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# Bodily citizenship in the age of biosciences: a historical and comparative perspective

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Teresa Kulawik\*

## RÉSUMÉ

*La conception de la citoyenneté corporelle dans cet article va au-delà de la perspective courante du « contrôle sur le corps », en situant ce concept dans un contexte biopolitique et biosocial plus large. L'historicisation des droits corporels révèle une interaction ambivalente entre l'inclusion et l'exclusion due à une grande interdépendance avec une pensée eugéniste. La perspective historique dévoile différentes façons héritées de l'histoire nationale de conceptualiser les questions corporelles et reproductives. La tradition libérale anglo-saxonne les présentait ainsi comme un problème médical, alors qu'en Europe continentale, notamment en Allemagne, les droits corporels étaient liés aux revendications de la citoyenneté politique et/ou sociale des femmes. Il me semble qu'il serait important que dans les études sur la citoyenneté corporelle soit développée une perspective intégrée – celle que j'appelle le régime de citoyenneté corporelle. Enfin, l'article explore comment les nouvelles biosciences, sous les conditions de gouvernance du risque et les technologies d'optimisation, refont chez les femmes l'aménagement et l'autodétermination à travers le prisme de tests prénataux. La recherche effectuée dans le cas de l'Allemagne et de la Suède indique que la focalisation sur l'autonomie décisionnelle est trop limitée pour pouvoir saisir les nouveaux pouvoirs régulateurs.*

## ABSTRACT

*The article conceives bodily citizenship beyond the prevalent “control over body” perspective by situating the concept within a wider horizon of biopolitics and biosociality. The historization of bodily rights discloses an ambivalent interplay between inclusion and exclusion due to a close interrelatedness with eugenic thinking. The historical perspective reveals diverse national historical legacies to conceptualize bodily and reproductive issues. The liberal Anglo-Saxon tradition posed them as medical issues, whereas in continental Europe, especially in Germany bodily rights were linked to claims about women’s political and/or social citizenship. I suggest that an important goal of bodily citizenship studies should be to develop an integrated perspective – which I call bodily citizenship regime. Finally, the article explores how the new biosciences under conditions of risk-governance and technologies of optimization remake women's agency and self-determination through the lens of prenatal testing. Research about Germany and Sweden indicates that the focus on decisional autonomy is too limited in order to grasp the new regulatory powers.*

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## INTRODUCTION

Citizenship has become a key concept in scholarship and in political debate<sup>1</sup>. It is likely to be attractive to academe because it can interface various theoretical traditions. The concept addresses the possibility of individual citizens leading self-determined lives and with their membership and participation in a community. Central to democratic citizenship is agency. Feminist scholars have identified mechanisms of both inclusion and exclusion as constitutive to the historical establishment of gendered citizenship rights. Numerous studies have shown that the construction of the autonomous male citizen was accompanied by the invention of the dependent woman, denied of the virtues and capabilities required of citizenship owing to her "specific nature". This specific nature was in turn attributed primarily to the female body, to women's "biology" and their capacity for motherhood<sup>2</sup>. In other words, the prototypical autonomous citizen was a disembodied white male citizen. In the landscape of modernity the body was both abjected and an instrument of social classification and of a political technology of control<sup>3</sup>.

Despite the Janus-facedness of citizenship, the concept has always acted as a contra-factual ideal. Contested ideas about "full citizenship" both inspire political struggles to extend citizenship and serve as a normative yardstick in academic citizenship studies and empirical research which has been flourishing in the past decade<sup>4</sup>. We find ourselves in an age concerned with establishing new

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1 This article has been written within a project supported the Baltic Sea Foundation, Sweden on *The Politics of the Body and Women's Citizenship. Reproductive Technologies in Comparative Perspective* that co-financed my research for *FEMCIT - Gendered Citizenship in Multicultural Europe: the Impact of Contemporary, an Integrated Project*, financed within the Sixth Framework Programme of the European Commission contract no. 028746-2. It is a revised version of a paper which has been presented at the *European Conference on Politics and Gender, Belfast University, 21-23 January, 2009* and at the *Beyond Citizenship. Feminism and the transformation of Belonging. An international and interdisciplinary conference*, 30<sup>th</sup> June - 2<sup>nd</sup> July 2010, Birkbeck, University of London.

2 Carole Pateman, *The Disorder of Women. Democracy, Feminisms and Political Theory*, Cambridge, Cambridge University Press, 1989; Ruth Lister, *Citizenship. Feminist Perspectives*, London, Macmillan Press, 1997, p. 66ff; Teresa Kulawik, *Wohlfahrtsstaat und Mutterschaft. Schweden und Deutschland 1870-1912*, Series "Politik der Geschlechterverhältnisse", Frankfurt am Main, Campus Verlag, 1999.

3 Anne Witz, "Whose Body Matters? Feminist Sociology and the Corporeal Turn in Sociology and Feminism", *Body & Society*, vol. VI, n° 2, June 2000, p. 1-12.

4 *Remaking Citizenship in Multicultural Europe. Women's Movements, Gender, Diversity*, H. Bearice, S. Roseneil and S. Sümer (eds.), Basingstoke, Palgrave Macmillan, 2012; *Contesting Citizenship*, B. Siim and J. Squires (eds.), London - New York, Routledge, 2008; Ruth Lister, *op. cit.*; *The Limits of Gendered Citizenship. Contexts and Contradictions*, E. H. Oleksy, J. Hearn and D. Golaska (eds.), London - New York, Routledge, 2011; *Beyond Citizenship. Feminism and the Transformation of Belonging*, S. Roseneil (ed), Basingstoke, Palgrave Macmillan, 2013.

principles and practices of citizenship to meet the challenges that globalisation and Europeanization pose for the old coordinates. What is more, the modern life sciences raise fundamental questions about the very foundations of citizenship – for they revolutionize ideas about what constitutes a human being. Biomedical practices and their social consequences involve what has been termed "kind-making"<sup>5</sup>. Kind-making implies that constitutive categorial differences which were taken for granted now have to be defined and regulated. Egg donation and surrogacy require to legally define motherhood, which according to a longstanding legal rule was presumed and established through giving birth. Similarly, a categorial distinction between an "embryo" and fertilized egg cells was invented. The latter figures as "tissue" and can be used for research purposes, the former embodies an early stage of human life and is included in the notion of legal personhood.

These various developments are reflected in the fact that, since the upturn in citizenship studies, T.H. Marshall's triadic concept<sup>6</sup> has not only been reformulated and differentiated by adding further social categories like gender, race and ethnicity. The discussion today no longer addresses only civil, political, and social rights, novel dimensions of citizenship have been invented which recast the canonical public-private divide. Feminist scholars took the lead in adding "bodily rights" to Marshall's triad. Only by regaining control over one's own body and ensuring bodily integrity, they assert, can women attain full citizenship<sup>7</sup>.

Although bodily issues occupy a key place in the politics and theory of feminism, and their theoretization is among the most innovative contributions of feminist thinking to political analysis, the concept of bodily citizenship has remained strangely weak and underdeveloped. Recent developments in the life sciences and the remaking of societal and political relations they contribute to are seldom discussed under this heading, which focus mainly on integrity issues, such as abortion, prostitution and violence. Biosciences go beyond the conventional understanding of politics and are therefore treated above all by anthropologists and cultural scientists. It is first and foremost examined from the perspective of intimate citizenship and its focus on non-heteronormative family forms and their access to fertilization techniques<sup>8</sup>. This is certainly an important aspect, but only

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5 Sheila Jasanoff, *Designs on Nature. Science and Democracy in Europe and the United States*, Princeton, Princeton University Press, 2005.

6 Thomas Humphrey Marshall, *Citizenship and Social Class. And Other Essays*, Cambridge, University Press, 1950.

7 Ruth Lister, *op. cit.*, p. 127.

8 Sasha Roseneil, "Remaking Intimate Citizenship in Multicultural Europe. Experiences outside the Conventional Family", in H. Beatrice, S. Roseneil, S. Sümer (eds.), *op. cit.*, p. 41-69.

one from a much wider array of issues. What is at stake is a new configuration in which the "natural" and "social" are no longer perceived as adequate to conceptualize the world. Donna Haraway<sup>9</sup> entitled it boldly a New World Order, in which the private/public divide is supplanted by "cyborg citizenship". Others call the new constellation "risk society"<sup>10</sup> or "biosociality"<sup>11</sup>. Though coming from different theoretical traditions, they share an underlying assumption about a novel epistemic order that is accompanied by new forms of subjectivisation and power relations. The proliferation of new labels in citizenship studies in the past decade – genetic, biological, intimate, reproductive, sexual – in the very field that can be assigned to the broad realm of "politics of the body" indicates that bodily issues have become of vital importance in the ongoing societal changes and to citizenship struggles<sup>12</sup>. The concepts are partly overlapping, some are more encompassing than others. They offer fruitful insights for further elaboration of bodily citizenship.

I claim that the dominating focus on the "control over body" perspective has rendered the concept of bodily citizenship narrow and static. A shortened historical perspective from the 1960 onwards conceiving the problem at stake as struggle for women's decisional autonomy has also limited the scope of analysis<sup>13</sup>. The embeddedness of abortion policies within wider concerns of what Michel Foucault<sup>14</sup> called bio-politics, which since the 18<sup>th</sup> century addressed both individual and collective bodies in order to develop their "vitality", was usually disregarded.

9 Donna Haraway, *Cimians, Cyborgs, Women*, Londres – New York, Routledge, 1991, p. 162.

10 Ulrich Beck, *Risk Society. Towards a New Modernity*, London, Sage, 1992.

11 Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*, Princeton, Princeton University Press, 2007.

12 Eileen Richardson, S. Bryan Turner, "Sexual, Intimate or Reproductive Citizenship?", *Citizenship Studies*, vol. V, n° 3, 2001, p. 329-338; Deborah Heath, Rayna Rapp, Karen-Sue Taussig, "Genetic Citizenship", in *Companion to the Anthropology of Politics*, D. Nugent, J. Vincent (eds.), Oxford, Blackwell, 2004; Ken Plummer, *Intimate Citizenship. Private Discussions and Public Dialogues*, Seattle – WA – London, University of Washington Press, 2003; Adriana Petryna, *Life Exposed. Biological Citizens after Chernobyl*, Princeton, Princeton University Press, 2002; Nikolas Rose, Carlos Novas, "Biological Citizenship", in *Global Assemblages. Technology, Politics and Ethics as Anthropological Problems*, A. Ong and S. Collier (eds.), Oxford, Blackwell, 2005, p. 439-463.

13 *Abortion Politics, Women's Movements and the Democratic State. A Comparative Study of State Feminism*, D. Stetson (ed.), Oxford, Oxford University Press, 2001; Joyce Outshoorn, Radka Dudova, Ana Pererea, "Remaking Bodily Citizenship in Multicultural Europe. The Struggle for Autonomy and Self-Determination", in Beatrice Halsaa et al., *Remaking Citizenship in Multicultural Europe. Women's Movements, Gender, Diversity*, Basingstoke, Palgrave Macmillan, p. 118-140.

14 Michel Foucault, *Society Must be Defended. Lectures at the Collège de France 1975-76*, New York, Picador, 2003.

The argument to be unfolded in this article is that bodily citizenship has to be analysed within a broader horizon of political projects and the ambivalent dynamics of state interests, scientifically marked bodies and citizen struggles. It starts with a short historical overview, which reveals diverse national legacies to conceptualize bodily and reproductive issues as well as a complex and ambivalent interplay with eugenic thinking. I continue to explore the concept "biological citizenship" inspired by Michel Foucault's governmentality approach, which has been more attentive to the current developments of the post-genomic age but also to the eugenic past. I argue that it provides a fruitful theoretical point of departure for a feminist bodily citizenship framework. Finally I examine how biosciences transform the conditions of women's agency and self-determination through the lens of prenatal diagnostics. Drawing on research from Germany and Sweden, I illustrate that the focus on decisional autonomy is too limited in order to grasp the new regulatory powers in which self-determination is exerted under the conditions of risk-governance.

## RETHINKING CONCEPTS

### *Historicizing Bodily Citizenship*

The problems posed by the bodily citizenship concept arise from narrowing it down to the "control over body" perspective. In this context, the body is looked at in terms of the contract law model of property rights and rational decision-making<sup>15</sup>. This perspective misses out on the great wisdom of feminist theory, which, contrary to the androcentric vision of the disembodied citizen, insists not only on citizens' rights for women but also exposes the male citizen without a body as fictitious. Citizens are always embodied citizens and perceptions of bodies as well as knowledge about bodies have always played a role in building states, forming nations, and hence in making citizens. Where citizenship studies have ignored this, the struggle for reproductive rights has been presented largely as a heroic battle for decriminalisation, taking no account of other social projects addressing the citizens bodies<sup>16</sup>.

For a long time, research, including feminist research, had difficulty sorting out the interrelatedness of progressive policy and eugenic concepts. The atrocities committed by National Socialism have tended to close people's eyes to the fact

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15 Rosalind P. Patchesky, "The Body as a Property: a Feminist Re-vision", in *Conceiving the New World Order. The Global Politics of Reproduction*, R. Rapp (ed.), Berkeley, University of California Press, 1995, p. 387-406.

16 *Abortion Politics, Women's Movements and the Democratic State. A Comparative Study of State Feminism*, D. Stetson (ed.), Oxford, Oxford University Press, p. 271.

that birth control and sexual reform movements, as well as maternalist policies in most countries in Europe and in North and South America were strongly influenced by eugenic thinking<sup>17</sup>. Eugenics was not, as it was long labelled, "bad science" but a form of scientific expertise which combined statements about the "biological", i.e., hereditary constitution of bodies with judgments on "valuable" and "inferior" citizens, coupled with ideas on policy intervention to improve the "quality" of the "national stock" or "human material". As Nikolas Rose<sup>18</sup> stresses, eugenics was not marginal but rather part of mainstream thinking. What united the right, the left, and feminism, despite all differences in detail, was a belief in science, expertise-based policies, and a conviction that there are valuable and less valuable citizens<sup>19</sup>.

A historical perspective reveals the paradigmatic character of knowledge, as Mary Douglas<sup>20</sup> has taught us, the understanding of bodily functions and conceptions of social and political relations are closely intertwined. This historical period which can be conceived as organized modernity was informed by an organic and mechanistic style of thought about the body and the society, giving rise to a hierarchical form of domination<sup>21</sup>. Organized modernity was sustained by the imaginary of the social that represents the collectively shared as well as the greater, superior good. Disciplining and normalizing practices that imagined individual and collective bodies in terms of substantial forces and productivity became in the early 20<sup>th</sup> century part of governing technologies oriented towards rationalization and planning of social and economic relations. It was an authoritarian project, spearheaded by a new class of intelligentsia and technocratic experts that addressed people as norm following, but in principle rational subjects, who ought to be liberated from "tradition", "backwardness" and educated according to norms based on scientific knowledge claims, if necessary through coercion but in their

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17 William H. Schneider, *Quality & Quantity. The Quest for Biological Regeneration in Twentieth Century France*, Cambridge UK, Cambridge University Press, 1991; Maria Sophia Quine, *Population Politics in Twentieth-Century Europe. Fascist Dictatorships and Liberal Democracies*, London – New York, Routledge, 1996; Diane Paul, *The Politics of Heredity. Essays on Eugenics, Biomedicine, and the Nature-Nurture Debate*, New York, State University of New York Press, 1998.

18 Nikolas Rose, *op. cit.*, p. 59.

19 Cornelia Osborne, *Cultures of Abortion in Weimar Germany*, New York, Berghahn, 2008; Michael Schwartz, *Sozialistische Eugenik. Eugenische Sozialtechnologien in Debatten und Politik der deutschen Sozialdemokratie 1890-1933*, Bonn, Dietz, 1995; Atina Grossman, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, New York, Oxford, 1995.

20 Mary Douglas, *How Institutions Think*, Syracuse, Syracuse University Press, 1986.

21 Donna Haraway, *op. cit.*, p. 161; Peter Wagner, *A Sociology of Modernity. Liberty and Discipline*, London, Routledge, 1994.

own "best interest"<sup>22</sup>. Desmond King labels this policy a paradox of a "liberal coercive contract"<sup>23</sup>.

The struggle to decriminalise abortion and contraception was tied to ideas about how a proper use was to be made of these new freedoms and rights. At issue was not only "voluntary" maternity but also "responsible" maternity and parenthood. Although eugenics argued with "biology", it always represented a "diagnostic" of social behaviour<sup>24</sup>. Those whose behaviour was judged inappropriate and undesirable were to be "improved" or, if considered "incurable", to be eliminated<sup>25</sup>. Alva and Gunnar Myrdal<sup>26</sup>, who are considered pioneers of the Swedish welfare state, advocated as the last step in a comprehensive "adaptation process", to "thoroughly eradicate individuals extremely unfit for life" by means of sterilization<sup>27</sup>. Numerous contemporary social democrats, liberals, and feminists from many countries argued in a similar vein. The major reform package of the 1930s in Sweden included not only comprehensive social benefits for mothers but also sterilisation and abortion legislation legalising so-called medical and eugenic abortion.

But there are also important differences in timing and priority of social reforms and so-called negative eugenics between different countries. In fact, the historical trajectory of bodily rights reveals a puzzling pattern compared to contemporary gender regime classification. Those countries that are unusually classified as "liberal", like the US, spearheaded punitive interventions into procreation, including marriage bans and sterilization. In the years 1905 and 1922 eighteen states approved sterilization bills, thereby making the US the first country to legalize enforced "desexualization" of so-called "unfit"<sup>28</sup>. Social reforms, including

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22 James C. Scott, *Seeing Like a State. How Certain Schemes to Improve the Human Condition Have Failed*, New Haven, Yale University Press, 1998, p. 95f.

23 Desmond King, *In the Name of Liberalism. Illiberal Social Policy in the United States and Britain*, Oxford, Oxford University Press, 1999, p. 18.

24 Gisela Bock, *Zwangsterilisation im Nationalsozialismus. Studien zur Rassenpolitik und Frauenpolitik*, Opladen, Westdeutscher Verlag, 1986, p. 62ff.

25 Michael Schwartz, *Sozialistische Eugenik. Eugenische Sozialtechnologien in Debatten und Politik der deutschen Sozialdemokratie 1890-1933*, Dietz, Bonn, 1995; Atina Grossman, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, New York, Oxford, 1995; Desmond King, *In the Name of Liberalism. Illiberal Social Policy in the United States and Britain*, Oxford, Oxford University Press, 1999.

26 Gunnar and Alva Myrdal, *Kris i bevolkningsfrågan*, Stockholm, 1935, reprint 1997, Stockholm, Nya Doxa, p. 217.

27 Maija Runcis, *Steriliseringar i folkhemmet*, Stockholm, Carlsson, 1998; Teresa Kulawik, "Eugenics and the Making of Universal Citizenship in Sweden. The Women-Friendly Social Democratic State Revisited", submitted to *Gender and History*, 2014a.

28 Molly Ladd-Taylor, "Saving Babies and Sterilizing Mothers", *Social Politics*, vol. IV, n° 1, Spring 1997, p. 136-153.



mothers pensions, were limited to "respectable" women and dismantled again, and thus never developed into "social rights". Up till today the US has no paid maternity leave.

In contrast to what we might expect today, the notoriously conservative Germany stands out as the pioneer of sexual and reproductive rights as well as maternal benefits. It was the first country to introduce paid maternity leaves within public sickness insurance for women factory workers in 1883<sup>29</sup>. As early as 1907 German feminists set the abortion issue on the political agenda in order for every woman to be "*Herrin Ihres Körpers*" (*Master of her Body*)<sup>30</sup>. They demanded not a new regulation but no less than the total repeal of the abortion paragraph from the penal code. Characteristic for the so called radical branch of the German women's movement was that it linked demands for sexual reform with social rights and legal reforms for unmarried mothers already before the First World War. A central figure in the radical wing was Helene Stöcker who convened the first international conference for birth control in Dresden in 1911<sup>31</sup>. The sexual reformers moved the debates and strategies of the women's movement from "spiritual motherhood" to demands related to lived maternal bodies. British and US-American feminists, who put much greater emphasis on suffrage, sought to combat sexual exploitation through abstinence and antimale militancy, a strategy aptly captured with the slogan "Suffrage for women, chastity for men!"<sup>32</sup>. The birth control movement launched by Margaret Sanger was a single-issue organization, which sought to avoid all issues of "politics" and made clear demarcations against "homosexuality, abortion and communism"<sup>33</sup>.

Cornelie Usborne<sup>34</sup> and Myra Marx Ferree<sup>35</sup> emphasize the difference of the German tradition compared to the USA and UK, where abortion and women's sexuality were barely addressed publicly until the 1950s. Characteristic for the first and second wave women's movement in Germany was the insistence on understanding reproductive rights in societal context. In addition, reproductive

29 Teresa Kulawik, *Wohlfahrtsstaat und Mutterschaft. Schweden und Deutschland 1870-1912*, Frankfurt am Main, Campus Verlag, 1999.

30 Cornelie Usborne, *op. cit.*, p. 3; Ann Taylor Allen, *Feminism and Motherhood in Germany, 1800-1914*, New Brunswick, NJ Rutgers University Press, 1991, p. 190ff.

31 Atina Grossman, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, New York, Oxford, 1995, p. 17ff.

32 Ann Taylor Allen, *op. cit.*, 1991; Ann Taylor Allen, "Feminism and Eugenics in Germany and Britain, 1900-1940. A Comparative Perspective", *German Studies Review* 23, October 2000.

33 Atina Grossman, *Reforming Sex. The German Movement for Birth Control and Abortion Reform 1920-1950*, New York – Oxford, Oxford University Press, 1995, p. 38ff.

34 Cornelie Usborne, *op. cit.*

35 Myra Marx Ferree, *Shaping Abortion Discourse. Democracy and the Public Sphere in Germany and the United States*, Cambridge, Cambridge University Press, 2002.

rights were explicitly linked to political citizenship as a prerequisite to women's participation in society at large<sup>36</sup>. In contrast, the Anglo-American tradition foregrounded medical professionalism and state non-interference into "privacy", which primarily meant the decisional autonomy for doctors and only secondarily for women<sup>37</sup>.

The Swedish pattern is in some respect closer to the US than what one might expect. With the expectation of the famous law on the universal pension from 1912, the country was rather late to introduce public social benefits<sup>38</sup>. In contrast, it invented a range of punitive measures, among them eugenic marriage bans and marriage health certificates in 1915. Sweden not only allowed for enforced sterilization but installed a broader spectrum of coercive interventions which accompanied and predated the reforms in the 1930s, such as the Vagrancy Act, compulsory treatment against alcoholism and venereal diseases and enforced fostercare<sup>39</sup>.

In Sweden claims to an abortion on demand were not raised by women's organizations before the 1970s. In the debate aiming at a revision of the law in the 1930 the so-called social clause was rejected by the powerful Population Committee as well as by the vast majority of parliamentary representatives and women's organizations<sup>40</sup>. The major argument was that a social clause for abortion would mean to abdicate from social reform. The argument that a woman had a right to decide over her own body was deemed extremely individualistic. The legal reform in 1938 allowed for abortion on criminal, medical and eugenic grounds. The practice to connect abortion for eugenic reasons with sterilization was also conducted under Nazi rule. In Sweden the vast majority of those subjected to enforced sterilization were women, in contrast to the USA and Nazi-Germany<sup>41</sup>.

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36 Atina Grossman, *op. cit.*, p. 42-44, 87-90.

37 Myra Marx Ferree, *op. cit.*, p. 131ff, esp. 143.

38 Sweden relied until the 1950s on voluntary "liberal" health insurances, also the unemployment insurance was run by trade unions.

39 Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, Cambridge, Cambridge University Press, 1999; Jenny Björkman, *Vård för samhällets bästa: debatten om tvångsvård i svensk lagstiftning 1850-1970*, Stockholm, Carlsson, 2001; Maija Runcis, *Stereliseringar i folkhemmet*, Stockholm, Carlsson, 1998. Vagrancy law addressed not only vagrants but the whole Swedish citizenry. Everybody whose life style was classified as endangering » public security, order and morals» could become subject to coercive measures like internment. As late as 1964 the successor to the Vagrancy Act was adopted under the title *Act on Measures against Asociality Dangerous to Society* (Lagen om åtgärder vid samhällsfarlig asocialitet).

40 Elisabeth Elgán, *Genus och politik. En jämförelse mellan svensk och fransk abort- och preventivmedelspolitik. 1900-1945*, Uppsala, Studia historica upsaliensia, 1997.

41 Gisela Bock, *op. cit.*; Maija Runcis, *op. cit.*

Although radical feminists in Germany like Helene Stöcker, one of the pioneers of sexual reform, rejected any form of coercion by the State, they expected that the right of women to self-determination would provide a guarantee for procreation along eugenic lines. Women should, Stöcker stated, "where the child can be expected to be mentally or physically weak"<sup>42</sup>, learn to decide of their own volition to abort. For Stöcker, it was not an enforced but a voluntary orientation on a eugenic sexual ethic that was the highest expression of cultural development. I cite these historical reformers not to discredit them but in order to place bodily rights in a broader field of social forces and political projects. What is at issue here is making citizens » who have to have certain capabilities in order to be considered suitable and respectable members of a citizen community of self-governing citizens. The body and control over the body act as key markers and boundary setters for membership in a community and a major sign of respectability. Assumptions about bodies are among the most important tools in distinguishing full from lesser citizens, as Bacchi and Beasley<sup>43</sup> stress: the "control over body" subject is equated with "citizen", whereas those perceived as "controlled by body" are construed as lesser citizens. This dichotomy needs not, however, be gendered.

### *Citizenship and Biosociality*

In recent years, such a broad perspective linking bodies and citizenship has been developed above all in the interdisciplinary field of science and technology studies<sup>44</sup>. Nikolas Rose's point of departure for the concept of "biological citizenship" is the general claim that "specific biological presuppositions, explicitly or implicitly, have underlain many citizenship projects, shaped conceptions of what it means to be a citizen, and underpinned distinctions between actual, potential, troublesome, and impossible citizens"<sup>45</sup>. He points to the historical policy of eugenics as a form of biological citizenship, but focuses on the novelty of present-day developments. At the core of this new biopolitics is no longer the passive patient but the active citizen who can give his or her « informed consent » and choose between different (treatment) options. To act upon bodies and the management of bodies through fitness, the right lifestyle, and biomedical knowledge in the context of a "vital politics" is becoming increasingly important for our relationship with ourselves and for our positioning as citizens. This points

42 Quoted from Anette Herlitzius, *Frauenbefreiung und Rassenideologie*, Wiesbaden, Deutscher Universitäts Verlag, 1995, p. 350.

43 Carol Bacchi, Chris Beasley, "Citizen bodies: is Embodied Citizenship a Contradiction in Terms?", *Critical Social Policy*, vol. XXII, n° 2, May 2002, p. 325.

44 Adriana Petryna, *Life Exposed. Biological Citizens after Chernobyl*, Princeton, Princeton University Press, 2002; Deborah Heath, Rayna Rapp, Karen-Sue Taussig, *op. cit.*

45 Nikolas Rose, *op.cit.*, p. 132.

to new forms of activism and collective identities on the basis of, for instance, disease diagnosis or as proponents or opponents of the new genomics. How we relate to ourselves is also being reshaped through what he calls "ethopolitics". Ethopolitics does not aim to normalise the conduct of citizens from without, as it were, but attempts to affect their behaviour by acting upon their beliefs, wishes, sentiments and values<sup>46</sup>. In turn, this "ethopolitics" corresponds to new ways of knowing and expertise.

Whereas the former understanding of the body and thus the old eugenics were based on an anatomical and substantial notion of body, the biotechnological age is characterised by a molecular concept of human life. At the molecular level, bodies are conceived of in terms of coding and information. Bodily processes are pictured in terms of an engineering model according to which bodies are regarded as transformable at the organic level. This is accompanied by new forms of subjectivisation and power relations, which Rose<sup>47</sup> describes as technologies of optimization. In this new epistemology and "politics of life" two dimensions play a particularly central role, namely susceptibility and enhancement. Both dimensions rest on older notions of predisposition and of being at risk, as well as ideas about improving health and ourselves. The new technologies fundamentally rework the two dimensions, radically extending the time horizon towards the future. Today, basically every capacity of the human body and soul is seen as potentially open to improvement and intervention. Being at risk in the post-genomic age does not mean that a person has a clear etiological predisposition for a given disease but that, within a taxonomy of probabilistic calculations on risks, can be classified as belonging to a potential risk group. This novel approach to risk has given rise to a novel category of the sick, for genetic probabilistic thinking sees all people as "pre-symptomatically ill". The idea of "susceptibility" not only radically changes our relationship with ourselves and our responsibility towards ourselves but also towards others. Abortion offers a good example. In the case of a normal abortion, the woman decides on the basis of her life situation whether or not she can and wishes to have and raise a child. With prenatal diagnosis she also to a certain extent decides on the probabilistic future of the child and her family. Women are thus responsible in a quite different sense not only for themselves but also for the future of their children and their families.

In other words, genetic knowledge fundamentally reshapes processes of individual and collective subjectivisation through new relations of belonging and responsibility, and hence transforms social and political power relations. The concept of "active citizenship" brings out the contradictory aspects of these

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46 *Ibid.*, p. 27.

47 *Ibid.*, p. 11ff.

changes. To be "no longer patient" was an important demand of feminists in grass-roots health movements that now appears to have been met. Biomedical practices and the policies that regulate them use the language of individual rights, choice, and empowerment as a matter of course. At the same time, however, as Rose<sup>48</sup> points out, the ethics of active citizenship have made the maximisation of health and lifestyle "almost obligatory". Rose sees a new "pastoral power" of counselling emerging, primarily in the risk governance of pre-symptomatic and prenatal diagnosis. In contrast to the old type of eugenic counselling as practiced in many countries between the wars, present-day counselling is based on the principles of informed consent, choice, and non-directiveness. These ethical principles are, however, inevitably directional and normative in the concrete decisional situation, causing the boundaries between coercion and consent to become blurred.

The concepts of biosociality and riskgovernance have some affinities with Donna Haraway's thoughts about a New World Order. Haraway as well as much of the dominant feminist scholarship on biosciences focuses on the remaking of the nature/culture distinction and the implosion of binary gender categories enabled through the conception of molecular transformable bodies. The transformable recombinant body is expected to bring about the collapse of « biological foundationalism » and heteronormative kinship<sup>49</sup>. What is not taken into account within this vision is the parallel ongoing remaking of the social and the eradication of the boundary between the social and economic rationality. Remarkably little attention has been given to Michel Foucault's<sup>50</sup> later framework on neoliberal governmentality in feminist science studies. The concept explicitly turns away from the older notion of normalization and outlines a new phase of biopolitics, unfolding an analytics of government that rests on the invocation of freedom and self-determination. Though Foucault does not explore the changes emerging from the molecular body in detail, he refers to the new genetics as an element of risk governance and enhancement related to the notion of "human capital"<sup>51</sup>. The concept is integral to the new modalities of governing, whose central feature is the extension of the economic form to all social spheres as well

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48 *Ibid.*, p. 25.

49 Sarah Franklin, "Transbiology. A Feminist Account of Being After IVF", *The Scholar & Feminist Online. Special Issue: Critical Conceptions: Technology, Justice, and the Global Reproduction Market*, Rebecca Jordan-Young (ed.), 2011; Sarah Franklin, "Five Million Miracle Babies Later. The Biocultural Legacies of IVF", in *Reproductive Technologies as Global Form. Ethnographies of Knowledge, Practices, and Transnational Encounters*, M. Knecht, M. Klotz and S. Beck (eds.), Chicago, University of Chicago Press, 2012.

50 Michel Foucault, *The Birth of Biopolitics. Lectures at the Collège de France 1978-79*, Basingstoke, Palgrave Macmillan, 2008.

51 *Ibid.*, p. 227f.

as of the calculative mode of behavior in the relationship of the subject to itself<sup>52</sup>. The new governing technologies have no "totalizing" ambitions; inherent in them is rather a mode of processualization of conduct in terms of promises and probabilities.

There is a certain anachronism within the so-called second phase of feminist scholarship on reproductive technologies that explores women's experiences and emphasize their agency<sup>53</sup>. "Agency" serves primarily as a proof that determinist theoretical assumptions about "totalizing" forces of "medicalization" are obsolete, rather than investigated as part of a dispersed power structure and new modalities of governing that rely on participation and knowledgeable patients and citizens. Though inclusion and participation do not simply suspend power relations; rather, they configure them in new ways<sup>54</sup>. Active involvement of women with biosciences and procreation technologies can therefore not serve as a strong proof of women's greater reproductive freedom.

### *Towards Bodily Citizenship Regimes*

Is the concept of biological citizenship useful from a feminist point of view? My answer is affirmative with certain reservations. To begin with, certain terminological problems need to be dealt with. The meaning of "biology" is unclear both in everyday usage and in the uses of Rose and much of feminist scholarship in the aftermath of the sex/gender dichotomy. The term refers interchangeably to the body and to corpus of scientific knowledge. This conflation works like a magic trick; it objectifies the body and naturalizes the "scientific facts" that organize bodily experience<sup>55</sup>.

In a thoughtful revisiting of the sex/gender concept Sara Heinämaa<sup>56</sup> argues that within that framework the body is primarily understood as a causal-functional bio-machine rather than as a lived body. Living bodies are concurrently mechanical systems, practical instruments and communicative means. Drawing on the phenomenological tradition embodiment can be understood as a modality of relating, of being oriented, a question of "how" rather than "what". The

<sup>52</sup> *Ibid.*, p. 259f.

<sup>53</sup> Charis Thompson, *Making Parents. The Ontological Choreography of Reproductive Technologies*, Cambridge, MIT Press, 2005, p. 55ff; Laura Mamo, *Queering Reproduction. Achieving Pregnancy in the Age of Technoscience*, Durham, Duke University Press, 2007.

<sup>54</sup> *Between Self-Determination and Social Technology. Medicine, Biopolitics and the New Techniques of Procedural Management*, K. Braun (ed.), Bielefeld, Transcript-Verlag, 2011.

<sup>55</sup> Barbara Duden, *Disembodying Women. Perspectives on Pregnancy and the Unborn*, Cambridge, Harvard University Press, 1993; Donna Haraway, *Modest\_Witness@Second\_Millennium*, New York, Routledge, 1997, p. 217ff.

<sup>56</sup> Sara Heinämaa, "Sex, Gender and Embodiment", in *Oxford Handbook of Contemporary Phenomenology*, D. Zahavi (ed.), Oxford, Oxford University Press, 2012, p. 227f.

human body is not only invested with meaning but also a source of meaning, stresses Heinämaa<sup>57</sup>. Central to the concept of the lived body is that it displaces the assumed sequence of perception, interpretation and action. All these dimensions are closely interwoven, and what we can perceive depends on how we are oriented, Ahmed argues<sup>58</sup>. Bodily citizenship as a modality of relating to the self and to others is to be understood from the perspective of lived bodies. Equating embodiment with either scientific classifications or "raw material" is inappropriate<sup>59</sup>. I therefore suggest retaining the term bodily citizenship for the purposes of feminist analysis.

In my view, Nikolas Rose's treatment of « biological citizenship » and what he calls the "politics of life" nevertheless offers important insights for the further development of the bodily citizenship concept from a feminist point of view. I would like to stress two dimensions. First, writing in the theoretical tradition of Foucault, Rose operates beyond normative pros and cons with regard to biotechnological development without losing critical sight of power relations. Second, it is in my opinion a great advantage that governmentality research examines citizenship from a double perspective, namely that of governmental institutions and politics and that of individual and collective subjectivisation processes.

Why do I consider these two dimensions to be so important? In contrast to issues of bodily integrity, on which there is basic consensus, reproductive technologies have been highly contested among feminist activists and scholars<sup>60</sup>. Some regard them as an expansion of power over women's bodies through medical expertise; others welcome the new technologies as an extension of women's autonomy and right to choose. Although early contradictory standpoints have since given way to a more differentiated analysis, the controversy persists, as debates on surrogate motherhood and stem cell research show<sup>61</sup>. In a certain way they recall

57 *Ibid.*, p. 232.

58 Sara Ahmed, *Queer Phenomenology. Orientations, Objects, Others*, Durham, Duke University Press Books, 2006, p. 13.

59 See also Gisela Bock, "Challenging Dichotomies. Perspectives on Women's History", in *Writing Women's History. International Perspectives*, K. Offen *et al.* (eds.), London, Macmillan, 1991.

60 See Charis Thompson, *Making Parents. The Ontological Choreography of Reproductive Technologies*, Cambridge, MIT Press, 2005; *Verkörperte Technik - Entkörperte Frau. Biopolitik und Geschlecht*, S. Graumann and I. Schneider (eds.), Frankfurt am Main, Campus Verlag, 2003; Heidi Hoffmann, *Die feministischen Diskurse über Reproduktionstechnologien. Positionen und Kontroversen in der BRD und den USA*, Frankfurt am Main, Campus Verlag, 1999.

61 Sheila Jasanoff, *op. cit.*; Special Issue: "Geschlecht und Biomedizinpolitik. Vergleichende Perspektiven" [Gender and the Politics of Biomedicine. Comparative Perspectives], G. Abels, K. Braun and T. Kulawik (eds.), *Austrian Journal for Political Science*, n° 2, 2003, p. 125-136.

the extensive discussions on equality versus difference with respect to social policies, which instigated feminist scholars to examine gender regimes from a comparative angle. The analysis of national policy packages opened up a new perspective on trade-offs between equality and difference. As I have outlined above, historically countries have differed in their political and epistemological approaches to vital issues and bodily freedom, differences which might imply trade-offs within national policy regimes, such as between "choice" and "justice". Today's controversies and argumentative and political strategies within feminism, both among activists and within academia, can be regarded as rooted in national conceptions and histories of bodily citizenship. The different political paths and styles of thought concerning bodily issues tend to be overlooked in recent genealogical accounts that compose a narrative of progress, in which critical standpoints, which have been quite strong in the 1980s, tend to be presented as "outdated" or "bad science"<sup>62</sup>. Within Anglo-American scholarship, postcolonial and black scholars are today the major critics of the individualized notion of agency understood as "choice" and the reliance on reproductive strategies rather than social in the struggle to eliminate systemic inequities<sup>63</sup>.

I consider it important to get away from this pro and con position and to investigate quite concretely from a comparative point of view how women's agency is restricted or empowered within a given bodily citizenship regime. This necessarily entails going beyond single policies or techniques and requires the exploration of the need to remake rights and responsibilities from "social" into "medical" or "public" into "private". Unlike Rose, however, feminist scholars will not be able to avoid normative issues, for instance, questions about the criteria of self-determination in the context of "full citizenship". Should we claim property rights for our body parts such as ovas – which have become an indispensable matter in the regenerative biovalue economy – or should women donate ovas altruistically and thus continue the tradition of women's unpaid reproductive labour?<sup>64</sup> There are no easy answers to these ambivalences and dilemmas of reprogenetics within the new biovalue-economies.

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62 Véronique Mottier, "Reproductive Rights", in *The Oxford Handbook of Gender and Politics*, G. Waylen, K. Celis, L. Weldon and J. Kantola (eds.), Oxford, Oxford University Press, 2013, p. 214-235; Sarah Franklin, "Transbiology. A Feminist Account of Being after IVF", in *The Scholar & Feminist Online. Special Issue, "Critical Conceptions: Technology, Justice, and the Global Reproduction Market"*, R. Jordan-Young (ed.), 2011.

63 Dorothy E. Roberts, "Race, Gender, and Genetic Technologies. A New Reproductive Dystopia?", *Signs. Journal of Women in Culture and Society*, vol. XXXIV, n° 4, Summer 2009.

64 Catherine Waldby, Melinda Cooper, "From Reproductive Work to Regenerative Labour. The Female Body and the Stem Cell Industries", *Feminist Theory*, vol. XI, n° 3, April 2010, p. 22; Donna Dickenson, *Property in the Body. Feminist Perspectives*, Cambridge, Cambridge University Press, 2007.



### *Active Citizenship and Prenatal Diagnosis*

In contrast to infertility treatment that, with its potential to undermine the heteronormative family, has become a central site for new feminist theory within science and kinship studies, prenatal testing received less attention within feminist scholarship. There are, however, national differences. Prenatal testing constitutes an important field of feminist research in Germany and has been informed by an intersectional perspective, due to a radical "crip movement" which mobilized against "new eugenics" in the 1980s<sup>65</sup>. It became a major focus within the new academic field of women's health research. In Sweden, women's experiences with prenatal diagnosis or genetic counselling have barely been explored from a feminist perspective. To account for such differences is beyond the scope of this article. I would like to highlight, however, two factors which I regard as crucial. In Germany in the 1980s there was a broad mass mobilization against the new biotechnologies, both agricultural and medical, which had no counterpart in other countries<sup>66</sup>. There can be no doubt that the Nazi past was relevant here, but rather than history alone, research about the close involvement of scientific knowledge with racist and compulsory state interventions, including eugenic abortion and sterilization, was crucial for the furor and the heated debate in the 1980s<sup>67</sup>. The debate came a decade later in Sweden, and never became a big issue in feminist theorizing. The link between Sweden's own troublesome past of eugenic polices and the new selective practices was not made.

Like in many other countries prenatal technologies, ultrascreen and amnicentosis were introduced in both Germany and Sweden in the late 1970s. Both countries reformed their abortion legislation at that time. The Swedish law passed in 1974 created a fairly liberal legislation that allowed for an abortion on demand at a public hospital up till the 12<sup>th</sup> week of pregnancy, and after consultation up till the 18<sup>th</sup> week. In Germany the so-called embryopathic indication, which allows abortion in case of fetal anomalies, had been introduced by the act of 1976 that permitted abortion on social, medical and criminal grounds<sup>68</sup>. In 1995 the embryopathic indication was subsumed under the medical one.

In both countries access to prenatal diagnostics was granted through public health care, even though the regulatory framework varied. Sweden offered ultra

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65 In the same way that the term "queer" has been re-appropriated by the gay rights movement members of the disability movement have reclaimed the word "cripple". Claudia Stellmach, *Frauen, Frauenbewegung und Frauenorganisationen und Pränataldiagnostik*, Bonn, Deutscher Bundestag, Büro für Technikfolgenabschätzung, 1999.

66 Sheila Jasanoff, *op. cit.*

67 Gisela Bock, *op. cit.*

68 The law passed in the parliament 1974 which granted abortion on demand, was declared illegal by the Constitutional Court.

sound screening for all women first from the the second trimester, in Germany three screenings were recommend, one at the early stage of pregnancy.

The difference can be easily accounted for. In Germany many regulations were rather driven by the physicians professional and economic interests<sup>69</sup>. Sweden aims to offer high quality care to all of its citizens. The supply of services has been governed by quite a strict utility logic and cost-benefit calculation, including recommendations of standard procedures and treatments, according to what today is called evidence-based medicine. In Sweden maternal care the primary contact is between the midwife and the women; in Germany it is between the physician and the women<sup>70</sup>. In both countries, prenatal tests of a more invasive character were at first recommended to pregenant women who were classified as having an elevated risk due to age (from 35 or older) and known hereditary diseases in the family or children born with impairments. Since then the defintion of risk pregnancies has been constantly extended. Today all pregnancies are in principle percieved as "risky".

What makes prenatal diagnosis a special field within medicine is that it is driven by a technological and social, rather than by a medical logic. The current motivation is that it should prevent "suffering" and calm women's anxiety. According to a governmental bill, which included the first national guidelines concerning prenatal testing in Sweden, ultrasound screening seems to be an example of a method, for which the indication has been expanded step by step, without evidence of the medical benefit<sup>71</sup>. The Swedish Council of Technology Assessment in Health Care, which was entrusted with the task to evaluate ultrasound screening, conclude that "[d]espite several large comparative studies is has not been possible to confirm, that routinized ultrasound screens diminish mortality or unhealthiness following delivery"<sup>72</sup>.

Today Swedish women are, due to the restrictivness of the public service, increasingly attending private clinics in order to get the screening done at the early stage of pregnancy, and they are willing to pay for it. According to a senior physician at an obsterics clinic, today more than half of the women in urban

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69 Germany has a health system, in which doctors in private practice are contracted by public health insurance.

70 Susanne Georgssen Öhman, *Women's Experiences of Fetal Screening for Down's Syndrome by Means of an Early Ultrasound Examination*, Stockholm, Karolinska Institutet, 2005; Erika Feldhaus-Plumin, *Versorgung und Beratung zu Pränataldiagnostik*, Göttingen, V&R unipress, 2005.

71 *Fosterdiagnostik och abort* (Prenatal diagnosis and abortion), Govt. bill. 1994/95: 142.

72 SBU (Swedish Council of Technology Assessment in Health Care), *Routine Ultrasound Examination During Pregnancy*, 1998, p. 10.

areas seek examinations beyond the standard of public maternal health care<sup>73</sup>. He interprets this as part of the "information society" in which women gather as much information as possible about the unborn, even if it is without any medical relevance. In contrast to the framing of prenatal testing as a measure to safeguard the health of the mother and the future child, prenatal diagnosis does not offer any therapy. Fetuses diagnosed with a risk of impairment will for the most part not be treated, only aborted. The popularity of prenatal care is based on women's wishes to secure the health of the expected child. They seek reassurance that everything is fine and are not really aware that there is no treatment in the case of detected defects.

Whereas in the 1960s German doctors had complained about a reluctance to seek medical advice, the use of prenatal diagnosis and genetic counselling services increased enormously from the 1970s onwards. According to a representative survey, 85% of all pregnant women have had a prenatal diagnosis<sup>74</sup>. 70% had examinations going beyond ultrasonic diagnosis, of whom 34% had the triple test, and 11.5% an amniocentesis. The survey, which was conducted on behalf of the National Organization for Health Education, offers useful insights into how women are situated within the new ethopolitics. Without exception, it appears that they are badly informed. Half of them are not acquainted with the concept of prenatal diagnosis or understand it incorrectly, nor are they interested in being better informed. The authors sum up the situation as follows: This result again indicates the tendency of pregnant women to close their eyes to unpleasant subjects or subjects which cause concern" (*ibid.* quoted from the English version). They conclude that women are negligent and irresponsible.

An assessment made by Swedish authorities on the basis of existing research is less normative. It states that conditions for what could qualify as an informed consent are not met<sup>75</sup>. The women are not sufficiently knowledgeable to make a well-founded decision about whether or not to undergo testing, particularly with respect to the purpose and the potential implications of the results. Other Swedish studies confirm such miscommunication. For many women it is unclear what kind of consequences prenatal diagnosis might have, especially concerning the difference between screening (a risk information) and diagnosis. Only two third of the women who received a risk score recalled it correctly. More than half

73 NA, Nya Allehanda, *Gravida vill veta allt mer om sina ofödda barn*. 14 march, [http://www.familjeliv.se/Vantar\\_barn/1.1143968](http://www.familjeliv.se/Vantar_barn/1.1143968), 2011.

74 *Experience of Pregnancy and Prenatal Diagnosis. Representative Survey of Pregnant Women on the Subject of Prenatal Diagnosis*, on behalf of the Bundeszentrale für Gesundheitliche Aufklärung, Cologne, 2006, p. 7.

75 SBU (Swedish Council of Technology Assessment in Health Care), *Methods of Early Prenatal Diagnosis. A Systematic Review* (English Short edition), 2007.

of the women who perceived their risk as high were actually at low risk, according to Öhman<sup>76</sup>.

Why are women, who gather more and more information so badly "informed"? What happens when people are tested and informed? Basically, we could say that different expectations and two opposing ways of knowing meet. Women have these examinations because they want to be re-assured and want to hear that everything is in order with their child. The doctor's job is to discover anomalies. As a number of interview studies show, most women are not aware that one consequence of the search for abnormalities can be a late abortion. Although prenatal diagnosis does not treat or cure, it nourishes the hope that its use can avoid illness or disability. When women experience a pathological test result as dramatic and unexpected, and accordingly sometimes react very strongly, doctors and counsellors interpret this as the result of repression and denial. They see these women as refusing to face up to the consequences of prenatal diagnosis<sup>77</sup>.

This discrepancy between the different perspectives on the situation can also be interpreted as a clash between different ways of knowing and different forms of rationality. The objectivized knowledge of "informed consent" and "rational decision-making" clashes with existential hope. 70% of the women interrogated experienced the period of waiting for the results of the examination as a great strain. 84% judged the decision they faced as a "decision on the life or death of their future child"<sup>78</sup>.

In her study on counselling practice, Silja Samerski<sup>79</sup> investigates this confrontation between different ways of knowing and language. She concludes that women and advisors are basically talking about different things even when they use the same words, since the language of science is exact and objectifying while everyday speech is characterised by imprecision and surplus meaning. The concept of risk provides a good example. In the language of science, the term denotes a statistical probability whereas in everyday usage it indicates judgement

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76 Susanne Georgssen Öhman, *op. cit.*; Nete Schwennesen, Mette Nordahl Svendsen, Lene Koch, "Beyond Informed Choice. Prenatal Risk Assessment, Decision Making and Trust", *Clinical Ethics*, n° 5, 2010.

77 Erika Feldhaus-Plumin, *Versorgung und Beratung zu Pränataldiagnostik*, Göttingen, V&R unipress, 2005, p. 303.

78 Irmgard Nippert, "Wie wird im Alltag der pränatalen Diagnostik tatsächlich argumentiert? Auszüge aus einer deutschen und einer europäischen Untersuchung", in *Beratung als Zwang. Schwangerschaftsabbruch, genetische Aufklärung und die Grenzen kommunikativer Vernunft*, M. Kettner (ed.), Frankfurt – New York, Campus Verlag, 1998, p. 168.

79 Silja Samerski, *Die verrechnete Hoffnung. Von der selbstbestimmten Entscheidung durch genetische Beratung*, Münster, Westfälisches Dampfboot, 2002; 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*, vol. XXXIV, n° 4, July 2009.

that points to a negative event associated with a danger. In everyday speech, "risk" means "almost certain". Analysis of consultation interviews shows the problems that arise from the clash between different ways of knowing. Following principles of informed consent, choice, and non-directiveness, the basic tenet for consultation interviews is "I (the counsellor) will not tell you what to do" but "You must know" and "You have to decide".

In counselling situations, women have to learn to read statistical probability curves and to weigh up the risks of various "options". If they decide for or against a test, they have to weigh up the "risks" of testing against those of not testing. The pregnant woman has to transfer the decision on her child into a calculation between different options. At the same time, she is the person who has to decide. Samerski calls the situation a "decision trap", for women have to assume responsibility for something – either a miscarriage owing to an amniocentesis or a child with Down's syndrome – which she cannot influence in any way. But what is clear to the medical counsellor, namely that it is a matter of probabilistic statements on the basis of a statistical average of risk categories and not a matter of statements about a person, is by no means clear to the pregnant women seeking advice<sup>80</sup>. This is particularly fateful in the case of pathological findings. Since information about the risk is often provided as introducing a diagnosis, it almost automatically sets off an abortion<sup>81</sup>. Both the survey and interview studies show that women whose test results are negative regard prenatal testing as positive and as contribution to greater autonomy<sup>82</sup>. Women who receive a pathological diagnosis report that they felt themselves to be strongly constrained by the pressure of time and by the doctors<sup>83</sup>. Those who nevertheless decide to have their child say that they received little support in making their decision.

According to the official Swedish data, a significant increase in the proportion of terminations in pregnancies with chromosomal defects was found during the last 10 year period<sup>84</sup>. Such a development can, of course, be interpreted differently. Liberal feminists could claim that women are no longer willing to "sacrifice" their own life for the sake of their children. Another interpretation could be that women's capacity to dissent from societal pressures towards normalization has diminished. Escaping the automatism of late abortion, according to Feldhaus-Plumin, demands a great deal of self-confidence and strength on the part of women. If agency, which is so central to the concept of citizenship, implies to be able to dissent, then it could be argued that it might have been easier for women

80 Silja Samerski, *op.cit.*, 2002; Silja Samerski, *op. cit.*, 2009.

81 Erika Feldhaus-Plumin, *op. cit.*, p. 287.

82 *Experience of Pregnancy...*, *op. cit.*, p. 7; Irmgard Nippert, *op. cit.*, p. 166.

83 Erika Feldhaus-Plumin, *op. cit.*, p. 290.

84 SOS, Statistics – Health and Medical Care. Birth defects 2009, Stockholm.

to break the criminal law than to resist the terms of prenatal testing as rational decision-making to ensure a happy future of their children.

## CONCLUSION

In this article I have outlined a concept of bodily citizenship that departs from the "control over body" perspective by embedding it in a wider horizon of biopolitics, drawing on Michel Foucault's governmentality framework and more recent theoretizations of the new biosociality. In the final part I have explored how the biosciences under the conditions of risk-governance and technologies of optimization remake women's agency and self-determination through the lens of prenatal testing. Prenatal testing offers a highly instructive case to examine the contradictory and ambiguous constellations of a growing array of choices and decision making with regard to procreation. Does prenatal diagnosis reinforce women's self-determination? What it most certainly does, is to radically change the terms of self-determination. Originally self-determination in the case of abortion was about judging upon women's own situation. Prenatal diagnostics transform the question of abortion into rational decision-making, which implies a rationality to choose on the basis of probabilistic calculations about the future of the child. Under close scrutiny, the implementation of the principles of informed consent and non-directiveness reveals that boundaries between coercion and consent become blurred. Indeed, quite a large proportion of women assume that prenatal tests are obligatory; according to Swedish data ca 40%<sup>85</sup>. Though not enforced, prenatal testing has become an obligatory passage point on the way to a healthy baby, an almost unquestionable requirement of responsible motherhood/parenthood. Rather than informed consent, it might be perceived as informed "compliance"<sup>86</sup>. A major demand of the women's health movement was the right to information. Research about prenatal counselling shows that information as such is not empowering.

The new technologies and forms of governance reshaped the subject position of women in reproduction in quite contradictory ways. The new technologies have disrupted some binaries but created new ones, such as the dualism between woman and fetus. They have established a fetocentric perspective that personalizes the embryo and tends to objectify women as "carriers".<sup>87</sup> Rather than freeing women from the "burden of procreation" the new technologies have intensified the requirements around pregnancy and maternity and generated a new kind of reproductive labour. Pregnancy has been transformed from a status of hope

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85 Susanne Georgssen Öhman, *op. cit.*

86 Nete Schwennesen, Mette Nordahl Svendsen, Lene Koch, *op. cit.*

87 Barbara Duden, *op. cit.*

into a status of concern and risk in need of constant surveillance, testing and counselling. In certain ways, the new technologies create the needs they pretend to remedy: women's anxiety.

As outlined above prenatal diagnosis does not treat or cure or improve health after delivery. Rather, it represents a social technology of new managerial subjectivity. It is so irresistible because it operates within a narrow medical risk-benefit framework and resonates with women's desires for "healthy happy babies". In Germany feminist activists and scholars raised criticism against the common information and counseling practice. They recommended a broader "comprehensive" information. This engagement has been partly successful. The guidelines for counselling have been revised, but can "comprehensive" information really empower women or does it simply imply a growing pastoral power?

Whether or not the technologies can be employed by women to enhance their reproductive freedom depends on the creation of discursive spaces that offer a language beyond the narrow medical and individualist framework, a language which might enable women to reinterpret and renegotiate womanhood and motherhood as social experience and institution. This is where feminist politics and collective agency come into play, which are regarded as crucial for expanding citizenship rights and for lending them substance. The absence of a feminist perspective in political processes that regulated the first wave of technologies in the early 1990s indicates that such an opening up of public discursive spaces was not very successful<sup>88</sup>. Germany seems to be the exception that confirms the rule. Given the strong focus on women's agency in what is delineated as the second phase of feminist studies on reproductive technologies, it is astonishing that the absence of an engendered perspective and of feminist political actors in policy-making went almost unnoticed.

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88 Teresa Kulawik, "Expertinnen unter sich? Geschlecht, Demokratie und Biotechnikpolitik in Schweden", *Österreichische Zeitschrift für Politikwissenschaft*, n° 2, 2003; Kathrin Braun, "Women, Embryos, and the Good Society. Gendering the Bioethics Debate in Germany", in *Gendering the State in the Age of Globalization. Women's Movements and State Feminism in Post-Industrial Democracies*, M. Haussman and B. Sauer (eds.), Boulder – London, Rowman – Littlefield, 2007; Isabelle Engeli, "The Challenges of Abortion and Assisted Reproductive Technologies Policies in Europe", *Comparative European Politics*, vol. VII, n° 1, 2009.