the same socially unbalanced, even poisonous, reproductive equation. On one side resides a well-to-do white professional unable to conceive and, on the other, an unruly breeder who bears children to avoid employment and abscond with public resources.

Nadya Suleman was promptly and aggressively articulated as the latter. It is significant that in a sea of negative publicity, the most optimistic report on the octuplet birth was published prior to the release of Suleman's identity. Featuring an interview with the Chukwu family, which includes the only other set of octuplets born in the United States, the uplifting narrative focuses on the current health and well-being of the Chukwu children, and solicits advice that the "First Family" of octuplets might offer the "new *parents* of eight" (Inbar, emphasis added). Throughout the report, Suleman is assumed to be partnered; medical concerns tempered with a kind of comparative optimism: "The newest set of eight may have an easier road toward survival than Nkem [Chukwu]'s now-thriving brood . . . . While two of the babies were initially put on breathing tubes, the hospital says all are doing well—and could be home with their parents in eight to ten weeks" (Inbar). The content of the article seems to promise a bright future for the Suleman children, while the overall tone indicates a promising trajectory for the Suleman story as one of heart-warming public interest. But within days, as various dimensions of

Suleman's character were revealed, the tenor of reporting shifted dramatically, featuring headlines such as: "A Mom's Controversial Choice," "The Ethics of Octuplets," "When Eight is Seven Too Many," and "Where in the World is Octodad?".[45]

This public refrain proved caustic and unyielding, drawing on multiple dimensions of the "welfare queen" trope. Under the guise of "responsibility," Suleman was regularly—and uniquely—interrogated for her failure to adhere to normative sexuality and maternity, as decisively wed to the labor market if not to a man: "Why is it responsible for a single woman without a job with six kids to bring eight more children into this world . . . how is it not selfish to bring children in the world that you cannot actually afford?" (Curry qtd. in Suleman "Her Side"). For others, Suleman's decision making exceeded questions of (ir)responsibility, and constituted an audacious appropriation of unearned and illegitimate privilege: "If you're not making it with six, then you don't have the sev-, you don't have the right to have the seventh. You haven't earned the right to have the seventh, you can't provide for the seventh, so you don't do it, right?" (McGraw qtd. in Suleman "Octuplets' Mom"). Speculations concerning Suleman's mental health ranged from depression to a kind of pregnancy "obsession" similar to "[b]ody dysmorphia. Where [the individual] just want[s] more and more of the surgeries to feel better [*sic*]" (Dr. Jeff Gardere qtd. in Suleman "Her Side"). In addition, references to the taxpayer monies Suleman has repeatedly received in food stamps, student loans, and disability were framed and compounded by allusions to her (inadequate) standard of living and parenting:

[45] See Kay Hymowitz, "Where in the World Is Octodad?," *The Wall Street Journal* February 20, 2009, Alison Motluk, "When Eight Is Seven Too Many," *New Scientist* 201.2695 (2009), Bonnie Rochman, "Octuplets Fallout: Should Fertility Doctors Set Limits?," *Time* February 2, 2009 February 2, 2009, Jill Smolowe, Johnny Dodd, Howard Breuer and Lorenzo Benet, "A Mom's Controversial Choice," *People* February 16, 2009 February 16, 2009.

> At the small three-bedroom house in suburban Whittier . . . . leaves and dead ficus branches were scattered across the hard-packed dirt yard; a cracked kitchen window was held together with duct tape. Inside…two cribs were strewn with clothes and towels, and the window was covered by a bedsheet [sic]; another bedroom, equipped with bunks beds, showed knee-high mounds of clothes tumbling from a closet. (Smolowe et al., "The Challenge of Her Life")

Thus, Suleman is indicted for a lack of economic resources and proper domestic competence and, consequently, marked as unworthy of public assistance. In this way, she is rhetorically figured as the quintessential "welfare queen"—irresponsible, dirty, reckless, lazy, and mentally unstable, a woman impoverished in myriad dimensions of culturally legible maternity—in short, an undeserving mother.

The initial embrace of the Suleman octuplets as a spectacular feat of modern medicine quickly dissolved as representations of Nadya Suleman's character emerged. A woman who dared wed public assistance to IVF, she came to represent the uncomfortable articulation of two incongruous tropes that, when combined, led to a series of assumed paradoxes—a low-income woman struggling with infertility? A welfare recipient able to gain financial access to IVF? The strict social and economic barriers to assisted reproduction were simultaneously revealed and decisively breeched—the modern miracle transformed into monstrosity, an appropriation of resources that besmirched the narrative of technological progress.[46] Suleman's story suggests a cultural crisis of inconceivable proportion—the possibility of low-wealth women reproducing themselves, the possibility that ART has fallen into the "wrong" hands. Indeed, Suleman's voluntary actions threatened to collapse distinctions between deserving and undeserving mothers, to disappear significant cultural categories that have long fixed legitimate maternity as a privilege earned through status and capital. And in this moment, a particular mode of

[46] I am indebted to Ken Hillis for this insight.

discipline, one suited well to the contemporary politics of "life itself," became entirely necessary, a point to which I now turn.

Ethopolitical Authority and the Engineering of Choice

In response to public outrage over the Suleman octuplets, a few states considered additional legislative attempts to regulate the fertility industry, with greater emphasis on questions of bioethical significance. A bill proposed in Georgia would have limited the number of embryos transferred per IVF cycle to two for any woman under the age of forty, and three embryos for women over the age of forty (Meyer). In Missouri, proposed legislation would have mandated that all ART clinics and specialists comply with ASRM guidelines, or risk losing medical licensure. Given the manic media attention to the Suleman saga and high degrees of public outrage, this could have become a pivotal moment for the regulation and oversight of ART in the U.S. It was not. Despite overwhelming public anger voiced over Nadya Suleman's pregnancy, legislative redress was met with significant resistance from fertility specialists, professional organizations, and clients, and failed to gain much traction in broader communities.[47] Rather than legislative reform, a demonstration of industry discipline became necessary to quell public perception of the crisis. In this section, I explore the ethopolitical forms of governance affirmed and codified through the discursive figuration of both Suleman and Kamrava.

[47] In Georgia, the bill was quickly criticized for its retooled definition of an embryo as a "biological human being who is not the property of any person or entity" (Meyer 13). But the Missouri bill avoided abortion politics altogether, sticking strictly to the enforcement of ASRM guidelines, so the grounds for its refusal are less clear.

Beyond (Il)Legitimacy: Suleman as Irreverent Choice-Maker

In theorizing the technological shifts and cultural transformations that inform contemporary biopolitics, Nikolas Rose argues that "biomedical technique has extended choice to the very fabric of vital existence, [and] we are faced with the inescapable task of deliberating about the worth of different human lives—with controversies over such decisions, with conflicts over who should make such decisions and who should not, and hence with a novel kind of politics of life itself" (Rose 254). Reproductive decision-making is inextricably embedded within the form and cadence of new biopolitical regimes and, as such, is accompanied by its own set of constraints and responsibilities, especially for women. Feminist scholars have questioned the availability of autonomous choice within these frameworks, and have interrogated the presence and functioning of the forms of authority emerging within (bio)medical spaces (Roberts, "Race, Gender"; Samerski): "[i]n the twenty-first century, not only knowledge and skills but also deliberation and decision making are being refashioned as scientific objects. Freedom, choice, and autonomy are being redefined in a way that requires scientific input and guidance services in order for them to be appropriately exercised" (Samerski 755). In short, new biotechnological horizons are accompanied by a set of social and cultural technologies that carefully delineate the borders of legitimate, "responsible" choice: "This new kind of self-determination does not increase the pregnant women's freedom. On the contrary, it entangles her in paralyzing contradictions. She is urged to make a decision that is mediated by technoscience and that requires professional services" (Samerski 736).

Understanding contemporary biopolitical configurations in this way strengthens our ability to understand the significance (as well as the brutal vilification) of Nadya Suleman in public discourse. For it is not simply that she threatened to collapse significant cultural distinctions between "deserving" and "undeserving" mothers, between "beggars" and "choosers," although this did provide considerable fuel for the fire. Suleman's violation was much more substantial than this, for not only did she gain access to a space of reproductive choice that was never meant for her (i.e. the infertility clinic), but once there, she proceeded to make all of the "wrong" choices, to violate the conditions of biological citizenship as tied to responsible decision-making.

Two particular facets of Suleman's decision-making within this elite space of biological citizenship received extraordinary attention, namely, the risks associated with multiple births and selective reduction as an ethical responsibility. Indeed, in the wake of the Suleman octuplets, the biological risks of multiple births received unprecedented publicity. The logic of risk is articulated to both mothers and infants: "For the mother, it's less severe; diabetes and hypertension…There can be months and months of bed rest with clots and embolisms. For the infant, the risks are lifelong: prematurity, cerebral palsy, blindness, months in intensive care" (Dr. Robert Stillman qtd. in James). The potential for, or likelihood of, disability is frequently referenced as the primary site of concern regarding multiple births; women are chastised within these discourses for their lack of knowledge and adequate "risk prevention" in this regard: "Many are so keen to ensure the health of their future child that they overhaul their diets and cut out all caffeine and alcohol. Yet they remain under the impression that it is okay to allow their fetus to do one of the most dangerous things possible: share a crowded womb" (Motluk 24). Suleman is

regularly admonished for taking indefensible risks, as evidenced in Phil McGraw's (a.k.a. "Dr. Phil") comments to her during an interview: "It was a risk you shouldn't have taken, because of the risk to your health and the risk to these babies' health. And you don't even know what that is yet, until they start growing and you find out what it is. But the chance of all eight of them being fully normal with development courses, is probably zero" (McGraw qtd. in Suleman "Octuplets' Mom").

Here and elsewhere, the persistence of these messages demands critical attention: "the construction of risk, both immediate and ongoing, can be used to create an urgent desire to control such risk and even opportunistically profit from it" (Scott, "Kairos as Indeterminate Risk" 119). In other words, risk is neither neutral nor objective. Rhetorics of risk contribute meaningfully to the imagining of crisis and mobilization of action toward a particularized end. As Alonzo Plough and Sheldon Krimsky argue, "Those who control the discourse of risk will most likely control the political battles as well" (4). Signaling reproductive emergency, as the rhetoric of risk does in this case, marks the disciplining of ART as immediate and necessary, and facilitates the process of doing so. Thus, to the extent that multiple births are figured through the rhetoric of pre- and post-natal risk, then selective reduction is discursively framed as the ethical decision that invariably follows and relieves such risk. Also referred to as selective abortion—although remarkably (perhaps strategically) bereft of abortion politics—the procedure is recommended in many cases of multifetal pregnancy to minimize risks to the woman and her future child(ren). An op-ed in *Newsweek* featured a lengthy and prominent lead-in: "Lost in the octuplets saga is the scary medical reality: without selective reduction, lots of lives are at risk" (Evans). The practice of selective reduction is largely disarticulated from

abortion, in part because the woman continues to carry a (desperately wanted) pregnancy to term. Suleman, reportedly, would not consider selective reduction an option: “The sheer number of [embryos] created profound risks for their health—and Nadya’s. At this point some doctors recommend ‘selective reduction’ of the fetuses. Nadya wouldn’t hear of it” (Suleman "Her Side").

Myriad considerations raised here are, indeed, significant. They involve questions of medical risk and safety—how much one might rightfully assume as a patient, either for oneself or on behalf of others. They provoke a range of social justice issues, perhaps most clearly in the dis/ability politics of genetic selection and reduction, an issue continuously referenced and troubled through the rhetoric of fetal harm and “risk.” Also included are the reproductive and maternal choices of women and families (including, for example, when termination is figured as an ethical choice and when it is not), and the role of medical experts in this complex terrain. But of particular significance, and often overlooked, within this set of complexities is the way by which we come to ask these questions. Suleman’s disruption—the circulation of her story as a public crisis of endemic proportion and the naming of her pregnancy as careless, dangerous, risky—says less about what constitutes actual risk or risky behavior than it suggests about *who* is allowed access to the assumption of risk through ART and the range of reproductive and maternal options it initiates.

Nonetheless, Nadya Suleman’s story—and the host of ethical quandaries that it incites—functions also as a logic through which new forms of biological citizenship are made visible, salient, exigent. The continual, public circulation of the *figure* of Suleman functions as a warning to women because it underscores the constraints that accompany

new forms of reproductive freedom and autonomy. Indeed, in contemporary ART and pre-natal practice, heavily imbued with repro-genetic technologies, "characteristics of the new autonomy are at odds with precisely those abilities once implied by the notion of self-determination inasmuch as they tend to mitigate against freedom of action, trust in one's own senses, and independent judgment" (Samerski 736). At the same moment in which assisted reproductive technologies are discursively wed to an expansion of choice, they are simultaneously accompanied by new forms of governance. With greater choice comes greater responsibility; with greater access to information, a more expansive set of biological imperatives. The figure of Nadya Suleman serves as a reminder of gendered, ethopolitical responsibility, encouraging self-discipline and governance in the context of reproductive "choice" and neoliberal citizenship.

Beyond (Il)Legalities: Dr. Kamrava and the Demonstration of Industry Discipline

Suleman's failure to make culturally legible maternal choices—to exercise proper self-governance as a condition of neoliberal citizenship—generated heated international criticism, much of which was aimed at the U.S. fertility industry for its lack of regulation and oversight. British professor of law and bioethics and former chair of the United Kingdom's ART regulatory authority, Ruth Deech, asserts that:

> In the United States, assisted reproduction is nearly an unregulated black market, guided by toothless 'rules' from non-regulatory bodies—fertility clinics can offer sex selection at their own discretion, for example . . . . The reports from the US national council on bioethics are no substitute for a regulatory body such as HFEA [the U.K.'s Human Fertilisation and Embryology Authority], which combines reflection with statutory powers of inspection and enforcement. (Deech 280)

Lacking a set of rigorous regulations akin to those in Canada, Australia, and many European countries, U.S. assisted fertility professional organizations, clinics, and

specialists were pressed to defend their practices to an incredulous international community. Writing for *New Scientist*, Canadian journalist Alison Motluk concludes: "It is time to ask what the fertility industry is up to. Indeed it's worth asking why it has taken the birth of octuplets to shake us from our complacency" (Motluk 24).

American publics were similarly outraged, but the intense scrutiny expressed in mediated forums is more discriminating in its target—aimed specifically at the individual fertility specialist who worked with Suleman. Keith Olbermann of *MSNBC* displayed a kind of candor that reflected considerable collective sentiment: "What kind of whacked-out quack of a fertility doctor implants at least six embryos in one womb?" (qtd. in Suleman "Her Side").[48] Indeed, in the weeks immediately following the Suleman births, hypotheses as to how her pregnancy occurred in the first place regularly returned to rogue and inferior medical practice. Dr. Mark Sauer, Professor of Reproductive Endocrinology at Columbia University surmised: "My best guess is that there was a flagrant violation of the, you know, professional standard of how many embryos to transfer in a young woman" (qtd. in Suleman "Her Side"). Sauer's remarks simultaneously disarticulate Suleman's fertility specialist from the rest of industry and sidestep the issue of (un)enforceable guidelines for reproductive specialists. Thus, and perhaps not surprisingly, much of the professional discourse surrounding the Suleman narrative labored fervently to mark it as anomalous and distinguish the medical specialist from the fertility industry at large. In an interview with *Time*, Shady Grove Fertility Center

[48] In the early weeks of the octuplets' lives, the identity of Suleman's fertility doctor was unknown; indeed, this is entailed in guarantees of medical privacy. It is only through Suleman's regular public appearances that the identity of Dr. Michael Kamrava was eventually discerned. Calls for a formal investigation into his actions were quick to follow.

Medical Director Robert Stillman referred to the octuplet story with aversion and marked professional distance: "I think the word *cowboys* comes to mind" (qtd. in Rochman).

Once Kamrava's identity was revealed, the dissociation between his practices and those of the industry at large became a pivotal rhetorical move in shielding the U.S. fertility industry from attack—legislative, public, or otherwise. As such, Kamrava has been consistently discursively figured as unprofessional, rogue, cavalier—a threat to normative practice and procedure in the profession of assisted reproduction. A March 2009 article in *Time* reported on his controversial methods of implanting embryos, referring not just to the number of embryos transferred, but also to the patient's age and social status as further indication of Kamrava's poor judgment: "[T]he *Los Angeles Times* reported that a 49-year-old uninsured woman was pregnant with quadruplets after being treated by Kamrava a few months after he helped Suleman become pregnant. In that case, Kamrava transferred at least seven embryos made from younger donor eggs" (Stateman). Several reports in the wake of the birth of Suleman's octuplets featured former Kamrava patients and colleagues who were frustrated by his comparatively low success rates and experimental methods, functioning in concert to undermine his professional credibility and distance him from the rest of the industry (James; Rochman; Stateman).

This rhetorical labor set the foundation for what was to come—a demonstration of industry discipline through the investigation, prosecution, and eventual license revocation of Kamrava himself. In October 2009, Kamrava was "expelled from the American Society for Reproductive Medicine for a 'pattern of behavior' detrimental to the industry" (Yoshino) and, in June 2011, the Medical Board of California officially revoked his license to practice ("California: Fertility"). According to the petition filed by the Medical

Board, Kamrava was accused of three violations of California law in his treatment of Suleman: gross negligence (including excessive numbers of embryos transferred, repeated initiation of a fresh egg stimulation/retrieval when frozen embryos were available, and failure to refer her for mental health evaluation), repeated negligent acts (including high doses of hormones for ovarian stimulation, as well as the violations listed above), and inadequate records to demonstrate that Kamrava had sufficiently conversed with Suleman about "the specific risks and benefits associated with IVF stimulation and embryo transfer . . . [and] the risk of multiple gestation despite the transfer of excessive [embryos] or her willingness to undergo multi-fetal reduction if faced with a higher order multiple pregnancy" (Medical Board of California). In addition, Kamrava was cited for a failure "to appropriately document [Suleman's] social situation," (Medical Board of California) indicating that, had he done so, professional standards of care would have mandated a mental health referral.[49]

The petition filed against Kamrava does not solely address Suleman's treatment, but also accuses Kamrava of negligence and incompetence in his care for two other patients. To be sure, some of these accusations seem to constitute clear and egregious violations of the health and well-being of his patients, if not the law itself.[50] I wish to focus less, however, on Kamrava's case in its entirety in favor of a sustained interrogation of the violations he is accused of with regard to Suleman, to better illuminate how his public figuration/circulation is similarly implicated in the normative,

[49] ASRM does not issue guidelines or requirements for mental health referrals, but suggests that all clinics have "a consultant/mental health professional with expertise in reproductive issues" (American Society for Reproductive Medicine "Revised Minimum" 165).

[50] For example, Kamrava's failure to recognize abnormal/cancerous cell growth in one of his patients, despite multiple opportunities to do so, is evidence of his medical incompetence, which, in turn, compromised a patient's care.

directional functioning of ethopolitical decision-making and contemporary forms of somatic expertise. Drawing on the ways in which Suleman's deviant behavior functioned on two discrete levels—first, the transgression of social and economic barriers between beggars and choosers and, second, the violation of "responsible" decision-making within elite ethopolitical space—we can better understand the form and function of the resulting discipline exercised publicly on both Kamrava and Suleman.

First, that the Suleman births resulted in Kamrava's professional dismissal from the ASRM, and an investigation and license revocation by the Medical Board of California is unprecedented. As ART has become increasingly common, so too have multiple births. The incidence of twin births in the U.S. rose seventy percent between 1980 and 2004 (Mathews et al.), and the most recent vital statistics available reveal a record high in the rate of twin births—32.6 per one thousand births in 2008 (Martin et al.). While the rate of triplet and higher-order multiple births is down from its 1998 peak (193.5 per 100,000 births), this "rate climbed more than 400 percent from 1980 through 1998," (Martin et al.) and remains remarkably high at 147.6 per 100,000. The Suleman octuplet birth was only the second in United States history, but a few things are worth noting here—namely, that both Suleman and her medical team believed the octuplets to be septuplets until the very last moment of delivery. And, while high order multiple births are rare, they are not unheard of, nor are they generally the grounds for investigation, prosecution, or license revocation. Indeed, Jon and Kate Gosselin and their eight children—birthed in two sets, as twins and sextuplets—were featured on one of the highest-ranked reality programs on TLC, which ran for seven successful seasons.[51] While some public conversation about the risk of high order multiple births ensued shortly after

[51] Re-titled *Kate Plus 8* following Jon and Kate's 2009 divorce.

the Gosselin sextuplet birth, the discussion was largely limited to fertility specialists, and was certainly not accompanied by an investigation and dismissal of the doctor responsible.

Second, while much of the public discourse surrounding Kamrava actively works to divorce him from the industry, his care for Suleman is, as some have argued, in keeping with the standards of the industry itself. The guidelines issued by ASRM are carefully articulated as only ever complimenting, even secondary to, a specialist's trained, professional judgment in treating patients. As noted earlier, they emphasize the importance of assessing needs on a case-by-case basis and disclaim efforts to standardize or heavily legislate the profession: "The recommendations in these guidelines may not be the most appropriate approach for all patients. Medical science and ethics are constantly changing, and clinicians should not rely solely on these guidelines" (American Society for Reproductive Medicine "Practice Committee Guidelines"). In short, the recommendations of the ASRM are neither mandates nor directives, and they are most decidedly not legally enforceable. As several fertility specialists called to testify on Kamrava's behalf have pointed out, his decision to implant twelve embryos was unorthodox, but it was neither illegal nor entirely uncalled for given Suleman's medical history: "[Dr. Jeffery Steinberg] said he found the records justified Kamrava's aggressive treatment of Suleman . . . . '[Kamrava] was trying very hard to help this woman get pregnant. I can't fault his judgment,' Steinberg said. 'I can question maybe how aggressive he can be, but again, I wasn't in the room with the patient'" (Hennessy-Fiske). Thus, while Kamrava has been relentlessly ostracized from the industry as a whole, careful study of his investigation and prosecution adds several layers of complexity,

which include low clinic compliance rates with ASRM guidelines overall, industry-wide privileging of doctor-patient relationships and judgments, and the elusive and largely ineffectual dimensions of current ART regulations and oversight. So the question becomes—why Kamrava? Why now?

Given a lack of historical precedence for investigating high order multiple births, the investigation into Kamrava's medical practice suggests that there is something else at stake in Suleman's case. Indeed, the grounds for his license revocation suggests violations of a distinctly ethopolitical variety. Kamrava, it seems, failed to properly execute "somatic" expertise, failed to adequately administer "microtechnologies for the management of communication and information that are inescapably normative and directional…[that] blur the boundaries of coercion and consent" (Rose 29). In spite of an industry that regularly espouses the discourse of "choice" and "informed consent," the charges levied against Kamrava hinge, at least in part, on an assumption that a more socially desirable and normative outcome would have been ensured, had he properly calculated and conveyed the appropriate risk factors, discussed the option of selective reduction, and/or referred Suleman to a mental health professional: "When given the data [by medical professionals], most people make the right decision [regarding multiples]," explains Dr. Jamie Grifo of the New York University Fertility Center (qtd. in James). In short, medical expertise, properly exercised and dispensed, inches closer toward medical dictate under the guise of greater freedom and autonomy in reproductive decision making.

Indeed, the new biological citizenship is a form of discipline that adheres not simply to making the "right" choices within elite ethopolitical spaces, but also suggests

the responsibilities of medical experts in codifying the boundaries of such a space. There are, perhaps, many dimensions of Kamrava's practice that are "unorthodox," his willingness to provide fertility assistance to a low-wealth single mother invariably resides at the top of that list. To be clear, I do not wish to suggest a benevolent or charitable impulse informing his actions; more likely, Suleman simply managed to pay for the services she wanted. But what remains worthy of mention is that this anomaly served as the point of initiation for widespread public outrage and calls for a formal investigation. The naming of this as a public crisis and the rhetorical figuration of Kamrava as an exception within the industry works, on the one hand, to demonstrate industry discipline, allowing the market to continue functioning without legislative interventions or greater forms of oversight. It also, concomitantly, sends a clear message to other fertility specialists in the figure of Kamrava, which has less to do with the violations of technical practices in reproductive medicine than it has to do with the population served. This is expressed clearly by Dr. Arthur Caplan, Director of the Bioethics Center at the University of Pennsylvania: "With all due respect, the idea that doctors should not set limits on who can use reproductive technology to make babies is ethically bonkers" (qtd. in S. J. McGee).

The Suleman story is nothing if not infinitely complex. Yet, it provides a unique opportunity to examine contemporary forms of ethopolitical governance under the guise of reproductive autonomy and freedom, to understand and interrogate the significant rhetorical labors aimed at constraining the meaning—and subsequent use—of emerging reproductive technologies. Even as these technologies are celebrated as expanding "choice" and "self-determination" in motherhood, instances like Suleman suggest a clear

delineation between biological enhancement and distortion; a designation that seems to hinge less on bio(techno)logical capacity than it does on cultural legitimacy. The public discord provoked by Suleman's story, the culturally incomprehensible linkage of infertility and public assistance that she came to represent, and the persistent vilification of her fertility specialist across a range of public discourses, signal the strict requirements and responsibilities of legitimate choice-making in the age of biological citizenship. And in the context of struggles for maternal dignity and reproductive justice, it offers a painful example of the ways in which culturally legible motherhood remains a privilege of income, class, cultural capital, and other markers of difference, perhaps differently, but no less now than ever before.

This analysis, foregrounding the discursive conditions under which such relationships of privilege and power are made possible, is articulated to a much broader project of possibility, which aims to locate, understand, challenge and revise the politics of motherhood toward the ideal of reproductive justice for all women. Thus, I turn now to an exploration of the presence and significance of crisis teen pregnancy narratives in popular culture.

CHAPTER FIVE

TELLING CAUTIONARY WHALES

Yet fiction, the zone where objective truth is not told, paradoxically becomes the site where one specific kind of truth is best articulated.
Susan Merrill Squier, *Liminal Lives*

I'm like a legend. They call me the Cautionary Whale.
Juno MacGuff, *Juno*

In recent years, the cautionary whales are everywhere. Emerging with surprising force and frequency amidst profound cultural shifts that readily animate post 9/11 imaginaries, a series of fictional films and television shows[52] surfaced mid- to late-decade with recurring themes of unintended pregnancy and its implications. Although variable with regard to specific plot lines and characters, each narrative expressed and embodied similar themes: a white, middle-class postfeminist protagonist, an unplanned pregnancy, and a more or less complex masking of traditional values and conservativism through the appropriation of a particular brand of class- and race-privileged feminism. Not to be outdone in shock and awe programming, reality television quickly followed suit, placing "crisis" teen pregnancy at the center of MTV series *16 and Pregnant*, with spin-off *Teen Mom* premiering shortly thereafter.

Contemporary obsessions with "crisis" teen pregnancy resuscitate a tumultuous and troubled dimension of reproductive histories and politics in the U.S. The maternities

[52] These fictional films and series are many, and include the following widely-acclaimed narratives: *Saved*, *Juno*, *Secret Life of the American Teenager*, and *Glee*.

of young, unmarried women have long been imagined to threaten the "ideological and material production of the nation" (Tapia 10). From unwed motherhood in post-World War II America to the "epidemic" of teen pregnancy emerging in the late 1970s, collective response to these socially constructed phenomena are inextricably wed to a set of cultural anxieties that hinge on national identity, racial purity, and citizenship.[53] Within contemporary contexts, the recent fixation on crisis teen pregnancy signals another site where the discourse of emergency performs a particular kind of labor on reproductive bodies and the meaning of motherhood.

The pop trend has not gone unmarked. Film critics have noted the emergence of an unplanned pregnancy, or "pregsploitation" subgenre, while scholars have named a "Juno effect" (Seery) and studied points of postfeminist articulation among films like *Juno*, *Knocked Up*, and *Waitress* (Hoerl and Kelley; Thoma). This recent work has illuminated unintended pregnancy narratives as postfeminist texts that work to commodify maternity (Thoma), depoliticize reproduction, and "valorize pregnancy and motherhood as women's imperatives" (Hoerl and Kelley 360). I wholly agree with many of the critical insights and assessments of these scholars, and, simultaneously, wish to build on the existing scholarship to explore the unique and considerable, if overlooked, attention bestowed on teenage women within these narratives. Unintended pregnancy as a broader cultural phenomenon is a significant trend, but the insistent and dedicated focus on teen pregnancy is worthy of scholarly exploration on its own terms. *Juno* is not just another example of a postfeminist articulation of choice, labor, and citizenship (Thoma), although it certainly is that, but it also emerges alongside numerous cultural narratives

[53] See, for example, Roberts, *Killing the Black Body*, Solinger, *Beggars and Choosers*, Ruby C. Tapia, "Impregnating Images: Visions of Race, Sex, and Citizenship in California's Teen Pregnancy Prevention Campaigns," *Feminist Media Studies* 5.1 (2005).

explicitly concerned with crisis teen pregnancy. To be sure, these narratives are distinct from one another in many ways—some are entirely fiction, some claim "reality" status—but they share critical overlaps that force the question: What is going on here? What is at stake in the telling of these stories? How are we to make sense of a set of discourses that attend explicitly and relentlessly to young women's sexuality and maternity? What are the contingent choices made available to, and foregrounded for, young women? What are the choices that are ultimately offered in support of the construction of "proper" motherhood in contemporary imaginaries?

The popular attention to this particular form of reproductive labor must be understood alongside broader cultural trends and phenomena. The notion of crisis teen pregnancy carries a significant historical baggage of its own of course, but its recent prominence coheres with trends in redressing the "epidemic" of infertility explored briefly in chapter four, and emerges at a particularly charged moment within the social history of adoption in the U.S. It also coincides meaningfully with other contemporary discourses of emergency and crisis that focus on the body politic, national identity, homeland security, and the state. The logic of emergency, vested in the differential protection and proliferation of domestic bodies, is once again present within crisis teen pregnancy narratives in the (re)production of national identity through the bodies of certain women and families.

Thus, I argue that the rise of popular media concerned with "crisis" teen pregnancy both expresses and attempts to resolve a set of contemporary cultural anxieties regarding reproduction and maternity. Taken as a whole, crisis teen pregnancy narratives function as a form of surveillance and governance particularly suited to the conditions of

neoliberalism and biological citizenship. In lieu of a juridical form of governance that forcibly disappears young women to maternity homes (a historical cultural practice to which I will soon return), contemporary crisis teen pregnancy narratives offer young women tools for self-governance that emphasize empowerment through (pre)maternal prudence and responsibility. Within these narratives, normative values and logics are recast through the discourse of choice and consent, individual responsibility, self-determination and autonomy. And this is precisely the functioning of the new biological citizenship—it may signify shifts in contemporary modes of governance and discipline, transforming modalities of power in ways that collapse certain distinctions between coercion and consent, but it is, of course, no less normative, prescriptive, and regulatory.

My analysis demonstrates how a set of fictional and "reality" discourses works in tandem to circulate "informal 'guidelines for living' that…are not abstract ideologies imposed from above, but highly dispersed and practical techniques for reflecting on, managing, and improving the multiple dimensions of our personal lives with the resources available to us" (Ouellette and Hay 2), and specific to the management of postfeminist teenage maternal lives. Media scholars have explicitly theorized reality programming as a form of discipline and surveillance uniquely posed in service of a post-9/11 neoliberal state, for their steady integration of surveillance and security into the fabric of popular culture and everyday life.[54] As Mark Andrejevic explains:

[54] See, for example, Mark Andrejevic, "The Kinder, Gentler Gaze of Big Brother: Reality TV in the Era of Digital Capitalism," *New Media and Society* 4.2 (2002), Mark Andrejevic, "'Securitainment' in the Post-9/11 Era," *Continuum: Journal of Media and Cultural Studies* 25.2 (2011), Ron Becker, ""Help Is on the Way!": Supernanny, Nanny 911, and the Neoliberal Politics of the Family," *The Great American Makeover: Television, History, Nation*, ed. Dana Heller (New York: Palgrave Macmillan, 2006), Rachel E. Dubrofsky, "Therapeutics of the Self: Surveillance in the Service of the Therapeutic," *Television & New Media* 8 (2007), Rachel E. Dubrofsky, "Surveillance on Reality Television and Facebook: From Authenticity to Flowing Data," *Communication Theory* 12 (2011), Galit Ferguson, "The Family on Reality Television: Whos' Shaming Whom?," *Television & New Media* 11 (2010), Jennifer Gillan, "Extreme

> Against the background of the 'global war on terror', it is possible to trace a constellation of popular culture formats that might be loosely grouped in the category of 'securitainment'—a hybrid genre that provides instruction in strategies for risk management and security training as adjuncts to its entertainment content. ("Securitainment" 167)

Thus, reality programming functions as a kind of "risk tutorial", retooling the parameters of national security within the jurisdiction of individual households and communities, codifying notions of risk and responsibility as private and everyday.

"Crisis" teen pregnancy narratives play a significant role in this broader cultural project of securing the state. Contextualizing pop culture obsessions with white teen pregnancy within this broader discursive and cultural terrain offers the opportunity to suspend dominant discussions of media "effects" on teenage behavior, and interrogate instead the rhetorical figuration and circulation of a narrowly defined neoliberal teenage citizenship and its relationship to "legitimate" motherhood. Single, teenage pregnancy has long been figured as a threat to traditional domesticity and "family values" (Roberts; Solinger; Tapia); particularly in the midst and aftermath of political conflict, investments in nation-building and securing borders against "outside aggressors" includes a rigorous domestic agenda that tends to the intricacies and intimacies of kinship and family. To focus on the degree to which these narratives dis/incentivize teen pregnancy and/or parenthood misses an opportunity to investigate contemporary forms of governance as articulated to notions of risk and security, including the ways in which these narratives function simultaneously as pedagogies of citizenship, invested in the reproduction of particular bodies, mothers, and families.

Makeover Homeland Security Edition," *The Great American Makeover: Television, History, Nation*, ed. Dana Heller (New York: Palgrave Macmillan, 2006), Laurie Ouellette and James Hay, *Better Living through Reality TV* (Malden, MA: Blackwell Publishing, 2008), Gareth Palmer, "On Our Best Behaviour," *FlowTV* 5 (2006), 12 March 2012 <http://flowtv.org/2006/12/on-our-best-behaviour/>.

Within white teen pregnancy narratives, adoption is figured as the most legitimate mechanism by which postfeminist teen heroines might resolve crisis within their individual lives. Adoption also functions on a macro level, as a social technology that reproduces a normative vision of family and national identity in contemporary American life, and, simultaneously, polices the borders of "legitimate" maternity and family under the co-opted banner of reproductive "choice." Like the discourses mobilized to legitimize the use of EC and the disciplining figures of Suleman and Kamrava, this, too, becomes a site at which the logic of emergency and crisis exerts a particular force on women and the attendant possibilities for reproductive justice. Its form and function demand critical interrogation on their own terms, as a mode of initiating redress.

This chapter, then, is centrally concerned with the significance of contemporary "crisis" teen pregnancy narratives as pedagogies of (pre)maternal citizenship in post-9/11 imaginaries—including a full-length feature film (*Juno*), a critically acclaimed television show (*Glee*), and two hit reality series (*16 and Pregnant* and *Teen Mom*).[55] This list does not exhaust the presence of "crisis" teen pregnancy narratives in popular culture. It does, however, study those narratives that have achieved a certain degree of salience—evidenced through critical acclaim, award nominations, celeb magazines, and a widespread audience. Given the expansiveness of these texts, my focus is less on providing a close textual analysis of each than it is on charting spaces of overlap, coherence, and discord among them, to better understand what is at stake in the telling of these stories, to consider how teen pregnancy comes to signify and resonate within

[55] My analysis of *Glee* is largely limited to its first season, as this is the season that features crisis teen pregnancy—and adoption—prominently in its unfolding narrative. In the case of reality programming, rather than provide too brief of superficial analysis of several seasons, I limit my study of *16 and Pregnant* and *Teen Mom* to their first seasons, and, for the purposes of continuity, tend specifically to the four teens that bridge the series.

contemporary settings, while working to manage and differentially discipline young women. First, I attend to the cultural fixation on crisis teen pregnancy and its accompanying narratives, introducing the teen protagonists and exploring crisis teen pregnancy as a postfeminist (racialized, classed) set of discourses. I then turn to the figuration of adoption both as a postfeminist heroine's choice in both adoptive and birth mothers' lives, as well as a social technology that works to reproduce certain kinds of families. Finally, I explore the ways in which these discourses work in tandem to delineate the borders of "legitimate" maternity—to reinscribe cultural attitudes and beliefs about what it means to be a mother and who is considered most "fit" for maternal labor. In this way, motherhood is articulated not as a biological tie, but as a social status and cultural designation.

Crisis Teen Pregnancy in Contemporary Imaginaries

In this section, I work to sketch an introduction to contemporary "crisis" teen pregnancy narratives, attending to the construction of postfeminist teen heroism through the negotiation of crisis pregnancy. Juno MacGuff of *Juno* and Quinn Fabray of *Glee* serve as exemplar protagonists of postfeminism teen heroism; reality series *16 and Pregnant* and *Teen Mom* work to clearly designate the borders of this heroism.

The story of a small town Minnesota teen who unexpectedly finds herself pregnant after a one-time encounter with her best friend Bleeker, *Juno* has been lauded for traversing the complexity of teen pregnancy and adoption to the beat of her own drum. Touring the film festival circuit in the fall of 2007 and released in theaters later that year, *Juno* was virtually an overnight success. It was embraced by the film industry—selected for both the Telluride Film Festival and Toronto International Film

Festival, and showered with thirty-six nominations and fifty-three awards, including an Oscar for Best Original Screenplay and nominations for Best Actress, Best Director, and Best Picture (IMDb: The Internet Movie Database, "Awards for Juno"). It boasts an offbeat, indie-hipster/mainstream-alternative soundtrack by the Moldy Peaches, and a similarly crafted lesser-known cast including Ellen Page, Michael Cera and Jason Bateman (from cult series phenomenon *Arrested Development*). Film reviews from *The Wall Street Journal* to *The Village Voice* hailed *Juno* as "crisp" and "mordant," "a thing of beauty and grace." Ellen Page ("Juno") has appeared on *Saturday Night Live*, *The Ellen DeGeneres Show*, and Barbara Walters' 2008 Annual Oscar Special. All in all, *Juno* is undoubtedly the most critically acclaimed and culturally lauded teen pregnancy film to date. Juno herself exhibits a certain degree of alt quirkiness and postfeminist independence—she listens to indie music, dons eclectic hipster clothing, shrugs at typical high school sociality with slight disdain, and demonstrates effortless cleverness and wit in dialogue.

Glee, a musical television series about the struggles and successes of a high school glee club, has earned similar critical accolades and commands a significant presence in pop culture. Since its premier in May of 2009, the show and its cast members have won over seventy awards and been nominated for over one hundred and fifty, including Emmys, Golden Globes, People's Choice Awards, Teen Choice Awards, GLAAD Media Awards, and even a Grammy, with guild recognitions ranging from costume designers and art directors to the Directors Guild of America (IMDb: The Internet Movie Database, "Awards for Glee"). Critically lauded as "bold," "transcendent," and "thrilling," *Glee* has defied precedent not only in its successful

integration of musical theater and choreography into primetime television, but in addition, is rapidly redefining the scope of television as an enterprise. *Glee* is not simply a show, but a brand, encompassing everything from the most popular iPad app in the country to its own line of clothing and Sephora nail polish (Halperin). With its third season in full swing and elevating the show's ratings far beyond industry expectations, *Rolling Stone* critic Rob Sheffield asserts that *Glee* has "taken its place at the heart of pop culture, where radio and MTV used to rule supreme" (Sheffield). Central to the plot of the first season is high schooler Quinn Fabray and her unintended pregnancy. If Juno is the quirky and endearing teenage outcast, Quinn is the opposite, the "it" girl in high school. Quinn is a petite blonde, captain of her high school's nationally ranked cheerleading squad, dating the quarterback of the football team, and, in the spirit of Bristol Palin, also serves as president of the school's celibacy club.

While both *Juno* and *Glee* have enjoyed significant accolades, other critics maintain that these narratives are unrealistic and facile; that they in fact work to normalize premarital sex and teen pregnancy, glamorizing the struggles of carrying (and possibly parenting) a child at such a young age. While rates of teen pregnancy in the U.S. have been on the decline since the early 1990s, studies indicate a troubling reversal of this trend in 2006 (Kost, Henshaw and Carlin). Most recent data suggest that the 2006 reversal was brief and anomalous (Kost and Henshaw); nonetheless, the media frenzy that ensued was significant. MTV executive producer Liz Gateley states that these statistics, in concert with the high-profile pregnancies of Jamie Lynn Spears and Bristol Palin, encouraged the network to produce a reality series that would deal with the significant challenges that pregnancy and motherhood present to teens (qtd. in Kinon). *16*

and Pregnant premiered in June 2009 with mixed reviews, some critics describing it as yet another instance of reality programming's "working-class voyeurism" (Bellefante), while others characterized the effort as "reputable, well-intended and potentially helpful" (Shales). The programming has been referred to as the most controversial in MTV history (Essany); to be sure, the blogosphere abounds with accusations that the series makes teen parenting look sexy and pregnancy seductive. Nonetheless, the show delivers huge ratings, particularly amongst its target demographic of people under the age of thirty-four, and a report released in December 2010 by the National Campaign to Prevent Teen and Unplanned Pregnancy specifically cites the show in its findings: "Among those teens who have watched MTV's *16 and Pregnant*, 82% think the show helps teens better understand the challenges of teen pregnancy and parenthood and how to avoid it" (Albert 6). Each documentary-style episode chronicles the trials and tribulations of a pregnant teenager, generally from fifteen weeks through the first few months of parenthood. Boasting record viewership, spin-off series *Teen Mom* continues to follow the lives of some of these teens through the first few years of parenting.

Taken together as a set of artifacts that contribute to the fabric of contemporary culture, the stories told in *Juno*, *Glee*, *16 and Pregnant*, and *Teen Mom* are remarkably distinct, yet, share a fixation on "crisis" white teen pregnancy and prominent articulations of its proper care and negotiation. They emerge in an historical moment punctuated by increasingly voiced affective investments in motherhood, a resurgence of "family values" neoconservative politics, and frequent public struggles over teen sexuality and access to education and health services. The examples are diverse and many. They include attention to (white, wealthy) pregnant teens, for example, the 2008 "pregnancy pact" in

Massachusetts and the high-profile, celeb-pregnancies of teens Bristol Palin and Jamie Lynn Spears, which continue to function as fixtures in teen and tabloid publications. Indeed, Bristol's teen motherhood (combined with her family's political status) has launched her permanently into the public spotlight, at first as a tangent (and occasional liability) to her mother's career, but more recently as a highly-paid spokesperson for abstinence-education, co-author of a memoir released in June of 2011 that made the *New York Times* bestseller list, contestant on *Dancing with the Stars* and subject of an upcoming documentary series on Lifetime television, *Life's a Tripp*.

Palin's celebrity gestures toward a second dimension of the complex discursive terrain of "crisis" teen pregnancy in America—increasing investments in and obsessions with asserting teen purity and virtue. As discussed in earlier chapters of this dissertation, post 9/11 "family values" politics have helped to resuscitate enthusiastic support for teen virginity pledges and father-daughter "purity balls." Public policy has followed suit—for example, abstinence-only education received unprecedented federal funding during the Bush Administration, exceeding one billion dollars in spending between 1996 and 2008, despite significant evidence of its ineffectivity and potential harm to young people's health and safety (Boonstra). In addition, while laws mandating parental consent or notification for minors seeking abortion are active in forty-four states, each year new restrictions are introduced that range from requiring notarized parental consent to making it illegal for teens to cross state lines for abortion services (National Abortion Federation). In short, teens have been increasingly vulnerable to attacks on access to information and health care in recent years, and have been the objects of intense scrutiny and public debate when it comes to sex, sexuality, and pregnancy.

Thus, "crisis" teen pregnancy narratives emerge and circulate alongside broader pop culture trends and phenomena. These narratives are decidedly postfeminist; they privilege whiteness, class mobility, and express a certain degree of complexity with regard to each teen's individualized struggle with reproductive and maternal decision-making. I argue, however, that this semblance of nuance belies a more subtle and insidious (conservative and regressive) subtext; it provides both the safety *and* the freedom to adhere to traditional understandings of family and proper, or culturally legitimate, motherhood. Indeed, it is within these spaces of strategic, postfeminist ambiguity and complexity that the most profoundly unsettling and problematic politics arise. For that is, in fact, the tricky thing about postfeminism in popular culture—it sneaks in and packs a punch between all the witty comebacks, endearing quirky characters, and catchy soundtracks. Thus, the critical project of engaging postfeminism is to locate and interrogate the ways in which the undermining and evisceration of feminist struggle is often done right under our noses, and under the banner of feminism itself: "the master's house has not, in fact, been dismantled but instead has added additional rooms and annexes in which to harbor oppressive variations of racist, sexist, classist, and heterosexist themes . . . As modes of exploitation change to continue to accommodate oppression, our critiques also need to adapt in language and practice, making 'post' political configurations critical sites of analysis" (Springer 273-274). As postfeminist texts, there is a careful and strategic form of ambiguity at work within crisis teen pregnancy narratives. Ultimately, my analysis demonstrates that the extent to which these stories are culturally palatable, even laudable, is determined by a particular kind of response to crisis, through its normative and regressive articulation of proper maternity

that simultaneously assigns and constrains young women's agency within the broader cultural terrain of reproductive politics.

This overview serves to sketch the parameters of contemporary "crisis" teen pregnancy narratives and anticipate the direction of my argument; I turn now to the careful crafting of adoption as a postfeminist teen heroine's choice. Over and over again, what is made exceptionally clear is that adoption is the proper technology for the negotiation of "crisis" white teen pregnancy and the subsequent constituting of (pre)maternal citizen-selves, and that bona fide motherhood is not a biological determination, but a cultural designation.

A Postfeminist Heroine's Choice

"Crisis" teen pregnancy narratives give velocity to an unambiguous hierarchy of women's reproductive "choices," offering teenage (pre)maternal citizens a set of differentiated tools for the negotiation of their unintended pregnancies. While crisis pregnancy is presented, at least nominally, as difficult and complex, some choices are undoubtedly posited as better than others. I argue, therefore, that by providing a certain degree of lip service to a range of reproductive "choices," the films and series are permitted free reign in articulating the kinds of choices women ought to make as proper (pre)maternal citizens. More specifically, the excessive focus on individuality and personal decision-making by these teen protagonists, in concert with the overt and strategic expression of ambiguity with regard to reproductive choice, conceals a more subtle and ideologically-driven agenda; indeed, this is precisely what allows *Juno*, *Glee*, and others to function successfully as postfeminist texts. In *Juno* and *Glee*, both teen parenting and, to a lesser extent, abortion, are given explicit, if entirely superficial,

treatment. The alternatives to adoption are presented as straw caveats to the primary narrative; they work to underscore the importance (and ultimate rightness) of both teens' final decision to surrender their babies for adoption. Reality programming substantiates similar messages via an alternative route. Ignoring abortion almost entirely, and depicting teen parenthood as a continued state of unending crisis, adoption is codified as a responsible choice, a proper mode of self-governance in contemporary imaginaries. Let us consider each in turn.

A Crisis Incomprehensible

The absence of abortion within the "crisis" teen pregnancy subgenre has been critiqued by feminist activists and scholars alike (Hoerl and Kelley; Thoma; Valenti). While adoption and, to a lesser extent, parenting are cast as defensible decisions, abortion is rarely even mentioned by name, let alone positioned as an actual option for young women facing unintended pregnancy. It is largely ignored and, when broached at all, is adamantly refused, whether in "reality" or fictional programming, and always by the teens themselves. To be sure, *Juno* dedicates the most screen time to the consideration of abortion. While the attention is brief and facile, it works to integrate the requisite abortion discussion into the unfolding narrative, if only to undermine its validity and to dismiss it altogether. As Hoerl and Kelley explain: "sex may not be shameful, but the decision to terminate a pregnancy is; to maintain her moral virtue, Juno decides to carry her unplanned pregnancy to term" (366). Indeed, Juno's character development and growth hinge on her visit to the abortion clinic—where, through a series of dramatized antics that parody and undermine contemporary abortion politics, Juno is visibly terror-stricken by the choice she has (almost) made. Before the receptionist can loudly call for a "Miss

MacGoof" (a Freudian mispronunciation of Juno's name, to be sure), Juno has flown out the door and down the street. The clinic scene proves pivotal to the storyline; it both encourages profound personal growth for Juno (and, concomitantly, her increasing endearment to the viewer) and underscores the non-choice that is abortion in a thoughtful, caring, and loveable teen's life.

This characterization of abortion as inconceivable is evidenced throughout the "crisis" teen pregnancy subgenre; Quinn Fabray of *Glee* provides an additional example. As the president of the Christ Crusaders and the Celibacy Club, Quinn leads workshops of her peers in chaste forms of intimacy, or "immaculate affection." Quinn's screen time is minimal, save her prominence in scenes featuring religious and cheerleading extracurricular activities, until she breaks the news of her pregnancy to boyfriend Finn. This narrative moment largely unfolds from Finn's perspective; his initial mental fogginess obscures Quinn's tearful explanation. Finn recovers, stammering, "Are you gonna…?" Before another word can escape his lips, Quinn cuts him off with a resolute, "No." The circumstances of her pregnancy are somewhat more convoluted, as the father of her child is, in actuality, her boyfriend's best friend, Puck. Despite having never had sex with Finn, Quinn is determined to maintain that Finn is the father, telling Puck: "I only had sex with you because you got me drunk on wine coolers and I was feeling fat that day." The question of consent goes completely unaddressed here. But the suggestion performs a particular kind of rhetorical labor, as Quinn's abject refusal to consider abortion then carries more considerable significance. While other characters suggest the possibility of abortion, mostly through euphemism, Quinn's unwavering commitment to carrying her pregnancy to term is, like Juno's, a reassertion of moral fortitude and

reclamation of virtue in the face of potential shame. Abortion is figured as an exponential intensification of the crisis at hand—a technology that threatens to dismantle the possibility of postfeminist teen heroism. What, then, of the other "choices" available to young women?

A Crisis Continued

If abortion is coded as inconceivable, then teen parenting is simply a crisis continued. *Glee* and *Juno* underscore this point by continually referencing teen immaturity and positing adoption as unequivocally providing a better life for the children of teens, a point to which I will soon return.

For now, the unending crisis of teen parenting is exemplified and best explored through a close reading of contemporary reality programming, which, in keeping with the generic tendencies of the medium, functions clearly as a pedagogy of citizenship, risk tutorial, "securitainment" (Andrejevic, "Securitainment"; Dubrofsky; Ouellette and Hay). To a certain extent, *16 and Pregnant* and *Teen Mom* may normalize teen sexuality and pregnancy, as many popular critics claim, but these series consistently return to a framing of teen pregnancy and parenting as undeniably difficult, compromising, problematic, and, ultimately, untenable. Presented in documentary form, each teen's story is told through an assemblage of vignettes that highlights struggles with family, friendships, relationships, and school, and is punctuated by voice-over narration culled from the teens' video diaries. Much like a caption to a photograph, the voice-over narration anchors each documentary scene, offering insight into the teens' thoughts and experiences, and crafting a set of tools for the management of crisis teen pregnancy. The

take-home message is resounding and clear—parenting involves a level of hardship and sacrifice that teens are ill-equipped to manage or meet.

The sacrifice is all-encompassing, wholesale; the very notion of teen parenting itself becomes a contradiction in terms. Take, for example, Maci, a white, upper-middle-class teen mom from Chattanooga, Tennessee, who wistfully watches her closest high school friends move away to college as she moves back in with her parents to raise her son, while fielding parental pressures to form a lasting relationship with her disinterested boyfriend, Ryan. As if in summation of the entire series, Maci muses in her video diary: "I'm starting to see how much I've given up to be a mom." Each voice-over recalls this familiar refrain, framed as a series of life lessons that emphasize various dimensions of sacrifice—from these young women's education and independence to their relationships and social lives.

Getting an education is a continual site of struggle for these teen moms, with varying degrees of difficulty according to how much support each is afforded through kinship networks. Maci enrolls in an accelerated high school to finish her degree before her son Bentley is born, but the series readily highlights the ways in which her desire to continue her education has been stymied by the realities of parenting and a lack of support from Ryan. Farrah, a wealthy teen from Council Bluffs, Iowa, opts to complete high school online after a sequence of high school hardships, including her expulsion from the cheerleading team and the cruelty of the teen gossip mill. Farrah's ability to pursue a culinary degree after high school is due in large part to continual financial support and free childcare services provided by her parents.

But perhaps the clearest example of educational struggle is Amber, a working-class teen from Anderson, Indiana. After dropping out of high school to have daughter Leah, Amber seeks out a career counselor for guidance in earning her diploma. This desire is quickly tempered with a reality check—unemployed and economically dependent on her lackluster boyfriend Gary, she cannot afford the fees associated with enrolling in high school classes online, and is advised to seek a GED instead. Amber dissolves into tears at the counselor's suggestion, but quickly resigns herself to this fate as a result of her own mistakes and poor choices, stating that she has "screwed up" her life and will just have to make do. Sadly, the compromise doesn't seem to lessen Amber's burden—throughout the first season of *Teen Mom*, we witness her failed attempts to persuade Gary to "watch" his own child in order for Amber to attend a GED prep class and, even when able to secure childcare, she struggles with a car that continually breaks down and prohibits her from getting to class. Amber's voice-over highlights her feelings of utter helplessness and despair, compounded by her parenting responsibilities: "It's not as easy to leave when I have to think about Leah too."

This statement refers also to another significant theme within the lessons offered through "crisis" teen pregnancy reality programming—namely, the sacrifice of teen romance and friendships for relationship turmoil at every turn, including friends, family, and boyfriends. While Maci's friends and parents are relatively supportive of her parenting, Maci's relationship with the father of her child is on the rocks despite her desperate efforts to make it stable and permanent. Ryan is regularly depicted as a typical teenage guy unable to fulfill adult commitments. He ignores Bentley and Maci, stays out all night with friends, and refuses to seek employment after losing his job—all of which

compound Maci's difficulty in juggling school, work, and—at least for a brief period of time—wedding planning, while taking sole responsibility for their child. Ryan's character is on full display after Maci withdraws from her online college coursework. In a rare moment of uttering more than a few syllables in a row, he offers his unsolicited opinion, calling Maci "lazy as fuck" and stating that she likely will not get through college due to her own lack of effort. His behavior is, at best, immature and diminishing, but perhaps more accurately described as delusional and abusive. It is a painful moment pivotal to the narrative trajectory, clarifying to Maci the need to prioritize herself and Bentley, as hard as that may be without a partner.

Farrah's story provides another example of relational sacrifice. The father of Farrah's daughter is entirely absent,[56] so Farrah lives with her parents while completing school and caring for baby Sophia. The first season of *Teen Mom*, however, is largely focused on Farrah's pursuit of a boyfriend and social life despite her family's objections. Her voice-over regularly attends to this dilemma: "I wish my parents would stop telling me to a be a better mom and let me be a normal teenager;" or, perhaps a bit more optimistically, "being a mom while going to school and working makes it hard to have a social life, but I'm determined to make it work." Regular conflict with Farrah's mother is captured on screen as Farrah pursues a series of relationships—only to have young men flee in the opposite direction a few dates in—while her mother is left with regular childcare duties. Farrah is accused by her mother and sister of "farming out motherhood," "acting unmotherly" and "irresponsible"; the excessive footage of Farrah's nights out on the town, dating drama, and sleeping through Sophia's morning care rituals would seem

[56] An estranged ex-boyfriend, he died in a car accident during Farrah's pregnancy and is seldom mentioned in the series.

to suggest the same. The season evolves along with Farrah's lessons in self-discipline and responsibility, eventually leading her to agree to dedicate more energy to parenting Sophia and prioritizing her education and economic self-sufficiency.

If reality television, as a whole, offers governing technologies of self-help and DIY possibilities for transforming productive citizens (Ouellette and Hay), then *16 and Pregnant* and *Teen Mom* are markedly successful in their craft. Each episode offers a wealth of "televised tutorials" (Palmer)—life lessons and tools for neoliberal citizenship through the surveillance of teen mothers struggling to negotiate the complexities of parenting. In short, the story of teen parenting is one of invariable sacrifice and hardship, unfolding in a context affectively marked by and defined through continual teen drama and crisis. To critically interrogate these narratives is not necessarily to take issue with this depiction; indeed, it is difficult to deny the struggles and challenges that teen parents—and particularly teen moms—must face. Those are substantive and real. But what becomes exceedingly apparent over the course of these series is the *untenable paradox that is teen parenting*. No amount of sacrifice is enough. No matter how many educational opportunities are foregone, social outings eliminated, relationships surrendered or maintained through sheer willpower, these young women will never fulfill the requirements of "legitimate" maternity. Reality programming plays a significant role in naming and (re)inscribing this paradox in contemporary cultural settings, all the while producing docile, knowable (pre)maternal citizens through modes of surveillance that enable a governable populace through individual assumption of discipline and risk.

Lest this message of incommensurability be somewhat opaque as the seasons of *16 and Pregnant* and *Teen Mom* draw to a close, the season finales clarify this in no

uncertain terms. Hosted by Dr. Drew Pinski ("Dr. Drew"), the finales for both series consist of a teen mom panel and a live audience for a question and answer session. Dr. Drew previews each teen interview with a video montage that recaps the ups and downs of the season, followed by an emotionally wrought discussion that tends to hone in on particular struggles and hardships. What is made remarkably clear is the inability of these young mothers to sacrifice enough. Despite the camera's clear depiction of Ryan's abusive behavior, Maci is lectured on how "men are different" (read: inept) when it comes to parenting and relationships, and chastised for not trying hard enough to make things work "for Bentley's benefit." Farrah is told that she lost the privileges to her carefree life when she decided to have a child. Amber's public shaming is more complex, as MTV aired a fight between her and boyfriend Gary in which Amber shoves, slaps, and chokes him, and for which she was charged with domestic battery. While substantive indeed, I am less interested here in the differences between the teens' individual struggles than I am in the series' clear depiction of continuity. Whether the victim or perpetrator of violence, it seems, these teen moms are rhetorically figured as indiscriminately at fault. Amber and Maci are offered as polarities on a singular continuum of teen parenting that is defined through endless crisis and never-enough sacrifice. As an inevitable extension of teen pregnancy, the decision to raise a child is to dwell in an endless state of crisis. Teen parenting, itself, becomes an absolute contradiction in terms.

But my analysis thus far neglects one teen mom who, like Maci, Farrah, and Amber, bridges the first season of each series. Unlike the other three teens, however, Catelynn's reception by Dr. Drew is one of deep empathy and heartfelt expressions of

support. Indeed, what her story reveals is the possibility that teen moms might just make the greatest sacrifice of all—choosing adoption.

A Crisis Resolved

Consistent across these popular narratives is the assumption that adoption is the superior—or only—responsible choice for pregnant teens in attempting to manage and negotiate crisis. Catelynn's story on *16 and Pregnant* and *Teen Mom*, widely discussed and lauded in the blogosphere and in critical reviews of the series, works to underscore this point. A rosy-cheeked teen from a working-class community in northern Michigan, Catelynn and her endlessly supportive boyfriend Tyler seem to exemplify a real life Juno story, if only intensified by their remarkable resilience in the face of adversity. Multiple points distinguish their story from others in the series. First, despite the inevitable strain of unintended pregnancy, Catelynn and Tyler are never shown in serious conflict with one another. In striking contrast to their peers, their relationship is the singular aspect of stability in these teens' lives. The young couple demonstrates unwavering love and support for one another, even in the midst of regular geographic upheaval (Catelynn's voice-over explains that she has moved thirteen times in her short life) and strained parental relations, as Catelynn's mother (April) and Tyler's father (Butch) seem to use most of their screen time antagonizing and berating their children, a point to which I will soon return.

Of course, Catelynn and Tyler's decision to give up their baby for adoption also distinguishes their story from that of their peers. It also seems to have inspired their embrace by multiple blogging audiences, from skeptics of the show that claimed Catelynn and Tyler's story "totally redeemed" the entire series, to one blogger's review

that captures much of the popular sentiment: "Catelynn and Tyler are the only ones who seem to understand the gravity of their situation…it quickly becomes apparent that these two teenagers develop a deep love for their child, and *that* is why they're giving her up. At times their journey is so brave and raw and touching, it is almost unbearable to watch. But it is worth it" (Cinnamon). Indeed, the show captures a series of heartfelt dialogues between Catelynn and Tyler, as they consider the options available to them. While they meet significant resistance from peers and family members, Catelynn and Tyler continually return to the same refrain—they want to provide their child with the kind of life they feel ill-equipped to offer; as Catelynn explains to her friend, "How am I supposed to raise a kid when I'm a kid myself?"

In opting for an open adoption, Catelynn and Tyler are able to select the family that they feel is best for their daughter—a mid-thirties, white, educated, traditional, Christian couple named Brandon and Teresa, who have struggled for years in their attempts to have children. In an emotionally intense and poignant first meeting, Catelynn tearfully restates her (and Tyler's) decision to Brandon and Teresa: "I just want her to have better than what I had, and I know that I can't do that. So I'm just doing the thing that I think is the best. I know that you guys can provide for her a lot more than I can." As the adoptive parents, Brandon and Teresa are given more screen time over the course of the series; their relationship to Catelynn and Tyler seems to grow stronger and closer in unexpected ways, if also constrained by the emotional hardship of their situation. In this way, Brandon and Teresa possess a rhetorical function within the narrative itself. As one of two sets of adults in Catelynn and Tyler's life, they are juxtaposed with April and

Butch, and work to synecdochally underscore the validity of Catelynn and Tyler's choice to surrender their daughter for adoption.

Thus, the adoption is both dramatized and affirmed by Catelynn and Tyler's parents' stubborn refusal to accept it. This fundamental disagreement might have afforded an opportunity to work through the inevitable complexities of adoption, and yet the portrayal of this conflict functions more as a foil that reinforces the validity of Catelynn and Tyler's position. Throughout the series, April and Butch function as caricatures of the working poor—continuously depicted as lazy, uneducated, unfit parents, ill-equipped to advise their children—or anyone else for that matter—on parenting. We are introduced to April in a scene where she slams the door on her daughter, calling Catelynn a "bitch." She refuses to stand up against Butch as he relentlessly attacks Catelynn's decision to relinquish her baby, at times joining in the chorus. Butch, a sinewy figure with a long, graying mullet and lively moustache, is a recovering addict who has been in prison for most of Tyler's life; he admits to Tyler himself, in one of their many altercations regarding the adoption, his own shortcomings as a parent. April and Butch's staunch opposition to adoption—asserting the immorality of surrendering a child and the necessity of Catelynn and Tyler "bucking up" to responsibility—serves a burlesque function. It parodies the argument in defense of teen parenting and, ultimately, affirms through a kind of hyperbolic (anti-)example Catelynn and Tyler's decision to surrender their daughter for adoption as the best possible option.

Fictional narratives underscore the take-home message of reality programming. The positioning of adoption in *Glee* as an ideal choice is carefully constituted over the course of the first season through an intricate web of storylines. Initially, Quinn plans to

raise her baby with Finn, but even before true paternal status is revealed, Quinn decides to give the child up for adoption. There are a series of moments that contribute to and affirm this decision—from the continued emphasis on not wanting to become trapped—a "Lima loser," "caged with no future"—to a scene in which Quinn is cornered and overwhelmed by an impromptu lecture on proper prenatal care, lest her "baby will be ugly." But Quinn's decision is largely upheld and extolled by proxy.

An intricate storyline emerging much later in the first season—not-so-coincidentally, just before Quinn gives birth—features star Glee-clubber Rachel Berry, and rival club coach, Shelby Corcoran. Although Rachel's parents have never appeared on the screen, she regularly refers to her "two gay dads" who had her via a surrogate. Shelby, witnessing Rachel's talent on stage, recognizes her instantly as the daughter she gave birth to many years ago. Bound by a surrogacy contract prohibiting any initiation of contact, but nonetheless desperate to reach out to Rachel, Shelby hatches a plan for her star pupil to befriend Rachel. Rachel has long dreamed of meeting her birth mother, and once she discovers Shelby's identity, she approaches her immediately, if with a degree of apprehension unprecedented for this unusually self-assured teen. Despite the strength of each character, and their deep, mutual desire to connect with one another—or, perhaps, precisely because of these things—their meeting is deeply uncomfortable, overwhelmed, painful. Sitting several rows from one another in an empty auditorium, Rachel asks Shelby if she ever regretted her decision, and Shelby replies, "Yes, then no…so much." After a brief, stilted conversation, Shelby has a change of heart. Apologizing to Rachel, she hastens to leave; Rachel's face betrays feelings of rejection and disappointment. Still, Rachel continues to seek Shelby's guidance as a mother. Shelby resists, and finally

explains: “It’s too late for us. Anything that we share is going to be confusing for you. I’m your mother, but I’m not your mom.”

Certainly, this narrative is somewhat distinct in that Shelby was a surrogate—purposefully inseminated and legally bound to surrender her child. And yet, surrogacy is rarely mentioned by name; when it is, the disparities between it and adoption are minimized. Shelby is continually referred to as Rachel’s “mother,” in lieu of a surrogate, egg donor, or even birth mother. Rachel’s dads have yet to appear on the screen. As Shelby narrates her own experience, she emphasizes her deep remorse in missing out on a relationship with her daughter. The brief and complex encounters between Rachel and Shelby illustrate, on the one hand, dimensions of the emotional terrain of adoption that are too often overlooked—the struggles of birth mothers to come to terms with their decision, and the struggles of adoptees to connect to their own sense of history, place, and identity. Even still, the narrative ultimately reaffirms the cultural, in lieu of the biological, designation of family. Shelby’s response to Rachel was strikingly brash, selfish, even childish; in it, we are metonymically reminded that Shelby is not, cannot be, a parent to Rachel. Adoption, it seems, is clear, definitive, and best left alone. In the final episode, as if for narrative reinforcement, Shelby becomes the adoptive parent of Quinn and Puck’s daughter. Finally able to realize her deep desire for a child—one that Rachel could not fulfill—Shelby surrenders her career—and, the series seems to suggest, her characteristic competitive/brash edge—in order to affirm her maternal nature, to get back what she lost in starting anew.

Similarly, Juno’s decision to find an adoptive home for her baby is affirmed throughout the film in various ways. For now, one scene is of particular interest—the one

in which Bren, Juno's stepmother, adamantly defends Juno's right to parent her own child to an ultrasound technician who demonstrates significant bias against teen mothers. At first, the technician's demeanor is detached and aloof, but her condescension is clarified in her questioning of Juno throughout the appointment. Upon learning that Juno plans to give up her child for adoption, the ultrasound technician verbalizes her relief in no uncertain terms: "I just see a lot of teenage mothers come through here. It's obviously a poisonous environment for a baby to be raised in." While Juno and her friend Leah respond, it is Bren who has the final word with the ultrasound tech: "They [the adoptive parents] could be utterly negligent. Maybe they'll do a far shittier job of raising a kid than my dumbass stepdaughter ever would. Have you considered that?" A brief, heated exchange ensues, with Bren silencing the ultrasound tech by telling her to "stick to what she knows" and belittling her professional expertise: "You think you're special because you get to play Picture Pages up there? My five year-old daughter could do that." The technician leaves in a huff, and Bren is congratulated by Juno for being a "dick." Marking this scene is exceptional tactlessness and immaturity in response to the ultrasound tech's prejudice. Bren's last word: "So why don't you go back to night school in Manteno and learn a real trade," exemplifies not only individual immaturity in this particular moment, but synecdochally functions to undermine the argument in defense of teen parenting altogether as outrageous and childish. While this scene plays on (and seemingly against) the malicious and erroneous assumptions often made about teen mothers, in ways similar to the abortion clinic scene, the ultrasound exchange functions as an overt caricature that not only reinscribes the attitudes it ostensibly attempts to

unseat, but it also concomitantly provides free license to the rest of the film to subtly reinforce those same stereotypes.

Thus, the postfeminist treatment of abortion, teen parenting, and adoption in white "crisis" teen pregnancy narratives ultimately clarifies the decision to bear and give up a child as the right(eous) choice for postfeminist teen protagonists. Offering a pedagogy of teenage and maternal citizenship, these narratives function on several levels to strip reproductive "choice" of its political import and significance; the treatment of adoption providing a clear example of this. Not simply an individual choice that some women or couples might make, adoption is also an institution—one that has long functioned to ensure the reproduction of certain kinds of mothers and families (Fessler; Solinger, *Beggars and Choosers*). Thus, I turn now to the history of adoption as a reproductive technology that configures families and mothers in a particular way.

Adoption and the New Biological Citizenship

Not unlike other dimensions of reproductive politics, the social histories of adoption as an institution illustrates the relationship between choice and choicelessness, freedom and coercion, within reproductive decision-making, both within the United States and on a global scale. In this section, I work to situate "crisis" teen pregnancy narratives within these broader historical and cultural terrains. This brief sketch attempts to clarify the character of adoption as a political institution, and to make visible the human dimensions largely ignored within contemporary adoptive imaginaries, specifically, the women whose children are transferred into other families. Such deliberate focus reveals a system of injustices that trouble collective imaginings of adoption as selfless child-rescue, humanitarian aid or philanthropic enterprise.

Locating my analysis here is not an exercise of judgment against, nor is it an indictment of, all adoptions. It is, however, an attempt to complicate common and overly facile treatments of adoption, which is often depoliticized through affective articulations of (certain) individualized experiences, and commonly figured rhetorically as a process of rescue or charity. But adoption does not exist in a vacuum. It functions also on a macro level—as a system of child transfer and a political institution, complete with unequal access to resources and systematic abuses of power. Much like other institutions, adoption reflects cultural, social, historical, economic, and political inequities and biases, and as such, demands critical structural analysis to more fully understand its form and function. The experience of largely resourceless or culturally oppressed women may be only one aspect of a multi-faceted issue; it is, however, an aspect of significance, as well as the one that is most readily overlooked and easily dismissed. Thus, I offer here an overview of the recent history of adoption in the U.S., foregrounding two specific trends—institutionalized, forcible surrender by unwed women post WWII and the trends in international adoption since *Roe v. Wade*. In so doing, I work to complicate mainstream articulations of adoption as a "choice," to interrogate the social and political conditions under which child transfers are authorized, and to suggest the ways in which adoption, as an industry, has been transformed in an age of biological citizenship.

Adoption as Institution and Technology

Adoption as a formal, institutionalized practice in the United States can be traced to the mid-nineteenth century and, much like the complex histories of reproductive politics, it has long been mired in race and class politics. Beginning in 1854, state governments enacted modern adoption laws for the purposes of "child welfare" and

social agencies began to place children from low-wealth (and often immigrant) communities in private homes deemed "upstanding" and "American" in lieu of orphanages. The examples of structural inequities and biases are devastating and many—from the infamous "orphan trains" that "rescued" impoverished Catholic and Jewish children from urban northeastern settings and relocated them to middle-class Anglo-Protestant homes further west in the mid-nineteenth century, to the Indian Adoption Project, which, by 1975, had aided in the removal of one out of every four American Indian children from their homes, and placing them in the care of while families, boarding schools or state-run institutions (Arrillaga; Solinger; The Adoption History Project). Historian Rickie Solinger has written extensive social histories of adoption in the U.S. (*Wake Up; Beggars and Choosers*), highlighting the experiences of culturally vulnerable women and families, and charting the structural forces that empowered some women's claim to motherhood and reproductive choice at the expense of others. Her research reveals that, prior to 1945, while unmarried mothers were stigmatized as social deviants, they were still assumed to possess a rightful claim to maternity. In other words, the definition of motherhood was decidedly biological, and "fallen" or "wayward" women were ostracized—thought to possess inferior moral and physical fiber that they then, in turn, passed along to their children. Their motherhood, though sharply criticized, was not denied.

In the years following WWII, however, as Freudian theories found broader cultural resonance and childless white couples were recognized as a significant "market," the biological explanation of white single motherhood ceded to psychology—severing the tie between biology and motherhood and newly defining babies born to white single

women as both desirable and adoptable. Simultaneously, premarital sex and unintended pregnancies were on the rise, and as the sexual revolution took flight, birth control was tightly restricted, sex education nearly non-existent, and abortion inaccessible, even life-threatening. In *The Girls Who Went Away*, Ann Fessler carefully documents how young women found themselves caught in the midst of significant cultural struggle and upheaval, as strict codes for middle-class conformity evicted white, unmarried, pregnant young women from their families, schools, and communities. Kicked out of school, shamed by religious leaders and family members, these young women were exiled to maternity homes and forced to wait out their pregnancies in isolation—to give birth, surrender their babies, and return to their old lives in silence, as if nothing had happened. From 1945-1973, one and a half million newborns were adopted in the U.S. (Fessler 8), a significant number of them forcibly surrendered by young women who found themselves pregnant and powerless.[57]

As an industry, adoption underwent significant transformations in the early 1970s, with domestic adoption rates plummeting and transnational adoption on the rise (United States Dept. of Health and Human Services, *Voluntary Relinquishment*). The timing is not arbitrary. In 1973, *Roe v. Wade* overturned state and federal restrictions on access to abortion and affirmed a woman's constitutional right to privacy, inclusive of reproductive "choice." This decision relates to adoption politics in at least two ways. Perhaps most

[57] Precise statistics on adoption have been, and continue to be, scarce and incomplete. The federal government tracked data between 1945 and 1975, but their methods excluded informal adoptions and "tended to obscure trends that were as important as total figures" (The Adoption History Project). This federal data does not discriminate between relative and stranger adoption, independent and agency adoptions, infant and older child adoptions, and a range of other significant issues. Thus, while exact figures prior to 1945 are difficult to locate, available data suggest that adoption in the U.S. peaked at 175,000 in the year 1970. At present, states continue to collect information on the adoption of children through public foster care; data on adoptions outside of the foster care system after 1975 are available only through by private organizations.

obviously, many young single women chose to terminate their unintended pregnancies. But *Roe* also affirmed women's independence and encouraged women to assert control over their reproductive lives in a much more holistic sense. Empowered by feminist gains of the 1960s and 1970s, young single women were simply less likely to allow parental or governmental authorities to exert influence over their decision whether to bear or parent children. In other words, when women decided to carry their pregnancies to term of their own volition, they were much less likely to offer their babies to strangers. As Solinger explains, "[d]ignity and independence are, in fact, the life-enhancing ingredients that tend to be incompatible with relinquishing a child" (*Beggars and Choosers* 23).

Several studies of international adoption reveal similar trends and dynamics; they chart relationships among desperation, powerlessness, and high rates of child transfer abroad, and reveal rampant abuse of vulnerable peoples and communities through coercive and fraudulent adoption operations (Brice; Fieweger; Graff; Smolin). In some countries, adoption processes are less mired in fraud and corruption than they are reflective of a complex of dire social and political circumstances that have torn families apart and left many children institutionalized. In other countries, systemic inequities such as poverty, marginalization, and powerlessness are frequently capitalized upon, and compounded by, an adoption industry driven by profit. Recent investigations by governments and NGOs have documented serious problems in:

> [Cambodia,] Liberia, Nepal, the Marshall Islands, Peru, Samoa, [Vietnam] and most notably, Guatemala, whose processes were so riddled with corruption that it was finally closed to adoption in 2009, after 10 years during which Americans adopted more than 30,000 of its children, in some years bringing home an astonishing one of every 100 babies born there. (The Schuster Institute for Investigative Journalism, "The Baby Business")

To this day, it remains remarkably simple to falsify paperwork and manufacture an "orphan" in many countries: "The birth mothers are often poor, young, unmarried, divorced, or otherwise lacking family protection. The children may be born into a locally despised minority group that is afforded few rights. And for enough money, someone will separate these little ones from their vulnerable families, turning them into 'paper orphans' for lucrative export" (Graff).

A few examples serve to illustrate this point. First, "orphanages" in countries such as Liberia and Vietnam are more often temporary boarding schools for families struggling with poverty or illness, or even just during harvest season in farming communities. In some instances, illiterate birth mothers or families sign away their children under false pretenses, in others the children are simply disappeared by the time their families return for them. In another example, at the peak of U.S. adoption of Guatemalan children in 2007, Guatemalan mothers were assaulted in the streets by armed men, their infants kidnapped and sold for baby finder fees that far exceeded the nation's per capita GDP. Finally, corruption and fraud are rampant within the agencies themselves. Prominent American adoption agent Lauryn Galindo was indicted in 2004 for arranging adoptions of Cambodian children who were not orphans, paying poor women and families to give their babies to American couples.[58] While documented instances such as these tend to be dismissed as isolated, and the orphan myth is rigorously marketed to hopeful and wealthy Western couples, many of the international markets continue to be riddled with coercion, laundering, and kidnappings; when one country

[58] Cambodian human rights organization LICADHO (a Khmer acronym for the Cambodian League for Promotion and Defense of Human Rights), launched an industry-wide investigation into Cambodian adoptions that raised significant questions about many recent U.S. adoptions of Cambodian children, eventually forcing a U.S. moratorium on Cambodian adoptions that continues to this day (The Schuster Institute for Investigative Journalism, "Adoption: Cambodia").

closes its doors due to exposed fraud and trafficking, adoption agencies simply move on to another. International adoptions are often articulated as "safer" because they are most often closed and imagined as more predictable, but as E.J. Graff points out, "international adoptions are no less risky; they're simply less regulated." Safer for whom, then? Because Western monies far surpass the number of healthy infants orphaned or voluntarily surrendered, transnational adoption is presently a demand-driven industry in which profitability and corruption are endemic, an industry in which the traffic flows decidedly in one direction.

But dramatic shifts are underway. Since peaking in 2004 at 22,990, there has been a steady decline in international adoptions to the United States. Widespread reports of trafficking and fraud have spurred ongoing investigations that have significantly slowed, and at times shut down entirely, the process in several countries. In fiscal year 2011, the most recent data available, transnational adoptions fell to 9,320 (United States Dept. of State). This figure has been impacted not only by criminal investigations, but also by regulations set by the Hague Convention. An international agreement designed to create global standards for intercountry adoption and to safeguard against unethical or coercive activities, the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption governs any adoption between countries that have signed in support. The United States joined the Convention in 1994 and the regulations took effect in April 2008, at which point the already declining rate of adoption fell to its lowest point in over ten years (United States Dept. of State).[59] Taken together, these

[59] Nonetheless, a large loophole in the Hague Convention allows Western signatories, such as the U.S., to continue adoptions from non-Hague countries. Only 81 nations have committed to the Hague Convention, and "[m]ore than two-thirds of U.S. citizens' international adoptions come from 'non-Hague' countries,

statistics and stories underscore the largely invisible characteristics of adoption that both define and render it possible. As a widespread practice and demand-driven industry, adoption hinges on the powerlessness and invisibility of some women and families. As an institution that privileges economic means and leverage, it remains centered on the desires of wealthy Western couples, and often at the expense of the health and livelihoods of impoverished families and communities. In short, adoption functions as a political institution and social technology that invests in the creation and reproduction of wealthy, Western(ized) families, a process that is obscured and depoliticized through the rhetoric of individual reproductive "choice" and the affective complexities of infertility and networks of kin.

In the wake of a recent reversal in trends, with international adoptions stymied by tighter regulations and governmental oversight, it seems more than mere coincidence to witness mediated obsession with "crisis" teen pregnancies in the U.S. The defining characteristics of the crisis have shifted slightly since 1945—white, middle-class teen pregnancy no longer provokes the profound and immediate shame that necessitates exile, although if the mediated narratives are any indicator, the mere suggestion of abortion certainly seems to. Despite these changes, the careful crafting of a postfeminist teen heroine through unambiguous articulations of "responsible" reproductive choice indicate significant contemporary continuities and overlaps with a previous era marked by secrecy and maternity homes. But the modes of governance have since been transformed; in the age of biological citizenship, the "girls who went away" no longer require exile but exhibition and surveillance (via reality programming), their teenage peers no longer

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including Russia, Korea, Kazakhstan, and Ethiopia" (The Schuster Institute for Investigative Journalism, "The Baby Business").

shamed into silence but offered excessive voice as a tool of neoliberal self-governance and the crafting of responsible citizenship.

Governing "Choice" in an Age of Biological Citizenship

As discussed in earlier chapters of this dissertation, Nikolas Rose has artfully theorized the form and cadence of biopolitics in the twenty-first century; his work has been usefully engaged and extended by contemporary feminist explorations of reproductive politics and technologies (Roberts, "Race, Gender"; Samerski). Of particular relevance to this chapter is his articulation of ethopolitics as markedly distinct from other forms of governance: "If 'discipline' individualizes and normalizes, and 'biopolitics' collectivizes and socializes, 'ethopolitics' concerns itself with the self-techniques by which human beings should judge and act upon themselves to make themselves better than they are" (Rose 27). Centrally concerned with crafting biological citizens individually responsible for their own futures, as well as that of their families and children, ethopolitical principles emphasize "informed consent, autonomy, voluntary action, and choice and nondirectiveness . . . . blur[ring] the boundaries of coercion and consent" (29).

While this form of governance is markedly dispersed and expressed at myriad cultural sites, reality television is uniquely instrumental to it: "At a time when privatization, personal responsibility, and consumer choice are promoted as the best way to govern liberal capitalist democracies, reality TV shows us how to conduct and 'empower' ourselves as enterprising citizens" (Ouellette and Hay 2). Reality programming affords the merger of surveillance and entertainment, security and leisure, risk and responsibility assigned to individual citizens (Andrejevic; Dubrofsky). It is, in

this way, "the quintessential technology of advanced or 'neo' liberal citizenship" (Ouellette and Hay 4). In addition, circulating within a broader discursive apparatus that includes fictional media, myriad cultural forces cohere meaningfully in this task of governance. The confluence of mediated frenzies rhetorically situating crisis teen pregnancy functions in precisely this manner, as a set of ethopolitical technologies for shaping a responsible, ethical teen citizen-self.

To be clear, this is less a claim about the ideological effects of media than an effort to attend to the ways in which television and film are "becoming more useful to a rationality of governing that emphasizes self-empowerment as a condition of citizenship" (Ouellette and Hay 6-7). In the instance of premarital motherhood, in lieu of sending teens and single women to maternity homes for a nine-month period of silence and isolation under the watchful gaze of medical workers and social agencies, contemporary surveillance and governance is more easily circulated through popular mediated forms that provide exemplars of responsible biological citizenship and, simultaneously, subject young pregnant women to an authoritative gaze that mobilizes discipline and docility as a "therapeutics of the self" (Dubrofsky, "Therapeutics"). The shift is, in some ways, dramatic—crisis teen pregnancy is no longer hidden but exceptionally visible, no longer silenced but excessively voiced. The stories are directive and normative; they indicate proper behavior by designating a range of reproductive choices for young women and marking some as more culturally legitimate than others.

Teen pregnancy narratives also participate in a broader cultural project that delineates and codifies the borders of maternity, reinscribing cultural attitudes and beliefs about what it means to be a mother and who is best able to perform maternal labor.

Suturing the "crisis" in teen pregnancy to possible redress for the "crisis" of infertility or delayed/rejected motherhood, what is clear is that the claim to authentic and legitimate maternity is anything but biological, an argument to which I now turn.

Maternity as a Cultural Designation

In the age of the gene, when scientific investments in the body are exceptionally attendant to "life itself" (Rose) and contemporary reproductive technologies like gestational surrogacy (as discussed in chapter two) seem to reinforce this logic, it may seem ironic to posit maternity as culturally designated. Close examination of the continual presence of crisis teen pregnancies in popular culture, however, challenges us to better understand motherhood as it relates to questions of power, access, and cultural capital. What emerges from this study is a set of narrative themes and technologies of governance that indicate the borders of "authentic," or otherwise culturally legible, maternity in no uncertain terms. While this chapter has gestured toward the cultural construction of legitimate maternity in a variety of ways, in this final section I explore mediated juxtapositions of biological/birth mothers and adoptive mothers. In charting character traits and development, the boundaries of contemporary maternity and female citizenship emerge.

Juno is perhaps the quintessential postfeminist teen heroine. She embodies a select set of postfeminist qualities—white, middle class, sharp, witty—and she purports to live by only her own rules. Adhering to the tenets of postfeminism, however, which are "anchored in consumption as a strategy (and leisure as a site) for the production of the self" (Tasker and Negra 2), consumer culture is *the* significant site for the expression of Juno's "feminism." Her independence is written largely through dress and style, which is

markedly hipster and alternative, as is her retro/alt taste in music. Indeed, it is largely through her outward appearance—clothes, attitude, musical preference—that Juno exemplifies the kind of self-reliance and resolve that is too readily equated with feminism. Certainly, Juno's performance of gender is slightly unorthodox—she doesn't often wear skirts and is far from demure—but the overall narrative trajectory and Juno's character (consumption aside) cohere meaningfully with conventional views and expectations of girls and women.

In this case, feminism functions as a kind of popular branding mechanism; it has been selectively appropriated and applied; what is discarded is all of the transformative politics feminism entails. Because for all of Juno's sassiness and wit, at the end of the day, she is still desperately searching for a meaningful connection with a man (as an authority figure or romantic possibility), she is willing to bear but unable to raise her baby, and her life after pregnancy goes back to the way it was—light and easy, and this time with Bleeker as her boyfriend. Hers is a story that bears eerie resemblance to the "girls who went away"—the only updates being that Juno is presented as making her own decision to give up her child, and was able to stay home during her pregnancy. The story, then, gets rewritten in accordance with the tenets of biological citizenship, but this is hardly feminist transformation. As is clearly indicated within *Juno*, and consistent across *Glee*, *16 and Pregnant*, and *Teen Mom*, still powerfully at work are the assumptions that good girls do not have abortions, that they cannot and should not parent their own children. As postfeminist texts, crisis teen pregnancy narratives delineate the boundaries of proper maternity under the banner of feminism, and many of these teen protagonists fit

the "perfect" biological profile—white, young, healthy, and upwardly mobile. But to be culturally coded as maternal, a few additional social markers are necessary.

Tied to the sym/pathetic trope of the infertile woman, adoptive mothers within "crisis" teen pregnancy narratives offer a clear solution to an "unbalanced" reproductive equation. Their struggles are intimately bound to those of the teen protagonists; indeed, it is often difficult to ascertain just who is in crisis. Take, for example, Vanessa Loring, the adoptive mother in *Juno*. Vanessa is a white, upper-class, thirty-something, married woman with a successful career and a white picket fence—the whole nine yards, it would seem, except for the baby. It is evident early on that a child is what Vanessa desperately wants. For her husband Mark, life is reasonably complete without children, minus having his own rock band, of course. Vanessa's character is noticeably uptight and anxious throughout the film, the common caricature of an adult woman who has no children. For example, when Vanessa says goodbye to Juno after their first meeting, she poses a steady stream of questions with regard to Juno's commitment: "So, then, you really think you're going to go ahead with this?" With increasing urgency, Vanessa prompts: "How sure? Percentage-wise, would you say you're eighty percent sure, ninety percent sure?" If her insecurities and obsessive personality traits were somehow lost on the viewer prior to the film's close, here they would be highlighted and remarked upon in their absence. In Vanessa's final scene, she is cuddled up on the bed in the nursery with the baby, post-adoption. Hair disheveled, clothes notably rumpled, Vanessa's face expresses only joy and sincere serenity. It is a side of Vanessa we have not yet witnessed; it is a side of Vanessa that is brought into being through maternity. Adhering to traditional gendered scripts, a thirty-something childless woman is pitiful, neurotic, and incomplete—a

caricature that at once undermines the labors of women outside of motherhood, while simultaneously trivializing the profound pain and hardship that women and couples endure in struggling with infertility. Vanessa may have spent her twenties "acquiring it all," but becoming a mother is the ultimate expression and fulfillment of normative (and desirable) womanhood.

As both a birth mother and, much later, an adoptive one, Shelby Corcoran of *Glee* offers a unique opportunity to explore the character transformations that make culturally legible maternity possible. She first appears on screen more than halfway through the first season and, prior to the revelation that she is Rachel's birth mother, Shelby is portrayed as the ruthless coach of local competitor Vocal Adrenaline, the reigning national glee club champions. Her life seems, at first, decidedly dissimilar from that of Vanessa Loring—she has never been married and is entirely career-driven. While neither anxiety-ridden nor perfectionist like Vanessa, Shelby nonetheless embodies stereotypes that diminish childless women who reject motherhood and/or marriage as overly self-assured, brash, and excessively competitive. She holds rehearsals for hours on end, with students breaking away only when entirely necessary (for example, to vomit from exhaustion in trashcans outside of the auditorium), and coaches her students in unapologetic terms: "Ladies, I don't want to hear complaints about chafing because you're being forced to wear metal underwear."

As the season continues, Shelby's restlessness and dissatisfactions with her life become increasingly unambiguous. They seem to hinge, at first, on her inability to connect with Rachel but, as noted earlier, this relationship is quickly dismissed as implausible and rightly distant. In the end, much like Vanessa, a child is all that Shelby

needs to be complete. In the final episode, just before deciding to adopt Quinn's daughter, Shelby explains to Rachel that she needs a new life: "It took meeting you to realize all this stuff that I missed out on…I need a house and a garden and a dog—family. I missed out on my chance with you, and it kills me. I can't let that happen again." Shelby's final scene in the series is remarkably similar to Vanessa's: Shelby stands in the hospital, her gaze lovingly fixed on the bundle she holds in her arms as a nurse finalizes the adoption paperwork before her. Once again, motherhood is the definitive embodiment of white, class-privileged femininity, the solution to the malaise and neurosis brought on by too much independence, in short, by too much feminism.

The resolution to "crisis" teen pregnancy, conveniently, resolves the "crisis" in infertility or single women's rejection of motherhood and/or marriage through child transfer. In this way, the significance of adoption as a social technology within crisis teen pregnancy narratives is also concretized through its relationship to a differentiated con(tra)ceptive crisis, namely, the childlessness of educated, professional white women. Additionally, the juxtaposition of these potentially maternal figures clarifies the narrow circumference of proper maternity in contemporary imaginaries. Rather than existing as a kind of biological tie, motherhood is aggressively articulated as a social status and cultural designation. Those individuals determined most "fit" for motherhood inhabit a myriad of privileged social locations and adhere strictly to the status quo. They are white, educated, heterosexual, wealthy, most often married, and mature (in age and demeanor). Regardless of their physical ability to bear children, these women are culturally coded as rightful and authentic mothers.

In this chapter, I have argued that the recent fixation on pregnant white teenagers in "crisis" signals significant cultural anxieties regarding domesticity and the perceived role of "legitimate" pregnancy and motherhood in the securitization of the state. The sudden score of fictional narratives clearly reflect and reinscribe a set of attitudes and expectations while simultaneously offering pedagogies of citizenship and governance, and reality programming enhances these efforts through surveillance of actual teenage mothers. "Crisis" teen pregnancy narratives function as forms of governance that reflect the conditions of biological citizenship, emphasizing self-empowerment, informed consent, and autonomy through a narrow articulation of reproductive discernment and (pre)maternal responsibility. Within these narratives, adoption is figured as the best, or indeed, the only, means by which postfeminist teen heroines, and their adult postfeminist counterparts, might resolve crisis within their individual lives. But as a social technology, adoption also works to redistribute maternal labor according to notions of cultural worthiness. Thus, it functions here as a tool for redress, as a means of reinscribing a normative vision of family and gendered identity in contemporary American life, policing the borders of legitimate maternity under the guise of choice and self-determination.

As in the long and disquieting histories of reproductive politics in the U.S., so too in contemporary postfeminist culture and "crisis" teen pregnancy narratives—motherhood is conceived not as a right, but as a privilege. Throughout this project, I have suggested that another world is possible—one in which we might realize the possibilities of reproductive justice. It is to that end which I now turn.

CHAPTER SIX

TOWARDS A REPRODUCTIVE POLITICS OF POSSIBILITY

> *[I]n demonstrating that no single future is written in our present, it might fortify our abilities, in part through thought itself, to intervene in that present, and so to shape something of the future that we might inhabit.*
> Nikolas Rose*, The Politics of Life Itself*

Feminism has been reduced to choice at its own peril. This reduction, while not necessarily limited to reproductive politics, is perhaps most visible and forceful within cultural conversations regarding motherhood, reproduction, and sexuality.[60] The crude equation of feminism with individual choice—*any* individual choice—strips feminist theories and politics of their ongoing salience, force, and transformative potentials. What began decades ago as an earnest and resonant claim to self-determination—jurisdiction over one's body, fertility, sexuality—has been depoliticized through myopic obsessions with individual preferences and subsequently mobilized in defense of a range of practices that may or may not serve a vision of social justice or feminist politics. The examples are many and subject to fierce debate, but might include, for example, attempts to reclaim

[60] I use the term "sexuality" here with caution, referring to a limited vernacular of (hetero)sexual liberation and expression that infused U.S. social movements of the 1960s and 70s. Contemporary, mainstream LGBTQI politics are remarkably dissimilar in their vociferous rejection of "choice" as an explanatory or defensible dimension of sexual identity. The "born this way" movement within queer politics has, somewhat successfully, leveraged the logic of biological difference as a platform for human rights. In other words, choicelessness has become a mechanism for claiming social, political, and legal recognition. This trend comes at the profound and troubling expense of inclusion and radical queer commitments; and yet, the strategy itself highlights the broader problematic of "choice" as too readily equated with frivolity and excess, to easily dismissed to bear the weight of human rights. While this line of inquiry clearly exceeds the limits of this dissertation, I mark it here for further consideration and study.

"slut" as a term of empowerment—a move that has been critiqued as exclusionary and dismissive of black and brown women's experiences with gendered violence in white supremacist culture ("An Open Letter"). It might include certain strains of third wave feminisms or postfeminism for their celebrations of consumer culture and traditional norms of feminine beauty. Or, as I explore throughout this project, it includes the defense of individualized reproductive choices that masks a complex politics of entitlements and obligations, and reinforces an elite vision of motherhood and family. If feminism offers a vision of a world free from domination and oppression, then individual actions and "choices" must be understood within broader structures of power and justice. To be sure, not every individual choice is political. But some choices are just bad politics. We need a rhetorical strategy that can better account, not only for the reasons why such choices are, in fact, "bad politics," but also for the diversity of women's reproductive experiences and needs, one that can challenge the logic of neoliberalism and advance the possibility of reproductive justice in the twenty-first century.

In an effort to develop grounding for a possibility of reproductive justice, this study critical engaged the profound cultural shifts and transformations made possible through recent con(tra)ceptive innovations—the sexual revolution, reproductive freedom, and, more recently, forms of high-tech prenatal management and assisted reproduction. Perhaps for better *and* worse, or perhaps as just a statement of fact, reproductive technologies have ushered in unprecedented opportunities to exercise various freedoms and controls—over and on individual bodies and the body politic, to disarticulate sex (and sexuality) from reproduction, to re-envision the meaning of family and motherhood and its attendant "choices" and responsibilities. This dissertation builds on a significant

body of existing scholarship that struggles with the myriad questions emerging in contemporary moments, situated at the nexus of profound repro-technological innovations, deepening neoliberalism, postfeminism, and biological citizenship in post-9/11 America. This study, however, investigates and addresses a significant, if overlooked, dimension of these problematics, to ask how discursive practices contribute to the way con(tra)ceptive technologies come to mean and function within our collective and individual lives, and how this shapes attendant possibilities for reproductive justice. In other words, innovation matters. But so, too, do the communicative practices that anchor, discipline, and render it legible.

Thus, in this study, I have dedicated critical attention to those cultural moments surrounding innovation that are both widely articulated and understood as deeply unsettling, and to the discourses of "emergency" and "crisis" that are effectively mobilized to fix the meaning and significance of such techno-cultural disruptions. Charting the ways in which rhetorics of "emergency" prefigure our understandings of—and political responses to—a number of different con(tra)ceptive technologies, propels a number of related and substantive investigations. First, it affords an opportunity to examine how the logic of emergency works. As a suspension of normative practice in favor of exceptional practice, it codifies the borders of maternal legitimacy and deviance, working to define and bracket our collective understandings of who is fit for, and deserving of, motherhood. This is evidenced, for example, within teen pregnancy narratives that configure adoption as a social technology for crisis management and resolution. Working simultaneously within individual and collective paradigms of "crisis," these narratives adhere to and encourage systems of neoliberal self-governance.

They function on a macro level to reproduce certain kinds of families, and define maternity not as a biological tie, but as a social status and cultural designation—a noteworthy and considerable feat in the age of biological citizenship.

Second, this focus on the discursive dimensions of con(tra)ceptive technologies, and specifically its accompanying logics of emergency, allows for an examination of the subsequent modes of action made desirable, undesirable, or otherwise un/available. It illustrates the ways in which invoking the concept of emergency exerts a set of political effects that inhibit "choice" and authorize coercion, all under the (postfeminist) banner of reproductive self-determination. The discursive figuration of Suleman and Kamrava in the wake of the octuplets' birth, their public/professional disciplining and accompanying cultural articulations of responsible decision-making in an age of biological citizenship, allow for the fertility industry as a whole to skirt difficult questions of medical ethics and care and to continue (not) to regulate itself. The latter is perhaps most unsettling considering the nature of this industry, which remains so deeply invested in the (re)production of (certain kinds of) lives that it continues to exercise profound judgment regarding which kinds of patients are worthy of care, which genetic factors carry (too much) "risk," which kinds of decisions are deemed "responsible" and thereby defensible, and who is deemed worthy of parenthood. As in the histories of reproductive politics, so too the questions that emerge within these settings are inextricable from a politics of wealth, class, race, ethnicity, ability, gender, and heteronormativity.

Attention to the discursive conditions under which such material effects might unfold highlights the actual labor involved in the process of codifying innovation, and suggests a range of possibility for intervention on behalf of reproductive justice. To the

extent that contemporary forms of governance work on and through women's bodies, and the collective body politic, through a postfeminist appropriation of the language of choice and consent, we are equipped to rhetorically critique and re-imagine resistive strategies, as well as those that might enable an advancing of more just and inclusive politics. In fact, as women with greater degrees of cultural capital and privilege are increasingly interpolated by/within the tyranny of "choice"—in other words, within processes of governing through freedom and responsibility, caught amidst dissolving categories of coercion and consent—cultural configurations of reproductive "duty" offer a space for shared ground in struggle: "Both population control programs and genetic selection technologies reinforce biological explanations for social problems and place reproductive responsibility on women, thus privatizing remedies for illness and social inequity" (Roberts, "Race, Gender" 785). The opportunity for solidarity is certainly not new, but perhaps as we stand in the wake of significant feminist and antiracist struggle, and on the shoulders of those who fought tirelessly on its behalf, the willpower and capacity to do so may be.

It is to this end that this project is ultimately articulated, towards the possibility of a richly diverse and robust struggle for reproductive justice and maternal dignity—a struggle that is thoroughly invested in the building of strong alliances with other movements and communities for justice. As an organizing tool and critical paradigm, the concept of reproductive justice is inspired in part by the global women's health movement, and draws directly on strategies utilized by women of the Global South in advancing reproductive rights as part of a broader human rights agenda (Ross, "The Color of Choice"). It offers "a theory, strategy and practice for organizing

against…multiple, interlocking reproductive violences…by placing Indigenous women and women of color at the center of [its] lens" (Ross, "The Movement" 8). Thus, reproductive justice advocates center their work on the belief that each "woman has the right to have a child, not have a child, and parent the children she has" (Ross, "The Movement" 8), illuminating one of the primary distinctions between reproductive justice and mainstream pro-choice advocacy. Mainstream movements fight almost exclusively for the right to decide *not* to bear children—a reflection of the ways in which whiteness and class privilege inform the experience, or possibility, of (compulsory) motherhood. The histories of women marginalized by and within heterosexist white supremacist culture are decidedly dissimilar to compulsory motherhood, and in fact reveal the opposite—sustained, institutionalized efforts to curtail or prohibit their fertility or maternity. Reproductive justice takes this as its starting point, and interrogates contemporary issues with a cultivated sensitivity to these histories and experiences.

I wish to draw on this established framework to offer a working definition of reproductive justice and consider a set of questions regarding its possibilities and requirements within the context of shifting technological terrains. Inextricably bound to a broad range of social justice struggles including wealth disparities, the prison-industrial complex, unequal access to education and health care, environmental injustice, and inequities grounded in race, class, gender, nationality, immigration status, citizenship, age, dis/ability and sexuality, reproductive justice affirms the right of every human to decide whether, when, and with whom to create intimacy and family (Asian Communities for Reproductive Justice; Ross, "The Movement"; Pro-Choice Public Education Project; SPARK Reproductive Justice Now; Young Women's Empowerment Project; Young

Women United). It supports the full and unique expression of gender and sexuality as a critical dimension of human dignity (SPARK Reproductive Justice Now; Young Women's Empowerment Project). It includes challenging current systems of foster care and adoption, as well affirming access to knowledge of one's social, familial, and biological origins, and the right to information regarding one's body, health, and ancestry (Bastard Nation; Roberts, *Shattered Bonds*; Solinger, *Beggars and Choosers*; Trenka et al.). And, as a critical informant to each of the aforementioned tenets, reproductive justice necessitates access to the social, political, medical, and economic resources that enable health and prosperity for oneself and one's family (Asian Communities for Reproductive Justice; Sistas on the Rise). In other words, we cannot simply refer to reproductive justice as a set of freedoms tied to dignity and self-determination, although the concept is certainly inclusive of that. Justice, however, demands transformation of the social conditions that create structures of inequity. It demands that we rethink, for example, wages, welfare, and wealth disparity. Thus, it is not solely about protecting or defending freedoms, but about actively supporting an expansion of possibility for disenfranchised communities, a project that would include free education and health care services and the dismantling of the prison-industrial complex, among other things (Asian Communities for Reproductive Justice; Davis; Roberts, *Killing the Black Body*; Ross, "The Color of Choice").

What, then, is the role of reproductive technology within this broad vision for reproductive justice? It cannot be reduced to unfettered access, for this would merely constitute an expansion of dominant thought. The reigning language and logic of choice permits access to technologies regulated solely through markets—supply bracketed

largely by privatized clinic policies and demand limited only by individual wealth. This is precisely the problem that the Suleman saga reveals—non-normative choices are deemed monstrous only when made by women culturally excluded from a cornucopia of choice-making (in this case, low-wealth women). Under the tyranny of choice, we are unable to critique excess consumption or misappropriation of resources by women of means and, simultaneously, we are barred from defending the reproductive self-determination of women of lesser income or means. In short, the public shaming of Suleman and Kamrava, in lieu of a more substantive inquiry into medical practices and regulations, reinscribes the status quo, with one troubling exception. In the wake of Kamrava's professional disciplining, fertility specialists will be all the more reticent to treat low-income women for infertility. There are no formal regulations that prohibit doctors from serving low-wealth women, but the threat of public outrage and professional sanctions post-Suleman creates a climate of uncertainty and fear in which the likelihood of refusal for services is quite high. And the problem with current regulatory regimes (or lack thereof) is not simply concerned with low-wealth communities. Absent regulations that would bar clinics or practitioners from discrimination, single women and LGBTQ communities are often subject to exclusionary practices by private entities given the freedom to determine which clients are worthy of care.

Market-based and industry self-regulations are clearly untenable in the struggle to envision a robust reproductive justice; thus, other forms of regulation must be explored in order to determine the limits and liberties for reproductive technologies within a justice framework. Such a project would be expansive and multi-faceted, and fundamentally concerned with disarticulating sexuality, reproduction, and motherhood from privilege.

The possibilities here are endless, but I offer the following as a set of considerations for further exploration and inquiry. Drawing on the work of Dorothy Roberts, we might begin with removal of economic barriers to ART, as well as state support for the reproductive decision-making of low-wealth women, inclusive of abortion and IVF (*Killing the Black Body*). The U.S. might initiate an overhaul of ART regulatory practices and regimes, perhaps drawing on the expertise and experience of other nations in crafting regulations that both prohibit discrimination and limit the use of resources available. Concrete and detailed recommendations for regulation far exceed the scope of this project, but we must begin by asking questions in order to situation this issue within a justice-oriented framework. For example, in the context of assisted reproduction, how or to what extent might we determine a limit for multiple births? Should there be a cap on the number of embryos in a singular transfer? Or perhaps an agreement to undergo selective reduction if the transfer results in a certain number of developing fetuses? What constitutes a misappropriation of technological resources? We need to question present cultural assumptions regarding technological (mis)use that hinge largely on individual economic resources and cultural capital; in short, working to eliminate the conditions that inform poverty in lieu of investing in the reproduction of bodies and families of privilege.

In an age of biological citizenship and advanced forms of neoliberal governance, the project of reproductive justice also demands that we interrogate the discursive conditions under which reproductive injustices occur—for example, to examine the cultural designation of "deserving" or "fit" mothers, to explore how sexuality and reproduction are discursively constrained through policy debates, to understand the complexities of race, class, and dis/ability politics in genetic testing, assessment of risk,

and assisted fertility practices. This is precisely the work that this dissertation has sought to do. In tracing rhetorics of "emergency" and "crisis" as they intersect with reproductive technologies, we are better able to understand how cultural understandings of "legitimate" motherhood both shape and are shaped by technological innovation and its attendant cultural disruptions. In foregrounding an analysis of the discursive conditions that help to shape the meaning and use of con(tra)ceptive technologies, I have been no less interested in the cultural shifts provoked by these technologies; indeed, it is to that end that my project has been ultimately envisioned. I focused deliberately on a singular, critical dimension of those cultural shifts, namely, the rhetorical practices that work to anchor technology and its broader circulations and effects. Understanding con(tra)ceptive technologies as sites for the challenging or (re)inscripting of contemporary relationships of power affords the opportunity of provocation, disruption, and new ways of thinking and being; it provides an opportunity for the exploration and imagining of alternative possibilities. And from this, a politics of possibility for reproductive justice is born.

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