

What's the Matter with Bodies?
*The materializing of women's Hormonal Bodies
and practicing a Body without Hormones*

by

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B.S.N., University of Victoria, 1998

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Abstract

Using illustrations of popular media about female hormones that depict and stereotype women, I theorize towards a more positive approach to women's bodies in flux and change that moves away from the conceptualization of women as *Hormonal Bodies* towards *Bodies without Hormones*. I challenge biomedical agency, reductionist biology, a predatory pharmaceutical industry and normative social imperatives to question the assumption of women's bodies as a naturalized pathology. To disrupt the disciplining of women socially constructed as deficient and uncontrollable, I point to the conflict between women's naturally fluxing bodies and emotions, and western society's dominant values shaping women, hormones and contemporary health practices. I reframe women's bodies from problem and limitation to resource and possibility. Neo-materialist views of Deleuze and Guattari, nomadic figurations and rhizomatic thinking are contextualized to women and bodies to produce notions of practicing and experiencing a body of choice unbound to female hormones.

Supervisor: Dr. Pamela Moss, Faculty of Human and Social Development

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“If you have no voice
SCREAM
If you have no legs
RUN
If you have no hope
INVENT”

Alegria, Cirque du Soleil
Dupere (1998)



Figure 1. Hormonal Body.

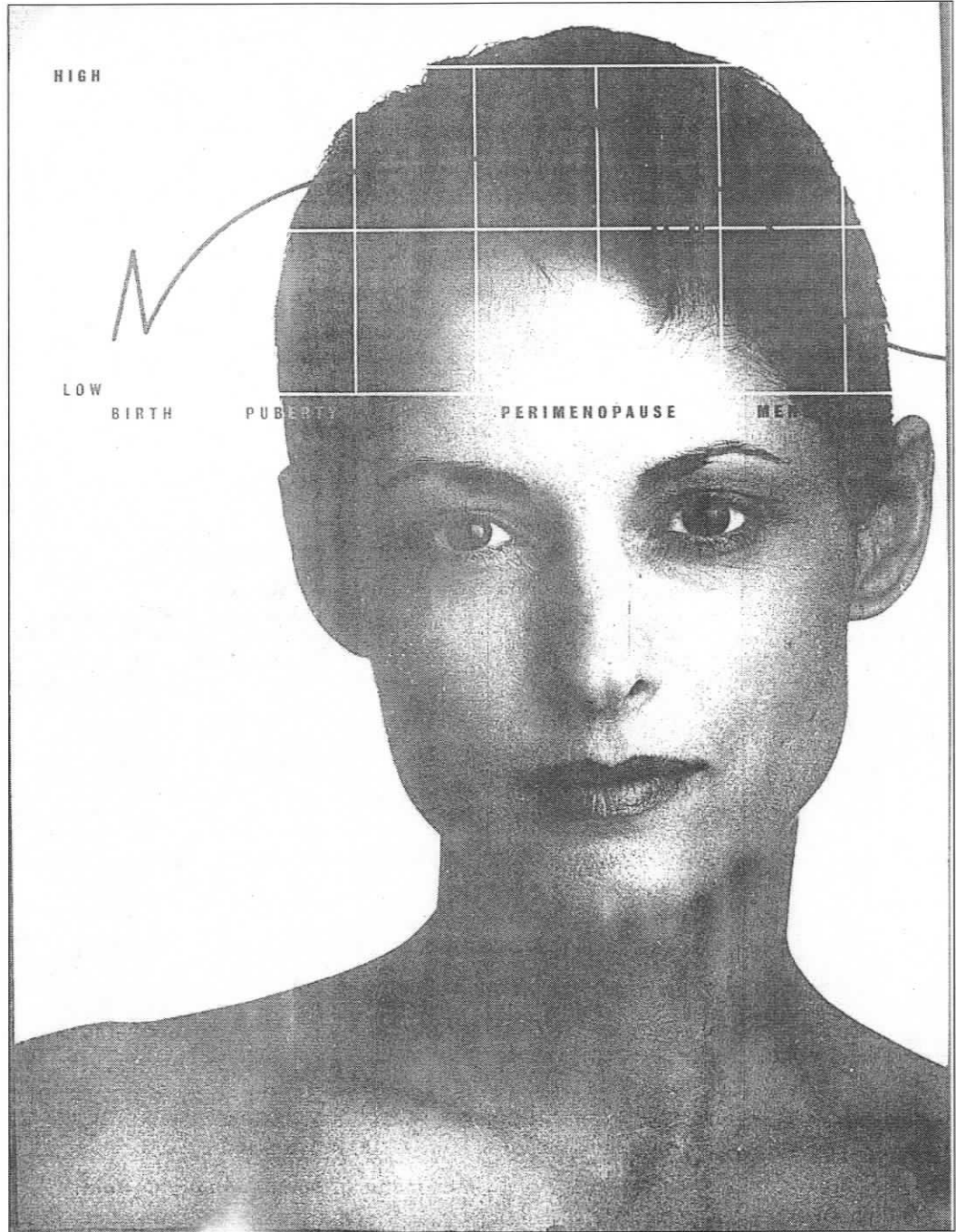


Figure 2. Hormonal Woman.

The image shows a banner for the website 'team estrogen'. The banner features a background image of a woman in cycling gear riding a bike against a mountain range. The text 'team estrogen' is prominently displayed in a stylized font, with 'te' in a separate box to the left. Below the brand name, it says 'women's cycling, tri & fitness apparel'. A navigation bar contains links for 'Cart', 'Your Account', 'Products', 'Brands', 'Comparison Charts', 'Community', and 'All'. At the bottom of the banner, it says 'Order online or call us Toll-Free 1-877-310-45'. Below the banner, there is a short paragraph of text and a smaller image of a cyclist.

te **team estrogen**
women's cycling, tri & fitness apparel

[Cart](#) [Your Account](#) [Products](#) [Brands](#) [Comparison Charts](#) [Community](#) [All](#)

Order online or call us **Toll-Free 1-877-310-45**

Team Estrogen is dedicated to meeting the needs of every woman who wants to ride her bike in comfort and style.

A smaller, square image showing a close-up of a cyclist wearing a helmet and a dark jersey, leaning forward on the handlebars of a road bike.

Figure 3. Team estrogen.



Figure 4. Estrofest 2002.

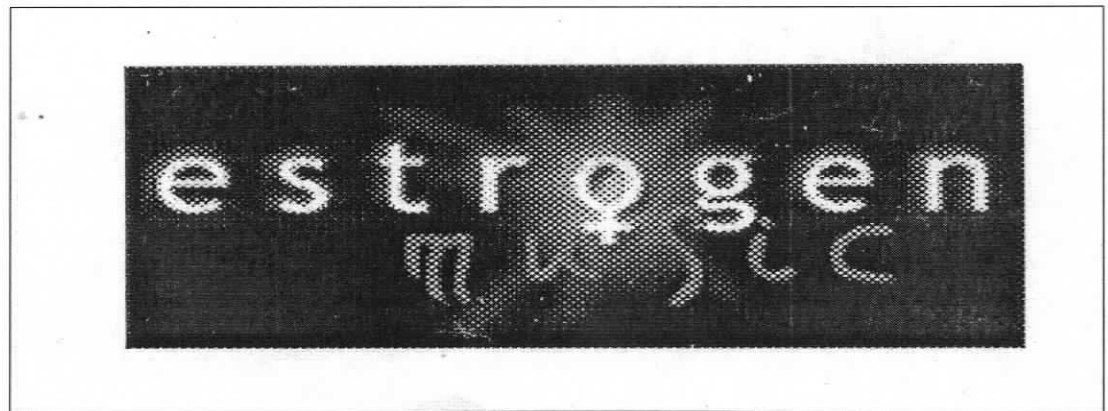


Figure 5. Estrogen music.

Subject: this is the PMS thing I was talking about

Q: How many women with PMS does it take to change a light bulb?

A: One. Only ONE!! And do you know WHY? Because no one else in this house knows HOW to change a light bulb! They don't even care that the bulb is BURNED OUT! They would sit in the dark for DAYS before they figured it out. AND, once they figured it out, they wouldn't be able to FIND the light bulbs despite the fact that they've been in the SAME place for the past 17 years!!! But if they did, by some miracle, actually find them 2 DAYS LATER, the chair they dragged to stand on to change the STUPID light bulb would STILL BE IN THE SAME SPOT. AND UNDERNEATH IT WOULD BE THE WRAPPER THE STUPID BULBS CAME IN! Why? BECAUSE NO ONE EVER CARRIES OUT THE GARBAGE!! IT'S A WONDER WE HAVEN'T ALL SUFFOCATED FROM THE PILES OF GARBAGE THAT ARE 12 FEET DEEP THROUGHOUT THE ENTIRE HOUSE. THE HOUSE!! IT WOULD TAKE AN ARMY TO CLEAN THIS HOUSE!!

I'm sorry ... what did you ask me?

Received as anonymous forwarded email on August 21, 2001



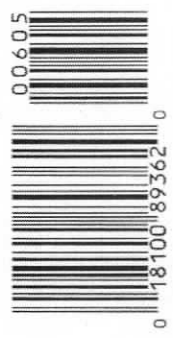
Female Fantasy #27:
Men would have to go through P.M.S., too.



Figure 6. Female Fantasy.

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A Message Sent: Female Hormones and the Media

Female Trouble

Vegetarian Times (1999)

When Hormones Go Haywire:

A get-normal guide

Good Housekeeping (2002)

Balance Your Hormones

Stay in control. Naturally

Natural Health (2002)

Estroven.

Menopause and the Mind:

A complete guide to coping with cognitive effects of perimenopause and menopause, including memory loss, foggy thinking and verbal slips". Includes a self-assessment tool for women to determine if they have "mind-misconnect syndrome".

St. John's Telegram (2002)Don't Wait until Menopause to get
Your estrogen levels start to change

as early as your thirties

Reader's Digest (2001)

Changing the Face of Menopause:

Skin aging accelerates with the
decrease in hormonal activity*50 Plus* (2002)Center for Menopause, Hormonal
Disorders and Women's Health*World Wide Web* (2003)

Understanding Perimenopause

Newsweek (1999)

A Week-by-Week Guide to Your Hormones:

You know hormones can turn you into a raging tyrant or a lovable teddy bear.

Health (2002)

Are You Concerned About ...

Menopause, Osteoporosis

Heart Disease, Side effects of
Synthetic Hormones?Discover more about customized
prescription*North Island Weekender* (2003)

Are You Giving up Days

To What You Think is PMS?

If you are, it could be PMDD.

Good Housekeeping (2002)

How Can I Help my Skin from

Showing Signs of Hormonal Changes

Vogue (2003)

Estrogen Music

World Wide Web (2003)

Hormones and Moods: Understanding depression and anxiety in women.

Total Health (2002)

Effect of Oestrogen on Brain Activation

Patterns in Postmenopausal Women During Working Memory Tasks.

Declining oestrogen levels characterize menopause...

Journal of the American Medical Association (1999)

PART ONE: INTRODUCTION, SIGNIFICANCE, MAP AND METHODS / ORCHESTRATIONS

Rising Tides

An Inquiry Rises: Motivation and Purpose

Long before my intellectual awareness of discourse, hegemony, essentialism, and social construction set in, I found the relentless onslaught of disparaging commentary toward women's "hormones" disruptive toward my perception of female bodies.

Women, from puberty through menopause, have been represented as victims of their hormone-scourged bodies; feelings, sensations, impulses, fluctuations and changes have been interpreted as hormonal activity adversely affecting temperament, emotions and behaviour. A flood of negativity surrounded women's bodies, presented in a range of popular and scholarly texts and advertisements (see this thesis pp. iii-v) and voiced repeatedly in the conversations of both men and women. Against this deluge I found myself asking: Why is a woman's body viewed as a problem? Is this the only view possible?

I felt my body as a part of the universe pulsating in its rhythms and cycles and wanted to follow its natural flux and change with a sense of trust and adaptability. After all, is it not adaptability that selects species to survive in Nature's scheme? Hordes of high profile information to the contrary made my ideas of living in a female body seem naïve, if not ridiculous. Both scientific knowledge and women's "lived experience" seemed to work against me. If I talked about my female body's cycles and seasons of change in a positive way, people looked at me strange. A lone, semi-indoctrinated soul,

my adolescent daughter, stunned her friends stating she wasn't allowed to blame her emotions on the evils of a menstrual cycle. One woman told me (with her psychiatrist husband looking up from his newspaper to peer at me over his bifocals) "you just haven't suffered enough". I needed to look further into how women and hormones have together risen in a notoriety of legendary proportions.

The hormonally distraught, out-of-control woman is mythic. She appears in magazine and newspaper racks, the women's health section at bookstores, in brochures at medical clinics, on the Internet in emails and websites, and in both meaningful conversations and glib comments. She is the subject of research and conferences. Help is offered to her in the form of PMS and menopausal support groups, special teas and dietary supplements, and various hormone therapies. A corollary message emerges: a woman can't expect to be comfortable in a body with female hormones.

The assumption accepted as fact that a woman's body is out-of-control through puberty, menstrual cycles, pregnancy, peri-menopause, menopause, post-menopause, suggest an understanding about the nature of women—that they are out of control because of the phases of their bodies (which are hormonally-based and traverse their entire lives). This understanding generates and feeds negative ideas about women. Such negative perceptions become natural and any woman any time can be swept aside or denied with expressions and side comments such as "It must be that time of the month" or "She must be menopausal". Or more poignantly, and perhaps as a manifestation of the internalization of such perceptions, "Don't mind me, I'm PMS-ing today". Who can take a woman seriously?

This “naturalization” of women’s out-of-control bodies and related behaviours constituting how women are to be known stems from a dominant discourse of hormones. Weedon (1995) explains discourse as “ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledge” (p. 105). What we know, what we do, who we can be, all coalesce within relations of power. According to Weedon, discourses “constitute the ‘nature’ of bodies... and the emotional life of subjects it seeks to govern” (p. 105). As natures are constituted and subjects are governed, the individual is subsumed and regulated into these extrinsic processes, as though helpless. Weedon elaborates on discursive control as she states “The ways in which discourse constitutes the minds and bodies of individuals is always part of a wider network of power relations often with institutional bases” (p.105). Following Weedon, discourses that utilize the notion that fluctuating hormones create out-of-control bodies have an impact on the way in which women are viewed, women view society and women view themselves.

There are other ways that discourses, ones rooted in various sets of power relations, use hormonal fluctuations to define women. Mills (1997) points to such institutional bases in the medicalized discourse of women’s health categorizing natural events in women’s lives as pathological in relation to a perceived male norm. Mills recognizes discourse as a practice of exclusion, excluding “any positive appraisal of the way women’s bodies function” (p.12). In accordance with the discourse on women’s hormones, then, it seems natural to talk about women’s bodies and hormones together in negative terms.

One could talk about a discourse of hormones, one that understands women as powerless in the face of hormonal changes with their bodies beyond their control. And since women fail to conform to the perceived requisite standard of male hormonal predictability (and by stereotypic extension, male reliability, productivity and equilibrium), women come up short. This affects societal perception, self-perception, and the social status of women.

Perceptions of biological processes such as hormonal fluctuations are drawn into a foreboding cloud darkening the door of all women. I have named such a discourse, “Hormonal Bodies” — a discourse that constitutes the nature of women’s bodies in terms of female hormones. Weedon (1995) would say this discourse governs the minds and bodies of women, subjects of whom I will refer to as “Hormonal Women”. I contend that as women perceive themselves in the “knowledge” and “nature” of this discourse, they will likely identify with a “Hormonal Body”, constructing a self known also in terms of hormones. Such a “natural” identity offers the comfort of a label, some normalcy and a collective understanding of what a woman and a female body are.

The Hormonal Body as an entity and the Hormonal Woman as a (unproblematized, naturalized) subjectivity/identity together act as stabilizing factors at the site of an unstable and out-of-control body. Once individual women accept and embrace Hormonal Body and Hormonal Woman, they become amenable to other “stabilizing” labels, diagnoses and treatments that explain and organize their bodies. The media is a prime agency moving to inform, influence and “serve” women in this capacity.

Sexist attitudes toward women’s bodies and hormones are evident in a wide variety of popular literature stereotyping women’s bodies as a site of raging hormones in

need of control. The authority to depict women in this way is supported by textual language, style and featured “experts”. A flurry of experts on women’s hormones in books, magazine articles and newspaper reports are promoting negative images of women, and naturalizing women as Hormonal Bodies needing management and control. Terms such as “mind-misconnect syndrome,” “brain-drain” and “peach fuzz mind” are phrases used by (nutritionist) Beck (2000) and (neuropsychologist) Warga (2002) to portray the state of women’s minds they believe is caused by decrease in production of estrogen. Women are to prepare for, identify and manage this expected state of cognitive deficiency by following the guidebooks of these professionals. Beck links specific menopausal symptoms to her advice concerning dietary changes and supplements. Warga has designed a self-screening tool with symptom charts which offers self-diagnosis as well as assessment of treatments women may take for their menopausal “deficiencies”.

Journalists on the bandwagon see women and hormones as one. Dohy (April, 2001), in the *Montreal Gazette* and *Calgary Herald*, depicts apparent personality changes (read problems) in a Premenstrual Syndrome and suggests the need for managing these personal deviations. Personal and situational contexts are put aside in favour of developing tools to keep a woman “solid” in a bedrock of consistency.

Begley and Kalb in *Newsweek* (1999, p.30) write about peri-menopausal women betrayed by their own bodies, quoting a prominent physician’s analogy of a precision Rolex gone rusty. Negative images of women’s hormones and women’s bodies which reduce women to mere bodily functions, present women as mechanisms valued only in terms of usefulness and reliability. As menopause approaches, the time of women’s value

is running out. Women devalued move on to deranged as Brink in *US News and World Report* (2002, p. 68) perpetuates the idea of hormones as disturbances to women when she refers to “women of a certain age [who] turn into shrieking hags or sobbing wimps”.

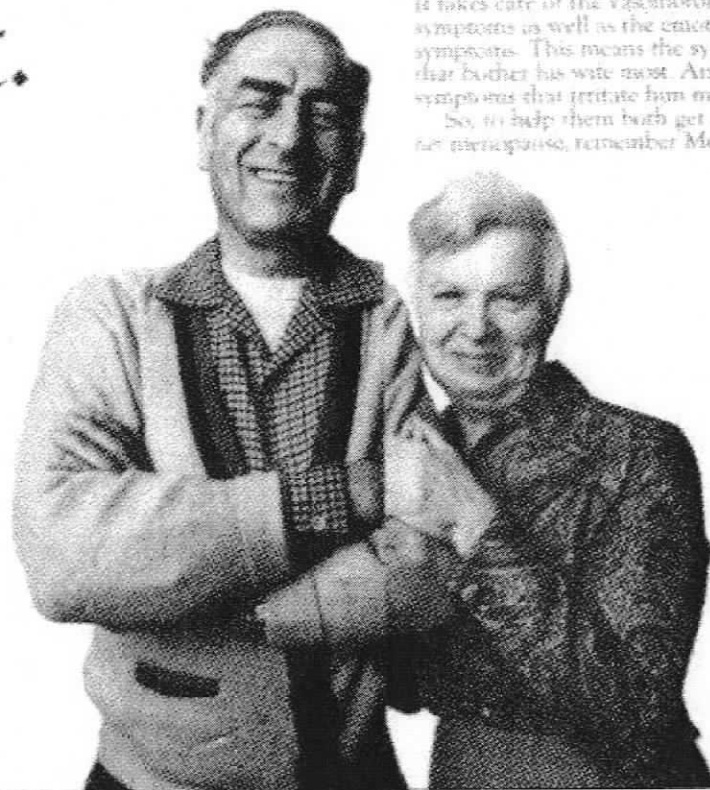
“The man’s guide to menopause: Dealing with a wife's menopause can be a handful for many men,” an unattributed article in *The Province*, presents women in menopause as objects of hormonal rage and problems for men, citing “rumours” that menopause will “turn your wife into a mood-swinging lunatic...she’ll bite off your head if you so much as blink at the wrong time—and any time is the wrong time. And sex becomes something other people do” (2002, p. B4).

Menrium treats the menopausal symptoms that bother him most.

He's got a lot of different menopausal symptoms, but only a few really irritate him. Her hot flashes, her vertigo, her palpitations—that's her problem. What really bothers him is her nervousness, her irritability and her excessive anxiety, often expressed by endless "book-shuffling, chair-stacking, reading lamp" insomnia!

Menrium takes care of her flashes, vertigo, palpitations in most menopausal women. Menrium provides the well-known anti-anxiety action of chlordiazepoxide (Librium®) and water-soluble esterified estrogens. It therefore relieves more symptoms than either component separately. It takes care of the vasomotor symptoms as well as the emotional symptoms. This means the symptoms that bother his wife most. And the symptoms that irritate him most.

So, to help them both get through the menopause, remember Menrium.



The "treated" menopausal woman is a trouble-free wife and devoted homemaker, unlike the "untreated" woman, who is not only at war with herself but a burden to all around her.

Figure 7. Menrium.

Celebrities well remunerated for their influence, reverberate such sexist and demeaning depictions. In *Newsweek*, actress and model Lauren Hutton (2000), who is

associated with the advertising campaign of a hormone replacement manufacturer, claims that she "can usually pick out the women who are taking it (HRT), because they look much younger than their age, and they don't look ... shrunk or dried up" (p.6). A frightening image of the aging female sends terrorized women clamouring for an alternative.

In *The sexy years: Discover the hormone connection*, actress Suzanne Somers (2004) coins the platitude "the Seven Dwarfs of Menopause—Itchy, Bitchy, Sweaty, Sleepy, Bloating, Forgetful, and All-Dried-Up" (p. 2). According to Somers, women over fifty become fat, sexless and cranky, shaming women into accepting Somers' further assertion that by taking "bio-identical hormones," they can regain their mind, body and life.

The Sexy Years: Discover the Hormone Connection -- The Secret to Fabulous Sex, Great Health, and Vitality, for Women and Men

by Suzanne Somers

Item Catalog Number: 33595

Getting older can be brutal - women gain weight, lose their sex drive, experience hot flashes, suffer memory loss, become short-tempered, find it difficult to sleep, and on and on. It's not so easy for men, either - they start to lose energy and stamina as they age, too (and they have to live with women going through menopause). After years of being thin and fit and full of energy, Suzanne herself encountered the "Seven Dwarfs of Menopause" - Itchy, Bitchy, Sweaty, Sleepy, Bloated, Forgetful, and All-Dried-Up. Instead of living out the rest of her life cranky, sleep-deprived, and libido-less, Suzanne set out to discover how she could get her mind, body, and life back and banish those pesky dwarfs for good.

The result is *The Sexy Years: Discover the Hormone Connection - The Secret to Fabulous Sex, Great Health, and Vitality, for Women and Men*. In this passionately argued and enormously practical book, Suzanne supports her own research and experiences with the expertise of leading doctors in the field of women's and men's health and sexuality to create an inspiring, accessible call-to-arms to women to radically rethink how they approach life after fifty, and give them the tools to turn their lives around.

Suzanne has discovered that the second half of life has been more rewarding, fun, and purposeful than her younger years. The key to her happiness? Taking natural bioidentical hormones. Natural hormones, which



Figure 8. The sexy years.

The concept of women's hormonal bodies as problematic is embedded in biomedical notions of women's bodies. Through the lens of pathology, biomedicine seeks evidence of hormone "imbalances". If such "imbalance" is determined, the woman is forced, if she accepts this idea of a pathological hormonal body, to choose between living with a hormone "problem" body or seeking hormone treatment, which of itself could lead to other pathologies, such as cancers, blood clots and other conditions. Either way, from a biomedical viewpoint, the woman's hormonal status is perceived as a medical problem. Whether women choose to live in their bodies as they are or receive treatments risking other pathologies does not really matter because for women, either option casts them as a "problem".

Are you concerned about...



- **Menopause?**
- **Osteoporosis?**
- **Heart Disease?**
- **Side effects of Synthetic Hormones?**

**Discover more about Customized Prescription
NATURAL HORMONE REPLACEMENT THERAPY**

Natural hormones are bio-identical to those produced by the human body, and offer all the benefits of hormone replacement therapy with fewer side effects than synthetic hormones.

Bio-identical hormone replacement therapy may be beneficial in treating symptoms of menopause such as mood swings, hot flashes, depression, insomnia, memory loss, reduced libido and other symptoms.

*We work in cooperation with patient and physician to determine an individualized prescription plan that is customized for each woman.
For more information contact*

**Campbell River
Health & Drug Store**

Merecroft Village, Dogwood Street • 286-1771 or Toll Free 1-888-286-1771
Monday - Friday 9-5:30, Saturday 9-2 • Easy Access - Lots of Parking

Figure 9. Are you concerned?

These examples of outrageous images, disturbing notions and pathological conditions promote women's bodies as troublesome objects to be corrected. Something must be done. This stance opens huge new markets for a lucrative pharmaceutical industry, whose predatory nature is so well described in the program "Manufacturing Patients", aired on CBC Radio's *Ideas* (Cassels, 2003). A woman's "deficient" body inevitably sets her up to be judged. Can she live in dignity in a body described as unreliable, rusty, shrunken, dried-up, betraying and diseased? One that causes "mind-

misconnect” as it leaves her irrational, sexless, crazy and violent as her hormones fluctuate as she cycles through uncontrollable states?

A lack of critical analysis protects the processes that construct women and hormones into a single entity. By critical analysis I mean that which questions the taken-for-grantedness of a notion, queries that which is taken for granted and scrutinizes the context within which a notion emerges. Such analysis is needed to question the naturalized labeling of women’s bodies, challenge assumptions that women’s bodies are a “problem” and trouble inferences that women are inherently prone to discomfort, imbalance, deficiency and misbehaviour vis-à-vis their bodies. In an all too rare analysis, Scott-Dixon (2001, p. 24) states that hormones have been “a convenient excuse to deny women opportunities” which translates women’s perceived propensity to hormonal rages into doubts about the capability of women to handle important tasks. “Apparently we [women] lose our grip on sanity every four weeks, become obsessive sometime in our 30s as our lonely uteruses start demanding occupants, and by our 50s we are deranged by withdrawal from hormones when our periods stop” (Scott-Dixon, 2001, p. 24).

The collective and negatively viewed hormonal female body provides a foundation against which to build my argument in this thesis spearheading a more positive way to view women and bodies cycling through flux and change. In thinking differently about bodies, my purpose is to question the notion that something is naturally wrong with women because of their bodies. To expose women in this grip of a dominant discourse of female hormones governing much of their lives, I need to explain how women become entwined with this discursive regime, and contemplate ways to lessen this government. To challenge media images and the biomedical construction of

women's bodies as hormonally determined, is to question the yoke of outdated thought shackling women to a view that justifies intrusive monitoring and control under hormonal rubric. It is my greater hope to stimulate a new appreciation of the female body, contemplate a more peaceable coexistence within the female form, and expand figurations of women that support a healthier self-image.

Significance

For decades the western Feminist Movement has worked to free women of subordinating sexism and diminished social status via various methods such as public demonstration and dissent, lobbying and education, critical analysis and theory. A few feminist writers such as Daly (1978) and Borysenko (1996) have argued a novel perspective that the cyclical nature of women's bodies can be a source of strength, personal growth and a guide for living. The entrenched attitude persists, however, that women are flawed by the natural function of their female hormones, a problem that needs to be solved in some way. Though feminist biologist Birke (1999) does not address hormones specifically, she draws attention to the fact "that much of feminist thinking still harbours an underlying belief in the biological body as fixed — even when that belief is apparently denied by statements that we cannot understand our biological selves except through culture"(p.44). Birke notes this contradiction as bodily workings at the physiological level "seem to remain forever outside culture, fixed into biology" (p.44). This is just more evidence of important analyses neglected in favour of accepting the given "nature" of a body.

Harding (1997) also criticizes feminist discourses still based on the female body as a universal fact outside of history and culture, and guilty of producing a universalized/naturalized version of body. She illustrates a problem in the fact that medical and feminist discourses converge in the categorization of women at risk; risk that frighten individuals, justifying measures of some kind of control; risk which constructs a pre-existing body as a site for surveillance and the application of knowledge generated from outside of women's apparent ignorance; risk which puts pressure and even anxiety on women to make "responsible" choices.

Despite years of feminist theorizing, a conflict between women and their perception of their female bodies remains. Such a war within is troublesome because it increases women's vulnerability to outside manipulation. More critical analyses could disrupt complacent acceptance that women's bodies are oppressive, and expose the sexist attitudes that cast and confine women in a negative frame.

As a more conservative climate moves into political offices and campuses,¹ it is my concern that this will be reflected in more rigid and intolerant attitudes that work against feminist interests in thinking and acting. All the more reason for resolve in digging even deeper in the feminist project and disrupting more discourses such as those that hardwire women into particular bodies. Bodies that set women up as needing to be "fixed".

¹ Anderson (January 14, 2005) in "Right on campus: Conservatives begin to infiltrate the left's last redoubt" applauds the rise in conservatism in the university student population.

Scope

In this idea that women need fixing, women from puberty to post-menopause seem to be an increasingly medicated lot. It is a heyday for synthetic, “natural” and “bio-identical” hormones in tablets, patches and creams; for sleeping pills and potions, anti-depressants, mood-elevators, tranquilizers and other medications for the control of sensations, experiences and “conduct disorders” associated with women’s reproductive hormones. These are the “orders” (read prescriptions) of the day to return these women to their “real” selves. But what is this “real” self? Does it actually exist? Why should women be so vulnerable as to accept this idea of a real vs. unreal self? How much is the subjectivity or notion of what a woman ought/ought not to be based on what supports the ease of others? Does it proffer some kind of comfort or health or merely come in the guise of modern medical advance? Where do these dominant notions towards women come from and why are they accepted, believed and internalized?

Are you giving up days to what you think is PMS?

If you are, it could be PMDD.

Millions of women suffer month after month from a distinct medical condition called premenstrual dysphoric disorder, or PMDD.

Monthly symptoms like irritability, mood swings, crying, and fatigue are so severe that they interfere with your work and relationships.

PMDD is related to changes in hormones that may interact with other natural chemicals in your body.

Now ZOLOFT is approved for the treatment of PMDD. Why give up any more days of your life?

Prescription ZOLOFT can be taken either every day or for just 2 weeks before your period. Only your doctor can diagnose this disorder and tell you which treatment option is right for you.

ZOLOFT is not habit forming.

Ask your doctor if ZOLOFT is right for you.

Call 1-800-444-PMDD or visit www.zoloftforpmd.com

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(sertraline HCl) **PMDD**
Because each day counts.

ZOLOFT is not for everyone. ZOLOFT is approved for women 18 and over. People taking MAOIs or pimozide shouldn't take ZOLOFT. Side effects may include dry mouth, insomnia, sexual side effects, upset stomach, diarrhea, sweating, nausea, and sleepiness. In studies for PMDD, most women did not have to stop taking ZOLOFT because of side effects. Please see the following page for additional information about ZOLOFT 25 mg, 50 mg, and 100 mg tablets.

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Figure 10. Are you giving up days?

Now that there has been public exposure about harmful side effects of some HRT pharmaceuticals, can they maintain their appeal to women? Will this knowledge help to

guard women from exploitation via the negative view of their body's hormones as a "problem," obviating the need for such "remedies?"

According to Cassels (2003), pharmaceutical companies draft and distribute "educational brochures" which are mere tools to market drugs. Under the guise of medical authority, the brochures lead readers to a negative view of their bodies and instill feelings of inadequacy, creating a demand for products. If women were able to contemplate their bodies and selves apart from discourses constituting them as problems, pathologies and patients, the perceived need for outside intervention might become less. Of course, the profits made off of women's bodies would also decrease.

By questioning dominant assumptions around women's bodies by which we live, and inquiring into a particular lens (e.g. biomedicine) that brings certain things into focus while making others invisible, in this thesis I am contesting the notion of illness naturalized to women. By rethinking the relationship between hormones and women's bodies, I am looking for alternatives to constituting women's subjectivity attached to biologically determined notions. I am questioning the assumptions and processes that universalize a Hormonal Body to all women. I am interfering with a stubborn notion that supports sexist attitudes.

CONCLUSION

In many cases, hormone treatment will relieve the specific symptoms of the menopause like hot flushes and atrophic vaginitis. But its action on the nervous system can also have positive effects on your general well-being.

Furthermore, hormone therapy will help prevent certain conditions linked to the menopause like osteoporosis and cardiovascular disease. It will also help you deal with the other difficulties which surface during this time of your life. Consult a doctor with whom you feel comfortable and in whom you have confidence. The both of you should discuss candidly your problems or any routine tests or examinations that may be necessary, and agree on a preventive or therapeutic treatment tailored to your specific needs.

Remember that the fountain of youth is not found in a pill. But hopefully, by offering you better living and health conditions, you will be able to foresee and avoid many of the problems which can occur at this time of life. So the sooner you adopt a positive attitude and life-style, the better you will feel during your menopause and the more fulfilling the years ahead will be for you.

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This material has been reviewed by the SOGC Public Education Committee and has received official SOGC approval.

This booklet was made possible through an educational grant from Wyeth-Ayerst Canada Inc.

Helping make life more liveable through the menopausal years and after.

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Figure 11. Menopause brochure.

Moving through this Thesis: Metaphor, Markers and Map

I bring tides as metaphor, analogy and structure to this thesis about women and bodies. In part one I express my research as a rising tide of interest with a purpose, rationale and significance. A research hypothesis emerges from this overview: Positive views of women and bodies in flux and change are possible. Research questions follow: How are possibilities for understanding women, bodies and hormones expanded and impeded? What might a positive view of women and bodies look like? What are the implications of a more positive view?

These questions are met with a research problem: Positive and dignified views of women's bodies in flux oppose dominant (scientific) stereotypes of women at mercy of female hormones. This guides my inquiry through the maze of stereotyping media and attitudes.

In order to support my arguments detailed in part two, I cluster the work of various theorists around my particular uses of various concepts. A tide of the Modern Body moves in to subsume the muddy waters of women, bodies and hormones into a clearer image that is generalized to all women. The difference between matter and material (as I use these) is clarified as I discuss how concepts organize raw matter to give us "our body". In surveying different theories of materiality, I consider the materialization of a female Hormonal Body, which includes how the nature of women and bodies has been constituted as a problem.

To ground my move away from negative images and towards new perspectives, I outline my main theoretical framework from Deleuze and Guattari, the mother tide which guides this thesis from the start. Using concepts from their work, I experiment with them

to develop a more expansive (and more positive) view of women and bodies in flux. Drawing on the work of other theorists I supplement Deleuze and Guattari's concepts with ideas explaining material-semiotic processes, biological perspectives, and thinking modes limiting our perceptions. I utilize these processes and perspectives differently to open up possibilities of what can be thought outside that which exists; straying beyond the apparent limitations of how things "are". This type of inquiry has an impact on how bodies can be lived and how women themselves can live in bodies.

In part three of this thesis I move into an engagement with concepts. Different tides of thought such as Cartesian, Deleuzean or Critical Feminist bring in or cast about for different female bodies. Contemporary social practices and lifestyles present a new wave of disciplining bodies. I discuss models of the Parasite and Schizophrenic to illustrate different engagements with knowing and being, and their implications for bodily living. As the importance of subjectivity gains prominence as I proceed in this inquiry, I return to female subjectivity in a more comprehensive way to look at its roots in the body, changing subjectivities and the (promising) model of the nomad. Leaving to ebb the idea of possessing a body or being one's body, I move with a tide of practicing bodies, which I contend brings choices and a new respectability to women living in a body in flux. In the finale, I outline specifics and potentials of an alternative to the discourse on female hormones with the concept of living through tides moving in the body.

Inter-Tidal Zone: Methods/Orchestrations

Fertile ground

In this inquiry I utilize several methods to explore and open up, reveal and expose, interrupt and interfere, and displace and orchestrate anew. These intentions survived as my approach changed over time, swept up by different orientations occurring in my own professional, intellectual and personal evolution.

Researcher's Perspective: Waves of approach

The body politic: personal and professional

Initially I approached this study as a political act stemming from feminist concerns about the oppression and subordination of women via their bodies. These concerns were drawn into an investigation of how dominant conceptions of women's biology have been promoted, determining how women and bodies are understood and the role of social norms in producing this knowledge. This organization of knowledge and its impact on the practices of health and illness for women had political implications, with the institutions of science, biomedicine and the media playing powerful roles in subordinating women to generalized understandings of their bodies. By adopting a dominant understanding of hormones, a particular female form is incarnated by women themselves.

As a nurse I am interested in how biomedical views of women's bodies continue to situate nursing practice in a medical paradigm, even as nursing theorists and practitioners go to great pains to differentiate nursing from the medical approach, and to

merit nursing as a unique profession in its own right. I believe this is part of the politics of professionalization, with nursing expected to hold to hegemonic thinking as a basis for its professional status. Struggles for professionalization have been exemplified by such formulations as “nursing diagnosis” which I recall being taught in the early 1990s as a formalized practice and an investment of sorts so that nursing of the future would have the credibility necessary to qualify it as an insurable service. This seemed to me a distasteful reason for organizing what nurses do into a medicalized form, appropriating measures from a more powerful medical discipline in order to merit professional prestige, and presumably the appropriate remuneration. This point makes the political links between the dominant biomedical discourse of female hormones and at least two typical nursing practices: (1) labeling and supporting women’s experience in bodies in flux and change but only within a hormonal framework of understanding, and (2) education around options for living in bodies centered solely around management, rather than perceiving women and bodies differently. It is expected that nursing practices emerge from dominant discursive positions of health and health practices. Nurses might take another look at their practice if they consider whose interests are underlying the discourses co-opting and molding their professional and proud practices of support, education and choice. However, if I critique any of these discourses, it is inevitable that I will put forward others more to my liking. The point is to keep questioning.



*helping women
make informed
healthcare decisions
through
perimenopause
and beyond*

menopause guidebook



Figure 12. Menopause Guidebook.

A new wave

Early in this inquiry the body of literature focused my attention on the social construction of a “Hormonal Body”, which seemed to be organizing women into a naturally unhealthy form. Resisting this sweeping normative view of women and bodies, I initially proposed an alternative to this body in terms of a “Body with Hormones”. More descriptive than discursive, this term seemed less monolithic. In time I took a further step into a view of women’s bodies less bound to the notion of hormones. As this happened, I moved out of an almost relentless focus on oppression as I came to view the possibility of women’s bodies as inherently liberatory. Whether bodies are oppressive or liberatory for women seems contingent on how bodies are understood, and how this understanding is practiced. In a sea of living bodies I began to perceive different practices of the body and their fusion with processes that form or unform the subjects who practice them.

In contrast to my original idea of undertaking a more straightforward textual analysis of articles about hormones, the idea of a developing new theoretical suppositions initially generated an intimidating image of wandering in the wilderness. Gradually I reframed this process into a more positive and encouraging wondering in that same wilderness, a realm where instinct, natural elements and individuals interplay. In a postmodern view, wondering is perhaps all that can be done. This wondering further manifested and gained momentum as I experimented in re-thinking concepts. This thesis then became a step, an experiment and a research into thinking differently.

Meta-theory

Eagleton (1990) describes meta-theory as “theorizing about theory” (p. 24). Undertaking the practice that probes theory itself, he points to an escalation of theory-making when traditional rationales are faltering, and theorizing as a form of self-reflectiveness re-addressing phenomena that have become unsettled or problematic in current understandings. Eagleton goes on to say that even becoming conscious of the theories that belie our social practices, may in fact work to discredit and alter these same social practices. Offering new rationales for our practices (theorizing) is potentially a destabilizing act because it makes us “freshly conscious of what we do, and this may always raise the possibility that we should do something else for a change” (p. 27).

Haraway (1999) makes this methodological point in her argument that the practices of viewing set people up in subjectivities and ideologies. She engages in her “mimetic critical method” (p.56) through juxtaposing two images: the image in the Sistine chapel where the Biblical Adam is created as God (represented as an opulent man-figure with flowing locks and beard) reaches to touch him, and a “literal reversal” in a second image where a woman in the same repose as Adam reaches a finger to a keyboard that brings an image of a fetus onto a computer screen. Haraway’s re-theorizing becomes obvious as she troubles the traditional idea of man connecting to life as an image of God reaches to touch him, with the view of woman connecting to life with the fetal image on the screen. The traditional depiction is unsettled as a new image of creation and a new subjectivity for women are offered “for a change”.

With these points in mind, I am using elements of meta-theory to inform and conduct my own engagement with theory. It is true that in some of my meta-theoretical

venturing I am seeking to contest and destabilize conventional notions. Not stopping here, I am also suggesting that, in unveiling the theoretical bases for accepted social practices, one may take control of the very same theoretical processes and use them more consciously to achieve a different end or practice. In this way I hope to destabilize entrenched theories/social practices that are adversely affecting the status of women and women's self-image.

Following Eagleton (1990), I also attempt to demystify theory by seeing it as a social practice. If the theories we practice either limit or expand ways of being in the world, then it behooves us to note that different theories will pose different possibilities for how women live in bodies. Capitalizing on how theoretical notions manifest as our practices, I draw attention to, for example, biological theory that expands (for a change) the possibilities for engagement between women and bodies. With theory taken out of the closet, I am able to illustrate "living" with the (theoretical) body of your choice.

A person's way of thinking is also a practice that is theoretically based, working according to an accepted line of logic and typically through a preordained network of references that guide what can even be thought. By utilizing a different model of thought (such as rhizomatic thinking exemplified in this inquiry), my proposition of unusual concepts and unconventional applications in the domain of women and bodies help make the move from the incredible towards frameworks where they make more sense.

Appropriating Concepts and Conceptual Frameworks

New Arrangements

In order to develop alternatives to organizing bodies and women as hormonal, I am engaging with concepts in existing theory and experimenting with these in the context of women and bodies. For example, at the site of my inquiry into women's bodies and subjectivities I engage with Haraway (1999) and the construction of subjectivities, with Braidotti (1994) and the bodily roots of subjectivity, with Deleuze and Guattari (1987) and the dismantling of subjectivities and with Buddhist thought which explores freeing the conscious mind and self from the body.

My main alternative idea of women, bodies and hormones, however, develops primarily from Deleuze and Guattari's (1987) concepts of a "Body without Organs", nomad, and intensities, and Braidotti's (1994) development of "nomadic subjects". For instance, I use Deleuze and Guattari's concepts to imagine a body prior to the layering of hormones, and Braidotti's nomadic subjectivity to re-consider women and bodies in flux as nomad.

New applications of concepts opened up in my context as I engaged with these concepts differently, orchestrating them in unusual combinations and arrangements. This method proved helpful in over-stepping conventional assumptions blocking a new and different approach to women, bodies and hormones. It is in such overstepping that such assumptions become revealed and a critical analysis may occur.

In order to take a close insider/outsider view of women and bodies, I inquire into theories of materiality which inform how a body is materialized from the glue of concepts. Before building alternatives to such a body, I must enter first at the ground-

level of reality making. I begin with developing an awareness of how concepts work with matter to present a reality, which lays the premise that realities can be displaced as new ones are created. This method establishes space for questioning what may be taken for granted about bodies.

Titles, Subtitles and Innuendo

Innuendo is a tool that can stimulate, focus and steer an audience towards a way of thinking. With this purpose, I use these in many of my titles. For example, the title and question of this thesis, “What’s the matter with bodies?” sets up at least three innuendoes leading to questions which focus the directions I am taking. The first innuendo inquires into substance, the initial indication that bodily matter and the concept of bodies may not be the same. The second innuendo set by my thesis question highlights the thinking that something may be wrong with bodies. Can this really be part of nature’s scheme? This question begins the move away from assuming that women and their bodies have to be a problem, and towards a different consideration.

Yet a third innuendo may ask, what is a body that matters and whom does it matter to? This question implies that there is a body organized into meaning, that there are values for judging if it is bona fide, and that subjects exist for whom all this is important. All these innuendos hint at and lead the reader into the ensuing discussions that I present. Other titles and subtitles likewise have their innuendoes for clarifying, stimulating, steering.

Re-Viewing Women's Bodies and Hormones

By illustrating and co-opting processes that construct reality and subject, I show not only how realities are built, but also how they can be displaced. Through raising awareness about the processes that occur as we view images, I reveal our participation in creating the subjectivities we occupy. In reading texts about women, bodies and hormones in a non-conventional way, I propose the possibility of engaging with these texts and bodies on our own terms. As I re-frame or more aptly un-frame bodily sensations and impulses, I demonstrate giving the slip to hormonal gears taking women only towards distress. In all of these processes one can take the leap from a definitive body and an identity in its limitations.

Displacing the reality of the Hormonal Body in order to bring visibility to both this reality and the possibility of others is quite a leap. Epistemologies and ontological foundations change from concrete to shifting sand. Identities get rattled, threatening the stability they offer us. Unsubscribing to the Hormonal Body and the subsequent collapse of its subject toward a less organized body may at first seem like entering the void. As a known body is dropped, sensations left non-interpreted and non-conjugated and cultivated identities dissolved, nihilism looms. If not for your hormones, what are you? What is this experience of sensations and flux and who, if any one, is in this experience? These same movements of a body unencumbered with hormonal signification, predetermined meaning, and subjectivity unmatched to a subject and identity, may effect not a nihilistic void but, on the contrary, an expansion into endless possibilities. As strata are dropped, the body defaults to a fertile field of potential, which permits me in this inquiry (and in life) to explore a body outside of the mainstream of understandings.

Detaching from the usual ways of knowing and being, then, is not an equation for “nothingness” or complacency. It is rather about the body unplugged from the generators of stabilizing convention in order to roam in the universal template of flux and fluidity, knowing itself anew in each moment and threshold passing. Deleuze and Guattari (1987) in Part 10: “Becoming-intense ...”, talk of an assemblage, (i.e. a body), which never becomes but is only in-becoming; it is never attained but is perpetually in the state of attaining.

Without the stopping point or the closure of “final” understanding, movement of the body is allowed to continue on its way. However, such expansion does occur at the cost of the stability provided by conceptual understanding, favoured meanings, popular assumptions, carefully cultivated identities, and even common(ized) sense. With careful scrutiny of these stabilizing elements, the upside and downside of such stability may be evaluated and we may make new determinations about how we shall live in bodies.

Deconstruction, Decolonization and Deregulation

Deconstruction reveals specific information about the social underpinnings of any object of inquiry. Such deconstruction makes visible certain processes of formation and exposes the assumptions present in any construct. In order to unsettle the Hormonal Body in this way, I first ascertain how the construction of this body happens and how it is regulated, policed by self and others. I then watch its deconstruction as I loosen the three great strata which organize and bind a body together: stratification, subjectification and signification (Deleuze & Guattari, 1987). Since stratification binds elements together for recognizing, solidifying and negotiating an entity, I remove the layer of hormones

colonizing women and bodies. As subjectification creates a persona defined by certain behaviours that contain and operate a body, I interfere with this process to displace women from being known as hormonal. When meaning is assigned to phenomena, standardizing interpretation, I imagine such phenomena (e.g. mood variations) apart from a sign that hormones are “acting up” and its conflation with women “acting up”.

On this path of deconstruction I am seeking to unbind and deregulate an organized female body, its practices and its women subjects in order to open up different perceptions. The possibilities within my attempt to unbind and deregulate an organized body are endless in scope. It is my intention only to open up such a field of possibilities so that any interested individuals might use it theoretically/experientially to expand what it is to live in a woman’s body or even what is a female body living; to contemplate bodily living without a regulating subjectivity; to move beyond the hormonal discourse and elude its agencies of production and surveillance. Such expansion and contemplation may both provide respite from hormone trappings and turn the attention of individuals towards social factors and circumstances underlying many related personal frustrations and disturbances.

It is not my intention to impose another singular option like a monolithic testament on women and bodies. Rather, I work towards the view of a body that lives dynamically and which gives women the freedom to frame and reframe experiences. In looking deeply and emphatically at women’s bodies as a field of possibilities, I move within a notion of “real” and unfolding bodies of individual women rather than bodies made static by predetermination and universal application. I am recognizing that even though the Hormonal Body is paraded as a “truth”, it is only a discursive notion of

bodies. The apparent reality of this notion also constructs subjects that practice this notion, this body. Noting how and why certain agencies are involved in such specific determinations of women's bodies helps to make sense of such processes. Inevitably it seems, women's bodies as a site of binding power relations become part of this discussion on how women and/in bodies are known, the methods that promote understanding them in particular ways, and the reasons for a change.

Texts as Exemplifiers

Throughout the thesis I am including various texts and images about women, hormones and bodies to illustrate points I raise. I use this illustrative method variably as textual citations or images with regard to the particular topic I am discussing or concept I want to overhaul. For example, in a discussion about how viewing a text creates subjectivities, I include texts that show how this works. Prepared with the points of my discussion, a reader may see the emergence of her own subjectivities as the text is viewed.

In a regular in-depth textual analysis, readers are bombarded with the points that the writer wants to make and to presumably convince readers to take up. In textual illustrations as I use them, readers are invited to take the points I have outlined and apply them to an example set before their eyes, and to see for themselves if these points work for them. Illustrations thus become tools for readers to test the argument; ascertaining its merit in finding its way into a reader's own experiences/perspectives. Through my use of many textual examples, the attention of readers is repeatedly focused on similar messages present in many texts, and may see for themselves the extensive role media plays as

people make meaning and form perspectives (Bogdan & Biklen, 1998). In these ways, readers may be brought closer in to the subject matter as abstract points become more concrete in textual illustration, and the argument clearer and more convincing as applied to the experience of these same readers.

The limitation to the illustrative method is that there is not an analysis of all the minute detail of the texts, which would give a most comprehensive review. However, from Bogdan and Bilken's (1998) advice about choosing methods to undertake a study, I decided using texts as illustrations supports my primary intention to generate theory from the general social processes that may be occurring as readers meet texts about female hormones.

Appropriating the Binary

Binding one phenomenon to another is a self-limiting arrangement in that one cannot be conceptualized without the other. As a binary is usually weighted or privileged on one side, it promotes "othering" and a hierarchy. In this way, people and things that are different are always understood, compared, and evaluated against a particular reference. This restricts meaning, with implications for what is possible / impossible.

In undertaking a critique of binaries or one part of a binary, often times more binaries emerge. What an easy trap to fall into. I have found myself recreating binaries many times and wondered how to prevent this re-entrapment. I resolve this issue, in part, by respecting the notion that any analysis is inevitably just one of many, and that it is the break from a dominant or exclusive/excluding reading that is the most important thing. My creation and emphasis on primarily two dynamic and struggling paradigms of women

and bodies can well be seen as a binary. Yet, I also see these working more as paradigms to maintain tension; a tension that carries a momentum that does not let this project relax. With such reasoning, I am able to proceed in my analysis.

Deleuze and Guattari (1987) also turned this problem of the binary into a strategy. Their use of the binary/dualistic model is not only a framework for deconstructing a specific notion but they go a further step to imply that this very process sets the tone for the challenge of any over-arching concepts, including new conceptualizations introduced in new binaries. In this way, the binary is used as “a tool of its own destruction” (Taylor, 1996, p.12). This strategy is exemplified in Deleuze and Guattari’s discussion on schizoanalysis versus psychoanalysis, which ultimately challenges all models that code persons as disordered. Likewise their discussion on rhizomatic thinking versus arborescent (rooted tree) thinking may subvert all closed systems of thought (or systems of thought that become closed). Similarly, the Hormonal Body versus an alternative body ultimately strikes at any form that might be paraded as the model for all bodies. In these ways the binary may be used for strategic purposes to subvert authoritative systems and resist totalizing theory. It is like using a thorn to get out an embedded thorn, and then having the sensibility to drop them both before the “tool” gets stuck again.

Though such a strategic use of binaries may be effective, I still feel somewhat cautious in its use. It is reminiscent of the call to and the futility of “the war to end all wars”, and being perpetually caught in struggle. I feel more encouraged and inspired by the idea of engaging with the “stimulation” of apparent “opposition” than by struggling on in seemingly endless conflict rooted in embedded meanings. For me this is a dawn of living in/as experiment, of birthing new hybrids, of thinking differently. The enticement

of something really different in the context of women and bodies. To live bodies more positively requires a positive premise to start. My various types of engagement and disengagement with binaries may not, in the end, achieve an elimination of binary thinking, but it is my intention to at least interrupt binary dominance and perhaps in some circumstances allow binaries to undermine themselves.

Analogy of Tides: Marker, metaphor and metamorphosis

A tide is generally understood as a periodic rise and fall of the sea due to the attraction generated by lunar and solar bodies. In many ways I see tides as a fitting analogy for women's bodies in synch with such gravitational pulls and movements of the moon reflected in both ocean and human bodies.

Tides are flows of water. Rhythmical but variable within a pattern, tides change. They flow, ebb and return. Such phenomena are never able to be isolated or controlled. They can cause difficulties but we don't try to control or fix them. Animals adapt to tides rather than fighting them. The variability of tides with a predictable schedule allows flora and fauna to adapt to this source of replenishment. They are supported by tide pools giving just enough sustenance until the next tide. Species who cannot adapt to the rhythm of tides simply do not live by them or they would not survive.

Tides bring in fresh nutrients and clean water. They are a flushing action, a renewal. As tides move in and out in a refreshing process, the waters in them are always different. Water, but never the same water.

I relate female bodies (comprised mostly of water) to tides, as well as to the many kinds of tides that exist. High tides and low tides correspond to gravitational pulls of

moon and sun occurring in a cycle of months and seasons. Ebb tides are the flow of tidewater moving out, receding, draining away. Neap tide is a place of transition between tides. Slack tide occurs just before the turn of a tide. A red tide involves a higher than usual concentration of algae, a potentially dangerous circumstance requiring a modification of activities (e.g. eating shellfish). A rip-tide has to do with the geography of an area: waves push water up to the beach but if there are large rocks or other impediments to the water's return, a strong funnel-flow is created as the water is determined to have an outlet back to complete its cycle of movement. A tide-rip is rough water caused by opposing tides. A tidal wave is a large and overwhelming wall of moving water. All these tides seem resonant with the varying experience of flows within a female body.

We notice different tides but as they turn and flow into and out of each other, it is difficult to say exactly when one begins and when one ends. Without a relentless drive toward a precision of division there is relaxation into movement across imprecise thresholds (tides). I am using the phenomena of tides and their characteristic movements of coming and going to apprehend bodies in flux and change. Particularly waves moving within tides that are already transforming at the very moments in which they take shape. I do not present this as a grand explicating narrative of women's bodies; rather, I present it as a tool to perhaps loosen representations that present women and bodies as anomalies to what is of value. In these ways, I am re-thinking what a tide is and the use of it in my own theoretical engagement becomes part of the methodology enabling me to see bodies in movement and change differently.

(Personal) Experience and (Buddhist) Thinking meet (Intense) Reading and (Academic) Concept

Throughout my thesis I have conducted my analysis through engaging in “intense readings” of different aspects of hormones and bodies in order to engage them in alternative ways. I regularly use this technique (as conceptualized by Deleuze (1973)) to create the nuances in my argument. In Appendix A, I include an example of an “intense reading” of my entire project in the context of personal experience and how it relates to Buddhist thinking. In this piece of writing I interpose concepts developed in this thesis with personal experience predating this thesis. In other words, I now link certain concepts to experiences that I was trying to articulate at that time. The bigger project in this thesis is to make some of these links between bodily experiences and certain concepts more clear.

Questions, Questions, Questions

The Socratic Method utilizes questioning as a tool to challenge perceptions, develop critical thinking and to get to the heart of the matter. At times I use this probe to get past assumptions that would block proceeding with my argument. I also use analytic questions as Bogdan and Bilken (1998) advise for the purposes of giving focus to my study, capturing its intent and organizing its movement into different aspects of inquiry. In addition, questioning my own questions is both a tool that evolves my thinking, and a sign that my thinking is evolving.

I introduce certain sections in this thesis with a focusing quote from others, an original thought, or a reflection on my experience. The original pieces are marked in the

text in “*Lucida Handwriting*” type, and are examples of the kinds of reflections I have had, and questions that I have asked in the evolution of both myself and this thesis.

The Unframed/Untamed/Un-named

My initial engagement with such things as innuendoes, tides and questions did not start out as strategic. They became evident as methods only later on. Perhaps there are other processes that are occurring but that I am not yet aware of. That are yet to be articulated within my methodological framework. Strategies and methods that are present, acting, working but are yet to be named.

PART TWO: ARGUMENT

The Modern Body

Getting into it

And we all get put in bodies, little bodies all the same ...

In Modernity there is a belief arising from the Age of Enlightenment that there are universal laws and absolute truths, which are discoverable through observation and reason. Such laws and truth form the basis of what can be counted as knowledge. Based on such knowledge, the Modern Body comes with a grand explicating narrative purported to be emancipatory, yet its attempt at universality ends up holding one to a rigid rationality (Macey, 2000). For instance, the narrative of the “Body of Fixed Biology” is cited (by many) as an end to argument (that’s just the way our bodies are). The ever-present intrusion of science, capitalism, technology and the media into our contemporary lives persuades us as their audience of a particular image and self-image of women related to their bodies. This dynamic works powerfully, almost forcing women into a Modern Body, a body governed/constituted by Modern discourses. The “Beautiful Body,” “Fit body” “Fat Body” and “Aging Body” are but a few examples of this Modern form, to which a woman may believe she is bound. Such bodies have been measured, cross-referenced, illustrated and explained in great detail. Their template has already been formed and their canon already written. These bodies have been represented and broadcast through every media, becoming standardized and known as an objective

reference for understanding the physical form, guiding self-identification and promoting practices based either on emulation or dread.

The concept of a Hormonal Body has come to be included as one of these bodies of Modernity. Bodies of women have come to be known and evaluated by their rise and fall in estrogen and progesterone levels, bodies bound to female hormones which can act in notorious ways. It seems that women cannot escape being understood as subjects of this Hormonal Body, branded by a biomedical discourse. As women's sensations, impulses and behaviour have become attributable to hormones, all women have morphed into Hormonal Women.

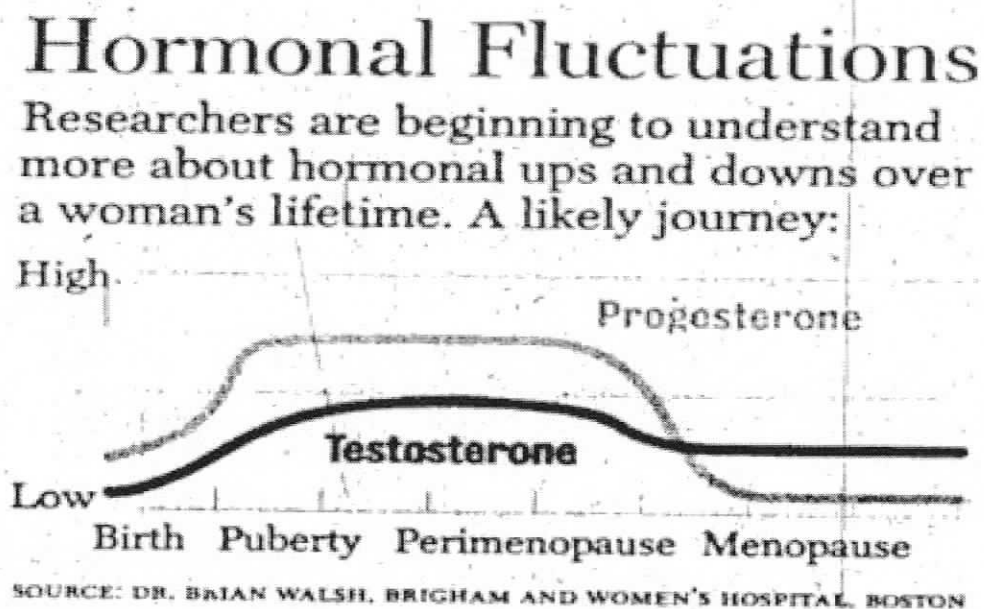


Figure 13. Hormonal fluctuations.

Changes Before 'The Change'

There is no typical perimenopause. Some women experience few or no symptoms. Others are not so lucky; they suffer from a wide range. Some of the most common:

Memory lapses and loss of concentration

Some women who take estrogen report an improvement in cognitive function.

Headaches May be caused by fluctuating hormone levels. Some women begin to suffer migraines.

Mood swings Changes in hormone levels may interfere with the production of the body's mood-regulator serotonin. Some women feel anxious or weepy.

Dry skin A decrease in the protein collagen — which may be linked to a decline in estrogen — means less elasticity and more wrinkles.

Bone loss Declining reproductive hormones translates to less protection for bones. The problem is at its worst after menopause.

Hot flashes Many perimenopausal women experience them, mostly around the head and upper body. They usually last several minutes. Nocturnal hot flashes, which are known as night sweats, can lead to insomnia.

Erratic menstrual cycles A classic symptom of perimenopause. Cycles vary widely from 18 days to missed periods. Excessive bleeding is common.

Vaginal dryness As estrogen levels decline, the vaginal wall thins and becomes less elastic. Intercourse may become painful.

Urinary incontinence As the vaginal wall weakens, the bladder loses support and urination is harder to control.

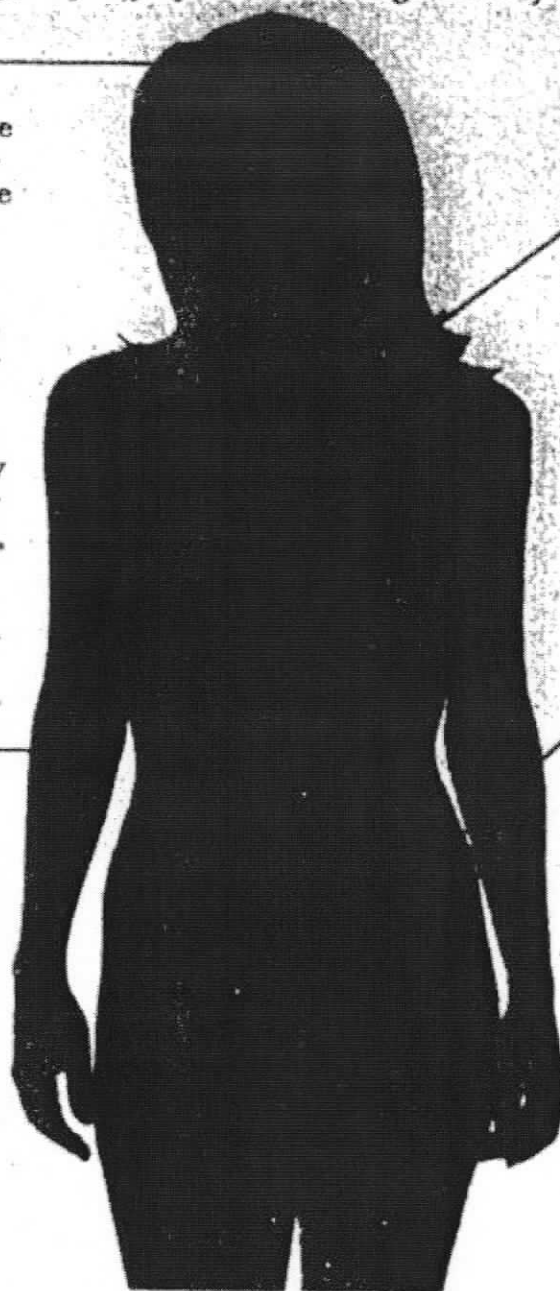


Figure 14. Changes before the change.

If a teenaged or middle-aged woman is temperamental or forgets why she walked into a room, these behaviours may be collectively explained by “it must be hormones”. While such behaviour may be seen as requiring explanation, such labeling may also, and more troublingly, remove the idea of needing to inquire into the situation’s actual cause(s) in the individual woman’s context. As a Modern Hormonal Body objectifies women, singling them out as sick or at least predisposed to being so, it removes this layer from direct inquiry. Through objectifying labels that ignore the uniqueness of individuals and their contexts, a Modern Body assumes a single, unitary reality. What are the material effects as one reality contours all women? What happens when concept meets matter?

Matters of the Body: Differentiating Matter from the Material

I lay on the bowsprit, with the water foaming into spume under me, the masts with every sail white in the moonlight towering above me. I became drunk with the beauty and singing rhythm of it and for a moment lost myself—actually lost my life. I was set free... dissolved in the sea, became white sails and flying spray, became beauty and rhythm and the high dim-starred sky. . . I belonged within a unity and joy to life itself.

In *Long Day's Journey into Night*, O'Neill (1956).

It seems that concepts organize (and go on to represent) the physical matter of the body. How is it that matter and our conceptualization of this same matter seems to get mixed up in terms of what is actually substance? And what is substance? To sift through this confusion between matter and its representation, it may be helpful to look at the word substance and break it down. If we understand substance as the matter underlying organized understandings of phenomena or reality, what do the components of “sub” (below) and “stance” (position/opinion) suggest about this actual matter? Do these

components not imply matter existing prior to our conceptualization of it? That non-mediated matter exists but is not something that the faculty of mind accesses without “tainting”? How is this non-mediated matter different than a “stance” or position taken on this same matter? What does taking a position on matter actually do with this matter?

As situations can appear and feel different (e.g. traumatic or revealing; disorienting or freeing) depending on how we recognize and frame them, perhaps it is the same for body matter. Our conceptual mind gets a hold of this matter and organizes it in a certain way. In the context of this thesis, I am asking in various ways what is the “matter” of bodies underlying our conceptualizations of it — conceptualizations that come to represent it as reality. What is the difference between matter and the particular bodies that take shape in our minds? Is the Hormonal Body indeed “substantial”, or is it just a “stance” on/of materiality? What lies beneath such a body and stance? What lies beneath the personal and collective position on women’s bodies and hormones?

Looking towards a less organized woman’s body, substance as the matter of a body may be revealed, a body that precedes being formatted into a Hormonal Body. A body that exists prior to being colonized with layers of meanings and women subjects. I am drawing attention to the matter of the body that exists apart being organized and circumscribed into a troublesome body. This is the matter of sub-stance. Sub-stance that can be “liberated” by removing hormonal and other conceptualizations which have created the female body “problem”.

Making a Problem out of a Body

As certain sensations, movements and impulses in women’s bodies occur in a cultural context, tension arises. Something is “wrong”. To understand this tension, I am

exploring how a body comes to be viewed as a problem. A problem which begins the formation of a Hormonal Body. This exploration includes how norms and cultural standards determine the value of women and their bodies, and place upon women the responsibility to uphold the very same norms and standards which may devalue them. Does the problem of a body stem, then, from an inherent fault within women's bodies, within iconic values of culture or from a disparity between these two?

Now that You Know You Have a Problem ...

Or Deal with it!

In "Breaking the boundaries of the broken body", Shildrick and Price (1996) describe how "bodies are inserted into systems of utility" (p.100), an automatic measure of a body's value. Bodies are referenced against a standard for usefulness and functional benefit, generating the immediate question as to whose cultural norms decide these values. Harding (1997) also attests to a discourse of productivity measuring value through the capacity to perform tasks and to resist illnesses that would interfere. Harding calls up the honour roll of women's value, listing fitness, youthfulness, independent functioning and (perhaps this is the point) being available to care for others.

In a "system of utility", contemporary western culture idealizes sustained performance, which conflicts with a woman's body in flux and change. As performance-related values of consistency, control and productivity are reiterated as regulatory norms, then a woman whose body doesn't conform is outside the desired norm. This locates the "problem" within a woman's body rather than with societal norms. As the desirable body is established in such values, individual women become trapped in a no-win standard where they are inevitably to be judged "poor performance". As the female

body's perceived instability and unpredictability falls short on the scale of value, relations of power pursuant to this standard disfavour women. Such effects resulting from the choice of such standards shows how discrimination against women may be perpetuated through a seemingly innocuous cultural ideal or norm.

As women's bodies are labeled as unbalanced because of hormones, then the constructs of the female Hormonal Body and Hormonal Women are presented as non-conforming negatives, and a problem that Nature has created since this Hormonal Body appears to be natural in origin (its societal construction lost/obscured in the naturalization of cultural norms). A woman and a woman's body are identified as the problem rather than backing up to challenge the chosen values and their universalized application.

Feeding this frenzy about "problem" women, are the sexist norms listed by Harding and exemplified in her address of discourses constituting the menopausal woman as a liability. The discourse of Hormone Replacement Therapy, as Harding points out, also places the responsibility on each post-menopausal woman to minimize the apparent burden they are likely to pose. It seems that many women accept diagnosis rather than challenging the dominant values that constitute them.

As agencies that profit from discourses of productivity have decided the desirable body type in a "systems of utility" framework, the problem of women's bodies must be dealt with accordingly. The reductionism of essentializing and universalizing women's hormones as a problem, and one inherent to women, opens the door to sexual and cultural domination by the powerful players in fields of scientific research, medicine and the pharmaceutical industry. Women require treatment, and should be (goes the rubric) under the control(s) of medical care, drugs and experimentation to return to the societal

norm. Restoring women and their bodies to the norms of performance and utility in a cultural context is framed as a help and a mercy, working for the condescending betterment of women. It is a method that creates, treats and controls the problem of women and the female Hormonal Body.

This method is fond of binaries. A special caution is needed when evaluating relations using binaries which subtly frame dominant norms as desirable, suggesting their acceptance. There is a misleading good vs. bad (good, of course, being the preferred side of the binary) test going on when presenting the binaries of productive/unproductive, consistent/inconsistent, predictable/unpredictable, calm/turbulent, orderly/chaotic, balanced/imbalance, normal/abnormal, cheerful/not cheerful. Such binaries sort bodies into normative values grouped for intervention and “correction”, taking on clinical consequences of diagnosis and medical management. The correction will be toward a more idealized model of norms and values related to the dominant left side of the binaries.

The limiting concept of a Hormonal Body keeps the female body ill and requiring treatment, and keeps “responsible” women busy seeking this treatment. Might this very inquiry be then framed as an act of irresponsibility? Or am I just bringing wild flowers into a cultivated and cultured “plot” as I experiment and venture with concepts that unusually dignify and respect women and bodies as healthy in changeable and cyclical movements and forms?

The Materialization of a Body

Sometimes you see it and sometimes you don't.

Imagine, lethal strength heroin has hit the streets. People have just stopped breathing. A woman is rushed by paramedics into a hospital emergency room. Full resuscitation measures undertaken by a valiant team striving right to the edge to catch the life fading from a stranger's body as if it were their own. Everything is done and at last, the heart begins to beat. She will survive. This body has been saved. Heroes emerging from the flurry of their drive and talents have time to pause. Then, at this moment of reflection, something begins to change. The body, just minutes before so vitally connected to the doctors, nurses and technician begins to diminish in value. Further assistance becomes tainted with an attitude of disdain. "Yeah, she's just a junkie". A new body has appeared -- one attached to a (non-conforming) subjectivity and the institution of health care has lost interest.

In examining what different theorists have to say about matter articulated and emerging into form, I find an argument for the materialization of the Hormonal Body through processes that make it visible. The idea that a body materializes as a process rather than existing as a concrete absolute challenges the notion of the Hormonal Body.

Getting it on (you)

"The Life in me does not bear my name. 'I' inhabits it as a time-share"
*In *The ethics of becoming imperceptible* (Braidotti, 2004, p. 25).*

Hayles (1993) in "The materiality of informatics" identifies embodiment as a process through which a body materializes. She points to the fact that embodiment is the

key to the body's materiality because of the tie to a specific person. Without this embodiment, the body simply "disappears" into information bits, notions, and ideas. Hayles decries the postmodern subject (a contingent and thus infinite construction) that is unable to embody, causing the body to be lost within an "immaterial information structure" (p.147). Hayles' notions around embodiment are useful for the purpose of understanding the materialization of a Hormonal body which requires a finite subject structured to embody it. Such a body is not visible without a Modern woman subject centered in it, and may otherwise default or (as Hayles might say) be "lost" to the "immaterial" like sensations, impulses or other movements of flowing sensual matter that may not be so attached.

It is important to realize that embodiment here is not a simple and pure linking of an incontrovertible person with direct experience, but is complicated and constrained by a background of societal norms which mediate the perception of bodies and sets limits in a controlled form. This has an impact on the perceiver as part of the collective. For example, sensations and impulses cannot be made culturally intelligible as merely flows of living matter. Through norms that control processes and perceptions of women's bodies, sensations and impulses will be advanced as hormonal, thus organizing women's experience of their own bodies, and formatting women as subjects centered in them.

Such normalizing processes are performative (as in the performance of norms), and are part of materialization of bodies as conceptualized by Butler (1993) in "Bodies that matter". Butler is specifically questioning the assignment of gender to humans. She argues that gender in material form arises in the performance of regulatory norms, the reiteration of these norms producing a material form of bodies they regulate. Bodies

materialize as a “sediment” effect from repetitive ideas and practices that act to define what the “real” body, and gender, is.

Put another way, Butler also refers to “the notion of matter, not as a site, but as a process of materialization that stabilizes over time to produce the effect of boundary, fixity and surface we call matter” (p. 239). That is to say, continuing notions of matter are not matter itself, but are specific sets of acts that people engage in that are then solidified into scripts for performance. For example, “prior to menstruation, a body may do this and one may feel this ...” become notions of “I am PMS-ing”. Or “menstrual changes occurring in middle-age may be accompanied by other changes” become “is she menopausal or what”? Normalizing such acts for women produces the effects of a material bodily reality.

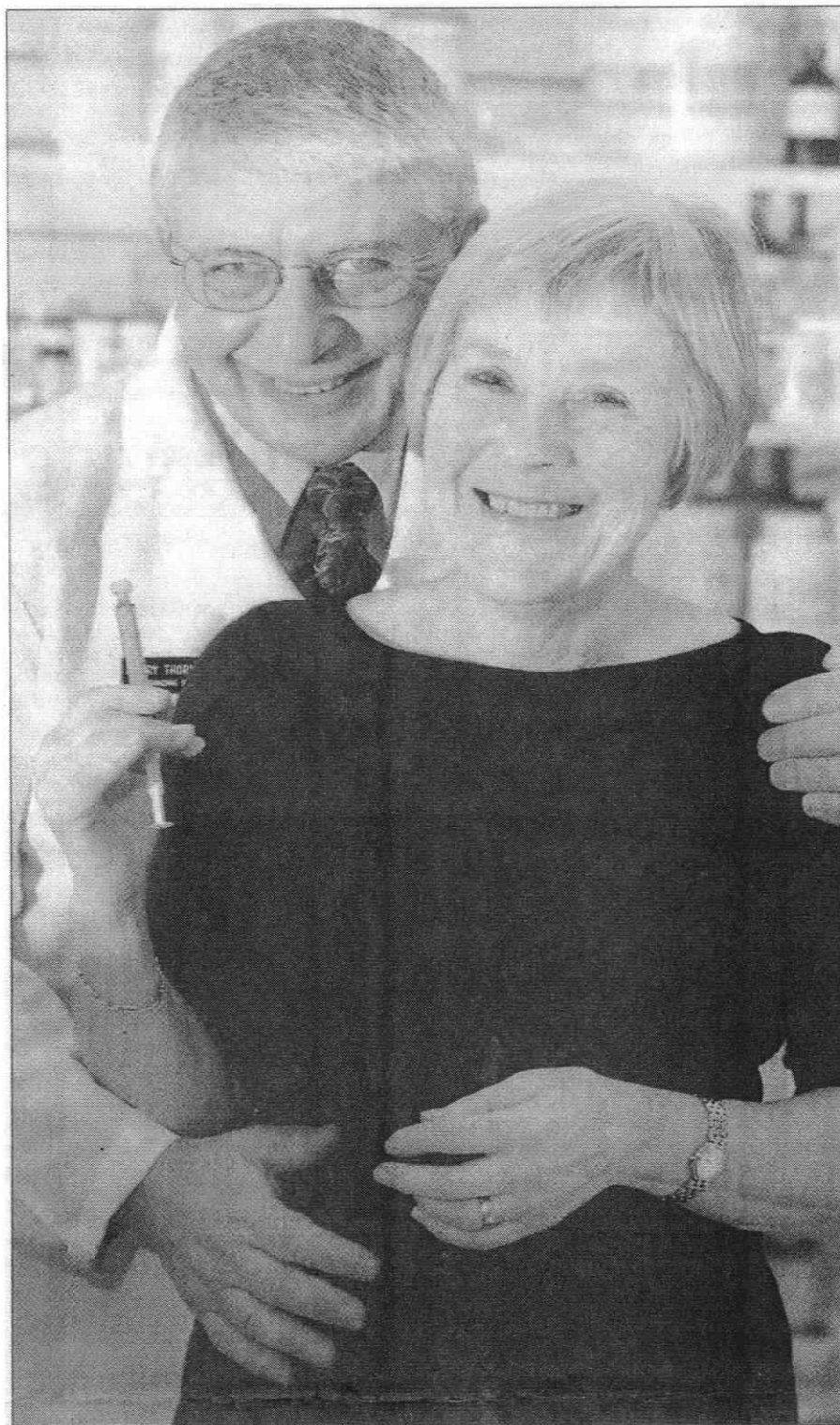
Performativity and embodiment seem related in the processes of materialization according to Hayles (1993) and Butler (1993) even though they have different emphases and use different terms. Whether emerging in the conceptual terms of Hayles’ embodiment (having a body) or Butler’s performativity (doing a body), a “real” body appears with an equally “real” subject.

Such notions may be expanded beyond gender and women to other categories of difference. Odin (2004) maintains that Butler’s theory of the performativity of gender and its materiality can also be applied to the performance of race and ethnicity. Similarly, I apply the idea of a performativity of hormones to the materiality of the Hormonal Body. Repetitive accounts of a specific body shape women’s bodies as hormonal, while at the same time, prime and groom an “I”, “you” or “we” to join the collective that recognizes, embodies, or performs hormones into a materiality.

Community newspapers featuring women's and health professionals' testimony to menopause hung innocuously on an information board on women's health in the hallway of a health professional school. The more personalized the accounts, the more clearly and credibly the hormonal body made its appearance at the front and center of women at a certain (st)age.



Figure 15. Assortment of treatments.



Jean Thorne uses a progesterone cream compounded by her husband, pharmacist Larry Thorne.

Figure 16. Progesterone cream and husband pharmacist.

THE MANY OPTIONS
TO HORMONE REPLACEMENT
THERAPY

News flash

Amid the controversy over HRT, thousands of Victoria women are left wondering where to turn to relieve the hot flashes, headaches and night sweats of menopause

BY KATHERINE DEDYNA
Times Colonist staff

CALL IT THE MEDICAL research shock of the millennium: Turns out hormone replacement therapy, long the gold standard for menopausal women, causes health risks sufficient for U.S. researchers to halt a landmark study involving 8,000 women.

Amid the controversy, thousands of mid-life Victoria women are left wondering where to turn. The hot flashes, headaches, night sweats, insomnia, loss of libido, vaginal dryness and mood swings of menopause suddenly took a back seat to increased risks in breast cancer, heart attack or stroke.

A study commissioned by drug makers Eli Lilly found that 34 per cent of 500 Canadian women surveyed stopped taking HRT in the past year due to fears raised by the study and another

own decisions. "Many women have felt guilty because their doctors wanted them on it and they were going against their doctor's advice," says Victoria menopause educator Andrea Swan. Swan has heard of women who stopped HRT out of fear and resumed using it months later after suffering the return of terrible symptoms, usually because they stopped cold turkey.

So given the risks of HRT, what are women to do?

"The most important in recognizing treatment available for women is that there is no one size fits all," stresses Tasnim Adaty, hormonal expert for the B.C. Naturopathic Association.

"Each woman is going to have to decide for herself whether she needs treatment, whether her symptoms are impacting her life enough. I can talk about risks and benefits and pros and cons but ultimately, the decision-making process boils down to how she feels physically and how she feels about the differing approaches to menopause."

For some that will definitely be HRT.

Figure 17. News Flash.

The matter of the body evolves into hormonal form here as the reiteration of regulatory norms creates a materiality and subjectivity—effects making this body appear as real. This is the process through which a body materializes and is woven from non-organized matter. But, as Butler reminds us, such materiality is never stable.

A body discursively materialized into a particular form is an unstable material “reality”, a condition requiring further action to keep it “real”. Such action occurs in reiteration, which Butler (1993) calls the “vectors of power” (p. 187) that create and recreate a body. This means that whoever and whatever rides such vectors commands the arbitrary and the unstable (i.e. bodies) representing them as natural, normal and expected. In this way, agencies can either reinforce the body presented in its current reiteration, or create a new form using different reiterations performed over time.

Language is one of the practices of reiteration. That means that if a group of people alter language and re-signify words with changed meanings and practice it widely, a new language practice emerges and creates a new set of effects materializing a different body. For example, playwright Ensler (2001) in the *Vagina Monologues* challenges the power of the unspoken word by speaking it, over and over, introducing a new societal context for women’s sexualities. She deliberately pierces the modesty veil hiding women’s vaginas through detailed stories that open up the closet of convention. Ensler’s stated goal in the worldwide presentation of this play is part of her effort to end violence against women. To do this, she realizes she must seek change in a cultural context. The repeated use of the word “vagina” has the effect of removing shame and embarrassment, bringing female sexualities into the arena of a new public discussion and view. Through

repeated exposure to a set of language practices, she makes cultural contexts and conventions transformable and allows a different body to emerge (materialize).

Taylor (1996) also discusses the effect of language on material form in *Return to mus(e)ings*. Here, Taylor refers to work of Deleuze and Guattari and observes that language has the power to effect matter, largely through producing a stasis or interruption in the flow of intensities or electrochemical impulses.² Language can interrupt the flow of electrochemical intensities, resulting in a temporary stabilization of changeable body matter. A formation of the body thus proceeds through what Taylor calls this “material power” of language. For example, if we observe a body in flux, an articulation of “it’s (my/her) hormones” curbs the observation of a simple flow of intensities. In fixing a label to a person, the mind halts, the flow of matter stabilizes (temporarily) and we recognize a materiality that wasn’t there before. If language is affective in this way, then language and text are powerful in connecting how we learn about (or are trained to see) bodies with their “appropriate” materialization.

Birke, in *Feminism and the biological body* (2000), writes about how texts construct bodies in their use of metaphors, symbolic associations, and the language of science: “the language of certainty ... mechanism, triumphalisms ... have [the] power to influence how we all understand our bodies” (pp.120 and 123). Birke writes specifically about the heart as an organ and the divergent narratives presented around its cultural context as a symbol of passion, its anatomy engendered as a thrusting pump, or its site as an electrical power station. How the heart is variously represented in these narratives and

² Intensities are waves and flows of impersonal, non-signified particles and energy that we perceive, prior to their being coded with meaning. Matter, as Taylor understands Deleuze and Guattari, refers to the unformed, unorganized, non-stratified body and all its flows, particles and pure intensities. Matter is “the matrix of intensity” and equals energy (Deleuze and Guattari, 1987, p.153). In controlling the flow of these electro-chemical intensities, the matter of a body stabilizes and becomes known.

metaphors suggests that representations of any body organ influence what we think these organs actually are, thus characterizing the body that envelops them.

* * *

All these processes have a hand in materializing a body such as the Hormonal Body into popular culture: physical matter is “embodied” into a collectivity of formatted subjects, societal norms are reiterated in performance, language creates stasis (and transformation), cultural contexts interpret, narratives configure, metaphors teach, and interactive processes between conceptualization and matter organize. In trying to make our way through all these processes together, I think of the machinic assemblage from Deleuze and Guattari’s neo-materialist position. For them, a body is not an organism or mechanism but a machine — one with multiple components that enunciate themselves together.

Griggers (2000) uses machinic assemblage in an insightful empirical documentation of how foreign interests of many sorts have materialized the bodies of Filipina women in the international market place. Working through various historical eras, from military occupations to global market economics, and from war brides to mail-order brides, she shows how the multiple components of imperialism, economics, oppression and marginalization come together to form a machinic assemblage. The assemblage of global capital investment includes cheap labour, exportable commodities, market deregulation, policies of the International Monetary Fund, currencies, stock markets, predatory investors and submissive stereotypes — all of which enunciate Filipinas in international spaces as malleable, consumable and even expendable bodies.

In a similar way, I want to argue that there is also a hormonal “machinic assemblage” upon which the bodies of women materialize in “crazy”/ “sick” spaces. This materialization takes place through multiple components of an assemblage that includes: specific physiological manifestations, certain behaviours, laboratory values, graphs and charts, measures of utility and other values, gender stereotyping, medical specialties, media images, the pharmaceutical industry and other business ventures. Previously mentioned processes of materialization contained in concepts of embodiment, subjectification, performative norms, language, cultural interpretation, narratives, metaphors and conceptualizations work in conjunction with these more specific components to delineate social formations in which women’s bodies are produced.

Griggers (2000) emphasizes autoproduction as the heart of the Deleuze and Guattari’s concept of machinism — that the assemblage has no aim other than to self-generate. This self-generation is operationalized through a “functional ensemble” of individual persons, a power to enunciate and other components. The machinic assemblage of hormones enunciates itself as its multiple components are measured, seen, read, felt, observed, exchanged, possessed or otherwise performed. This assemblage also generates itself as it associates with ideas of women — who they are, what they have and what they do. All of these link in language and practices to fuel the machine. Through these processes the bodies of women materialize hormonally in their physical and social spaces. As bodies of women are materialized as problematic in various spaces through the enunciation of the hormonal machinic assemblage, women are not only centered in a particular body, but a body particularly fraught with inadequacy, deficiency and illness.³

³ There are other collections of women’s bodies materialized through other types of machinic assemblages that need to be developed further. Such machinic assemblages that take up women’s lives include: bodies

The Mother Tide

A Useful Conceptual Place to Frame my Work: Contextualizing the Body without Organs

Rather than limit incarnation of the female form typified as a Hormonal Body with its reductionist biology, pre-interpreted sensations and ready-made problems, postmodern thinking allows one to follow the fluctuation and fluidity of a more dynamic biology; to experience a bodily reality borne of a different focus. There is something totalitarian in the reiterations of absolutist truth. Something vaguely fascist about truth confined and constrained by facts and laws verifiable and discoverable only by the proper authorities and methods. Wandering out from such pillars of propriety, women might refresh themselves in more open-ness to their bodies and what occurs within them.

My main conceptual framework for both understanding and addressing hormones, bodies and women, focuses on concepts of an organized body and moves towards alternatives to its prevailing discourse. These concepts as I lay them out here stem from Deleuze and Guattari's (1987) theoretical conceptualization of bodies in *A thousand plateaus: Capitalism and schizophrenia* (1987), and particularly in Part One, "November 28, 1947: How do you make yourself a Body without Organs" (p.149-166). These poststructural thinkers conceive of bodies as assemblages organized into a unitary state and stratified into meaning. A "Body without Organs," however, is a body in which this organized, defined and unitary state is dismantled (for a change); one which can be

of aboriginal women materialized in sex-working spaces by the assemblage of colonialism; bodies of women materialized under the knife (plastic women, self-mutilating women through the assemblage of Perfect Body, Perfect Woman); bodies of extremely thin women materialized through the assemblage of the psychological category of anorexia; Arab-American women's bodies materialized as abject and facilitating masculine terrorism through the assemblage of American ethno-political extremism.

posited in ways to alternatively consider (and experience) organs, bodies, change, difference, cognitive processes, subjectivity, identity, sensations, sensitivity, even desire and fantasy.

Both the Body without Organs and my alternative concept of a female body posed herein resist organized form. Such matter that is occupied not with a subject but with changing concentrations of energy, moving the body through thresholds. States of being are unsettled with “becomings”. Identities within an organized body are rejected in favour of “riding difference”.

A Body without Organs (BwO) is rather like a moving piece of chaos on a “plane of consistency” (Deleuze & Guattari, 1987, p. 70). This plane is the bigger picture — the universe whose subtle hum brings chaos into tune. Oscillating and chaotic, this body defies capture by definitive language, but its rhythms can be felt. Sensation and sensitivity become the perception of electro-chemical signals unattached to a subject or an identity form. It is a body that holds intensities, or waves of impulses that are moving through different body-becomings, but fuse in a continuum. It is in this continuum that the BwO can be observed, experienced, perhaps momentarily described, but not fully “known” in its incessant shifts. Its perpetual movement refuses the stasis required to definitively “become.” In this way of thinking, one gets beyond common binaries, escapes essentialist debate, drops definitive signifiers, and dissolves attachment to values or “truths”. Particularly those rooted in the body.

This way of thinking is “nomad thought” unbound to a territory — that is, thinking does not represent a particular type of person or a particular way of being. It remains wild, escaping in various trajectories through cracks in every conceptual

envelope. In many ways the BwO is an experiment in becoming, “tearing the conscious away from the subject in order to make it a means of exploration” (Deleuze & Guattari, 1987, p. 160). Like an historical explorer from the Old World, this BwO risks falling off the edge of the world in order to see it differently.

The BwO is radical as a field of potential in a continual process of becoming. As there is no consistent territory or flag for subjects to identify with, any subjectivity must exist in a continual metamorphosis. Without a concrete notion of someone who “performs” this body, the BwO remains abstract and so is difficult to pin down to a determination of value. Such a body is a slippery one for discourse.

However, the organized body, the body that we “know”, is bound by its stratification, subjectivity and signifiante well described by Deleuze and Guattari. Stratification presses matter together into the form of a particular body to be recognized and known (by Modern subjects abiding by Truth). Subjectivity promotes a collective embodiment by operators who both recognize this body and are recognized by it. Signifiante (the capacity to signify) moves to lock everything and absorb everyone into a meaning. In other words, matter is organized into a particular and identifiable body, and subjectivities are coagulated in it. Both body and subject entwine in attributes and practices that signify them both.

For Deleuze and Guattari, non-organized bodily matter is comprised of intensities, vibrations and breaths produced by flows, thresholds, and gradients. This dynamic state of perpetual “becoming” exists before matter becomes stratified and signified in a material and social formation. Deleuze and Guattari describe the dismantling of such strata in “lines of flight” that move away from the organized body toward a BwO.

Advisedly, these are not flights into a permanent undifferentiated state, but a space of respite and new insight when the oppression of totalizing theories and the (over)coding and over-determination of bodies and selves becomes too stifling. The BwO is not representational but a body in continual transformation which defies definition and evades possession, until an individual, for reasons of intelligibility and safety, would decide to reorganize and restratify once again.

Rethinking women, their bodies and hormones unearths body matter as an open possibility — prior to, after, even while it is being organized and stratified into an organism, meaning and subject. In taking lines of flight away from the strata of organism, subjectivity and signifiacance in the context of the Hormonal Body, women transgress, refusing conformity which presses them to interpret and signify behaviour and sensations. The hormonal design label and its rhetoric are dropped, allowing women and bodies access to new spaces.

Deleuze and Guattari's ideas of becoming displace women and bodies from a concretized determinism that frames "their" problem, and allows changing in form in the crossing of thresholds. A different kind of experience is possible in-becoming, which breathes with "anti-bodies" to the plague of conventional epistemology and subjectivity that etch living bodies into stone.

As bodies are destratified in flight rather than grounded in regulation, a BwO returns the organism toward less organized matter. Interpretation is replaced with experimentation, and subjectivity is replaced with different and moving trajectories of woman-becoming. Deleuze and Guattari refer to a BwO as a "field of immanence" (p.

156). Everything unfolds from within it. Any opposition is replaced by a fusion with “other” and so dualisms disappear.

However, a stratified body is a body of division even as it is conceptualized as unitary. For example, as the body stratified as hormonal is a site for conflict and a woman’s body-based (and debased) identity, it pits women as the “other,” holding them hostage for the promise of being (re)deemed as normal and valued. Hormonal Bodies may be a popular norm but they present and sustain negative impact on the self-esteem of women. In a process of deterritorializing women and bodies to hormones, I use non-conventional concepts and appropriate conventional ones in ways that attempt to change this impact.

Conceptual Interbreeding

Proposing realities

Menopause (or, as I call it, men-on-pause) is traumatic. I always wondered why men leave their wives of long standing at middle age ... they leave because women become impossible to live with. Plus, a lot of women have no interest in sex.

In *The sexy years*, Somers (2001, p. 27).

The Specter of the Insatiable Older Woman: sexual desire, that ‘intense body hunger’ ... goes against the social stereotype that men have stronger sex drives than women and raises age-old comic clichés about women’s sexual appetite increasing voraciously with age while men’s capacity to satisfy it wanes. The image of the terrifying hag raging out of control — Lilith, Medusa, the Hindu Goddess Kali, Hurricane Betsy, the black widow spider devouring her mate even as she copulates — can be traced back to that enduring, thousands-year-old myth that the insatiable carnality of older women would devour the energies of any man ... enfeebling him, while sex with virgins would rejuvenate him and enhance his vigor. Her sexuality is so dangerous ... a literal femme fatal guaranteed to frighten off anyone coming within kissing distance.

In *Vogue: Beauty for life*, Hutton (1994, pp. 275 & 277).

What we assume can close down inquiry. Mind-lock sets in. It usually comes as a shock when assumptions are questioned. Stepping out of convention to think differently and reframe phenomena shakes open a different world. Epiphanies of new insight and different feelings tumble out as Dark Age assumptions crumble. Excitement surges as a dawn of unexpected potential unfolds and inspires. Life will never be the same.

Such openings may occur through various means. For instance, Colebrook (2000) reminds us not to underestimate the power of thought. She suggests thinking on one's own terms, rather than remaining faithful to an original script or "correct" interpretation of any phenomena. Switching to such thought may interrupt the Hormonal Body concept, leading a re-view of women and bodies. Mixing and mingling different concepts and using them in unusual ways is a breeding ground for emerging ideas and realities for more positive engagement.

Venturing with a Body Differently: A "Body without Hormones"

A body of sub-stance

Since sub-stance still exists as a veiled component of the Hormonal Body I am dismantling this body so that this sub-stance becomes apparent once again. It seems fitting to call this sub-stance a "Body without Hormones." This notion emerges from the template of a Body without Organs which I have contextualized to women. Here, the layers that belt meaning and subjects to a body are dropped in a "line of flight" which breaks the knowledge "barrier" of the body. As this happens, a basis for assumption is left behind and bodies may devolve from the organized and bound.

It was in playing with such ideas around binding strata and break-out that I came to entertain the Body without Hormones. Using the very term Body without Hormones, reflects my starting point, a hormonal hegemony that implies I am not outside the dominant scientific and social milieu. Yet the Body without Hormones (BwH) suggests a way out of a discourse capturing women and bodies, creates a ripple effect turning assumptions on their keel, and moves through the overturn of associated concepts. Other concepts that are limiting can also be redefined and reworked to catalyze new movement and possibilities for women and bodies.

Taking Liberties: Organs, Subjectivity, Ontology, Difference and Desire

Organs. People like to announce the parts in their collection. However, and with a sovereign air, it is often organs that announce people. Patients in Western medicine are frequently identified first by their organ of dysfunction. In my long experience in nursing, how often have I heard “there’s a heart attack in room 202”. Or, “we have three hip replacements today”. “It’s hormones” has more recently joined this identity by pathology, this medical means of introduction.

Braidotti (1994), in *Nomadic Subjects*, draws attention to how Western culture and medicine separates organs out from the body as a whole. With “cutting-edge” authority (often literally), pieces of bodies are dissociated from the context of a body to become what she calls “organs without bodies” (p. 47). Hormones stand out as an example of such pieces removed not only from of the context of a whole body living (e.g. a female body integrated in all its dynamic processes of flux and change), but also, and at the same time, removed from this body living in the specific context of an individual

woman. Both contexts are eclipsed before hormones are returned to women and bodies in a re-contextualizing capacity that manipulates, (m)aligns and mainstreams women.

With a focus on “organs without bodies,” individual context is ignored, the body reduced to bits, and women are living cut-apart. Here, a woman has little say about the terms upon which she is living in a body. As hormones are imbued with dictatorial powers, they assume the setting of context. In this way, women and bodies become subordinate to these hormones, not the other way round.

While an organ appears to be setting the context for women living, the organ itself is given context by the integrated authority of medicine, science and dominant cultural values. Thus the dictatorship of hormones is actually a puppet regime of an integrated authority that deals with obstreperous women and bodies by putting them into one pigeon hole. Such integrated authority assumes a very high degree of credibility and popularizes whatever be its focus of attention, which increases acceptance.

In addition, the popularity of new ideas is boosted if they support pre-existing beliefs. For example, Nelkin and Lindee (1995) argue that the gene discourse of science has become popular because it reinforces and complements existing cultural beliefs about gender and race as fixed. Wouldn't this apply to other popular scientific discourses such as women's hormones, one that upholds culturally engrained beliefs about gender and women? That such discourses “make sense” creates a popular tide of how people are to live with the “gene bit” or how women are to live with the “hormonal bit”. Not a lot of choice living with these “bits” of bodies endowed with apparently indisputable powers.

As Western science and social practices fragments bodies, they also fragment women. This can be seen in the struggle between “selves” often seen in Hormonal

Women. A real or good self is isolated and in conflict with an unreal or bad self. This war of selves is propelled by an underlying (hormonal) force, which opposes and interferes with a supposedly “real” self. This is self-division of a psychophysiologic kind: a good self and a bad self are identified and correlated to a functioning / dysfunctioning of physiology. In both cases, there is an alternate, opposing self staked to certain territory. That is, the good self is territorialized to the “real” (to normal) and the sinister self is territorialized to the “unreal”, (to wacky hormones). In all these ways, “organs without bodies” are a fragmented and fragmenting perspective which plays out in the example of how hormones divide and rule bodies and women.

A Body without Hormones, however, defies fragmentation. It refuses organs (and organized division). It refuses signs (and signification). It refuses fixed biology (and focus on the static). It even resists subjectivity, or at least a set female figuration of it. The story of real hormones causing unreal personas is rewritten as a BwH is made. Here, it is no longer important to establish and identify a self to know, be known by, or be known against. Instead of being pinioned to a site upon which it can be known, self is released from territory. A battlefield of selves is transformed into an expanded creative field of possibilities, and a woman who rides such conflict is released.

Freeing the conscious mind and self from identity with the body has precedent in ancient philosophies/psychologies like Buddhism, which encourage it. In *Being bodies* (Friedman & Moon, 1997) Buddhist women talk about a mindfulness of the body rather than the body and self encumbered and limited with personal identity. These views may have profoundly different effects and experiences of body and self.

Sutherland (1997) confronts the “Great Matter” (the fact of being alive) “focusing on my breath was a way of ... calling back the pieces of a rapidly fragmenting self.”(p. 4-5). She is referring here to a self fragmented in the discourse of her illness. As Brodsky walked alone in the forest she recalls losing her anger at being deaf as her mind stilled in her connection with nature where she ceased to struggle against her physical impairment. Brodsky concludes “my pain is not from what’s happening or not happening ... but from my relationship with it” (1997, p. 38-39). In Cohen’s experience with rheumatoid arthritis, she discovers the autonomy of consciousness from body: “When I focused on the foot that was in the air instead of the foot that was striking the pavement, my stamina increased enormously” (1997, p. 12). She further illustrates the limitations of identifying with an idea of a body rather than following its experience as she recounts the participants in her arthritis workshop who began with the idea that arthritic people can’t cut carrots. The participants released goal-orientation and paid attention rather to the feel of the knife handle and the flesh of the carrots, to find eventually (some with tears in their eyes) that carrots were getting cut. From Cohen’s own experience she observes that as pain and anguish are penetrated as ideas that enslave us, distinctions made around health and illness lose their supremacy and we are practicing something else.

These accounts tell us how the experience of women in bodies shift if not caught up in struggles based on divisions that label, fragment and limit self. They are made most graphic here in the context of illness, but how might it look like if women, for a change, followed more sensations and impulses simply as forms of the “Great Matter”? What difference would it make if we experimented with different dimensions of self: the good, the bad and the ugly; I am my body, I am not my body; this feeling is me, there is feeling

but no “me”; I am only the watcher, etc. These dimensions of self/non-self can be sensed and investigated as a larger field in which to view the “assemblage” as understood by Deleuze and Guattari: how does this assemblage work, with what phenomena does it fuse, through what thresholds does it pass, and what blocks and opens its flow.

Whether body, hormones and self are fused or unfused (or confused) affects signification, evaluation and judgment of matters such as sensations, impulses, emotions and behaviours. Depending on whether a border between good bodies/selves and bad bodies/selves is created and patrolled, movement is free or inhibited. Contingent upon whether flows of “intensities” are blocked or unblocked, movement through thresholds of becoming is impeded or not.

A threshold may be thought of as a turn from one tide of becoming into another. When women and bodies are passing through such thresholds, they are not held “in state”, but are free of categorical limits. As woman-becomings occur on a BwH, women are in-between, never to arrive at an end point, a product, or an identity. A BwH and woman-becoming move, reforming and renewing as thresholds are entered into and through. There is no enemy of mind, body or self to purge or struggle against. Similar to other “corps sans frontieres,” we might also view “women without borders”.⁴ Women and a BwH that move back and forth amidst the shifting opacities of “selves,” the familiar and the non-familiar, the cognitive and intuitive; all in an enlarged and enriching field of production. To align with only one is to identify with a fragment and be limited to it. Rather, resources for renewal are freed with the movement between these realms,

⁴ There are “bodies” that are reterritorialized beyond identity or allegiance to nations. In this way the *Medecins sans Frontieres* (Doctors without Borders) practice healthcare, *Lawyers without Borders* practice justice, and *Reporters without Borders* practice freedom of the press. I imagine women making a BwH as “Women without Borders” and practicing all three: health, justice and freedom of expression.

and become available to women making a BwH. A different understanding of the Unconscious (non-Freudian) (e.g. Deleuze & Guattari (1987), Braidotti (1991), Colebrook, (2000)) is one of these resources.

In *Patterns of dissonance*, Braidotti (1991) interprets the Unconscious as “a space to think and become anew” (p. 69), which promotes a more positive and creative response to emerging impulses “coming out of nowhere”. Instead of interpreting impulses and sensations “coming out of nowhere” to sinister hormones, the Unconscious is appropriated and recognized as a resource within an all-inclusive immanence of self. As the “bad self” is released from the notorious territory of hormones, women might engage with fluctuation and change as less of a problem, and more as a resource for thinking differently. Like a tide of something new, which may require some adaptation. For instance, if memory of certain details diminishes, the resource of this change might be that such details are expendable in the increasing phenomena competing for what really matters in our lives. If there is a reduction in one’s previous ability to handle great stress, the resource of this change might be that one just doesn’t have to live like that anymore. Experience of deficiency is reframed into a body seemingly well-resourced with instincts/intuitions/preferences for change. The phenomena of such instincts/intuitions/preferences arising from an all-inclusive immanence.

Experience is bound to vary depending on if and how feelings, sensations, impulses as flows and intensities (or as “immaterial information structures”, according to Hayles) are organized and taken up by self. But is experiencing the materiality of a Hormonal Body and Hormonal Woman truer and any more real than that of a BwH and woman-becoming? Do the criteria for “real” require the structure for embodiment, as

Hayles might say? Without this notion of embodiment, what is the experience of flows and fluxes of bodies? What is the sub-stance here? What is reality made of?

As we have seen, the creation of subjectivities and subjects does seem to be part of a methodology of reality construction. This means that subjectivity and subjects may be conceptualized in a variety of ways to tell us different things, different realities.

Guattari (in Taylor, 1996, p.10) defines subjectivity as “a product of persons, groups and institutions”. An individual occupying a subjectivity is therefore contoured to fit with a product. Even if a woman doesn’t herself identify with being such a subject — other persons, groups or institutions will do it for her. With one hundred and fifty symptoms that could be related to PMS,⁵ it seems impossible that any menstruating woman could escape the loop of this subjectivity. As hormonal subjectivities are produced, women exhibiting signs made representational of hormones find themselves in this subjectivity. Inevitably, this has a regulating effect.

Braidotti (1994) discusses the historical body-based subjectivity of women as part of a “government of the body” in which women lose the license of transformability. In other words, women become regulated in being known by their body. This works especially well if we take biology as fixed, which is exactly why Birke warns against it. A pre-determined body and biology pre-determines women.

Braidotti (1994) also states that the subject is embodied as “a bio-cultural entity” (p. 44). That is, women’s subjectivity exists within a fusion of biological and cultural factors and discourses. By rooting women in the Hormonal Body, a female subjectivity

⁵ Moos (1969) developed the Moos Menstrual Distress Questionnaire through which 150 symptoms of PMS were identified. This has been widely published and used. In filling out such a questionnaire, women are inducted into subjectivities that set them up for (hormonal) administration by various agencies. This is also an example of organizational literacy as discussed by Darville (1989) which formats people who fill out forms into manageable units for administration.

has been clearly located and embedded in this bio-cultural fusion, a synthesis generating hegemonic knowledge about women and bodies. This widespread subjectivity of women has regulatory results in that everyone “knows” what it is like to be a woman in a body (e.g. prone to mood swings, irrationality, etc). Subjectivity here becomes a control mechanism. Getting women under control to correct the “problem” is yet another piece of this mechanism regulating women. If a body is a problem, so are its subjects. As women are thus known, they can be governed.

Techniques of control and analysis which develop conceptualization of subjects, are elaborated by Foucault in *Birth of a Clinic* (1983), and demonstrated in the medicalization of women and their bodies into patients. Foucault argues how this production of subjects has material effects in the sense of what can be visualized and what remains unnoticed. In effect, the construction of subjects becomes a strategy of control through determining what can be seen.

In this way, subjectivity controls women. The discourse of the Hormonal Body interprets women first and foremost in a hormonal context. Anything else to do with a woman is eclipsed. Thus, looking through the hormonal lens creates the material effect of how a woman appears.

All of these views support the production of female subjectivity as engineered (Guattari). Female subjectivity has been rooted in the body, and discourses on the body form a site upon which the woman subject is known and regulated (Braidotti). This production and regulation of subjects contours how a body will be seen (Foucault). Women are shaped accordingly. A closer look at forces involved in the actual production

of women's subjectivities provides specifics on this contour, and more detail for taking liberties.

Such forces and details surface in Birke's (2002) review of the novel *Libidian*, where the manipulation of hormones through technology to increase women's sexual desire is depicted. This technology manipulates women's sexual behaviour into what is perceived as an improved state qualified as more desire for sex. The application of this technological boost to the libido of only women presents a subjectivity perceived as sexually deficient, but which can be remedied.

The woman's subjectivity of a naturally (s)lower libido is not only rooted in the body (as so many female subjectivities are) but specifically in a Hormonal Body. It ignores other contextual factors such as unsatisfying partnerships, preferred linking of inspirational personal connections with sexual activity, or the distraction of overwhelming obligations and duties. This subjectivity comes up again in narratives of (s)lower libido attributed to menopausal women who are deemed deficient due to their body's decreased hormones (which can also be fixed).

Eddy (1992), in *The dangerous age*, takes up notions casting menopausal women as deficient in her review of the life and work of Danish author Karen Michaelis. Michaelis, in the early 1900s, wrote and lectured about women in menopause who were medicalized into states of physical and psychiatric disorders. She also describes issues of abandonment that she herself experienced at an age where she observes that women are no longer considered desirable by men. This creates yet another subjectivity correlating women's lack of sexual desirability by men and their diminished value at menopause. The message is that something is clearly missing in these women.

The menopausal woman as a subject is particularly haunted with what might be termed “deficiency disorders” such as lower estrogen, which is assigned to result in lower libido, sexual unattractiveness, depression, and cognitive impairment. Such a disordered subjectivity situates women collectively in a social construct that devalues them as a whole. Such a devalued body-based subjectivity sets women up to be in conflict with their own bodies. Against this, a hormonally-based subjectivity models normality and value to these women in the frame of hormone replacement treatments. This not only creates a demand for the pharmaceutical industry, but also creates a concept of what good health requires for women.



So a woman
can continue to enjoy
being a woman.



Why use Progyntova instead of
ethinyloestradiol in the menopause?

Oestrogen **Progestogen**

Progyntova Progesterone



Oestrogen and Progestogen.
From Schering, naturally.

Figure 18. Continue to enjoy being a woman.

If any one subjectivity is “a product of persons, groups and institutions” (as suggested by Guattari), then it likely represents the attitude and ideas of those who produce it. Producers of women’s hormonally based subjectivity have a particular mind-set about hormones. This mind-set is present in authors generating stories about women and hormones. It is present in health care providers wanting patients to diagnose and treat for conveniently recurring and widely prevalent “female trouble,” in special clinics which specialize in PMS and Menopause. This mind-set drives the pharmaceutical industry in constant search of a market of steady pill-popping, patch-wearing, or cream rubbing customers — a market that can preferably include every person wishing to chemically enhance their average, ordinary life. This is complemented by a media overly fond of broadcasting myriad female hormone troubles.

These generated problems and manufactured subjectivities are laid at the feet of women rather than culture and social relations, ignoring the context of centuries of subordinated women. Predominant expectations, roles, identities and societal values such as productivity, stability, control and goals participate in constructing why a body in flux is a problem and why a woman in flux needs fixing.

Contemporary management themes and language as in a business paradigm also seems to play a part in such problem framing, owning and solving, which cannot be separated from the rise of women in the work force. The variable and fluxing sensations, feelings and drives of women are not only organized into a subjectivity, but a managed one at that under the proffer of acquiring “knowledge,” understood, held and promulgated by “persons, groups and institutions”. Since a Body without Hormones is not bound to

subjectivities determined by “producers,” it is also free of their “knowledge”.

Subsequently it is also untied to their diagnosis, treatment and management.

Deleuze and Guattari’s concept of in-becoming may be helpful in allowing women to vacate subjectivities of the Hormonal Woman, entering a more autonomous making of reality on the screen of the body, like smaller independent directors creating less mainstream versions of reality. This is a particular form of autonomy unbound to subject and normative relations between subject and object. In a new and more positive (generative) ontology, proactive individuals perceive, experience and decide what exists and how to be with what exists at any point in time. Such women may contemplate a nature of evolving or becoming with originality. Withdrawing from popular subjectivity may accompany “woman-becoming” and displaces a non-positive ontology where one exists in terms defined by others.

Kroker (1992) emphasizes an affinity between Deleuzian concepts and Feminist theory, both of which he understands as refusing the grand narrative of being referenced to a unitary (male) subject, and looks towards a world of multiplicity. Colebrook (2000) also applies Deleuzian concepts to Feminist theory as the idea of being a woman as being a subject, is dropped. As thought is liberated from subjectivity, a container of being changes. Unbound to subjectivity, “woman-becoming” slips through the net of predetermined ontology meant to capture.

In such a way woman-becoming may avoid the materiality of hormones. Flux and sensations of body and emotions may be experienced as perpetual transformations in becoming. A fragmented, one-dimensional subject is de-polarized and a woman moves in an ontology that is more self-generated, expansive, multidimensional, and positive. In

this frame a woman does not have to feel torn apart by impulses and drives that hammer a wedge between “today’s self” and a “real self” she had assumed yesterday. This woman is not going back; she is moving on, an experimental practice freed from external directives about what it means to be in a female body.

Rather than knowing a body or being in a body, a woman may explore the body experientially as well as what the body can do. For example, emotions become sensations of contraction and expansion, tightness and looseness, and express themselves in implosions and explosions both great and small. The energy of life moves into shape and form passing as bodies. Or there may be sensations of tension, restlessness, heat, surges and fatigue — but there is no one that it is happening to. In the view of Deleuze and Guattari, individual persons are just singular configurations. Since changing form is an immanency that cannot be captured ahead of time, a set subjectivity is defied. In this thinking, hormones do not assume representation of life in a body nor of a woman in it.

Though women may be released into a more open and living experiment with a body, this happens, of course, only at the margins of widely accepted beliefs. However, such margins are working spaces. Braidotti (1991) states “marginality becomes the precondition for renewal” (p. 67). Butler (1993) sees the margins, the constitutive outside, the supposedly abject realm, as a place of subversion and counter-strategy potentially working to challenge and rearticulate dominating symbolism. These margins then, are promising spaces for women who have been corralled.

A positive ontology links well with Deleuze and Guattari’s (1987, p. 70) concept of a “plane of consistency”, the infinite repertory of potential from which variable modes of composition in the form of bodies emerge as a subset. According to Massumi (1992, p.

185) a new body needs a new milieu to move through, and the plane of consistency or immanence is the most suitable conceptualization for bodies interested in becoming-other.

Birke's (2000) view of biology as operating within dynamic constraints rather than within fixity, also works in a more positive ontology. For example, women may follow noticeable patterns of bodily sensations as becomings rather than being caught in a body and self set and regulated by fixed hormonal physiology and pathophysiology. In both the plane of consistency and in a biology of dynamic constraints, the body is unconfined to a particular, unchanging and inevitable form. As such, the body and any subjectivity rooted in it moves from the assumptions of fixity toward transformation.

Birke (2000, p. 139) articulates a "narrative of possibilities" as she questions the assumptions that accompany claims of biological fixity, determinisms, and the primacy and independence of "the gene bit." that sets such claims up. The implications of Birke's argument point toward the value inherent to a body in flux, and question the understanding of bodies contingent on a culture binding them to a "narrative of unchanging essence" (p. 139).

The transformable BwH thus moves in plane of consistency and a more positive ontology. Subjectivity attached to a fixed body is dissolved, allowing women different ways of becoming, and on their own terms (or no terms at all). A woman's experiences with a body are not organized into something that is the same or different from her real self. Destabilizing subjectivity in this way, and living a more positive ontology creates an alternative code for different, same and "other."

Difference tends to be understood as opposed to what is the same. Often this is a normative process that privileges sameness and codes difference as being “other”. In this way, different/same creates a one-dimensional subject trapped in a binary system. In such a system a woman must be examined and self-examined in order to determine which parts of her behaviour and sensations rightfully belong, and which are foreign devils infiltrating via hormones. In contrast, if a woman perceives dimensions of becoming then she participates in difference. She no longer has to determine what is her real self and what is “other.” Difference becomes a natural variance in the multidimensionality of woman-becoming, but it is not “other.”

This multidimensionality participates in what I am calling “pure difference.” Pure difference stands on its own sake, and arises untethered to sameness based on opposites. “Capturing” a person as same or different is recoded into an open and unbound experience in a practice based on change.

As these new understandings assault the construction of subjectivities, the borders of a definitive body break down. Dualistic notions of what is and what is not the self, what is same and different, fade. In such multiplicity, a woman is released into differences and contradictions rather than torn apart by them. She rides difference, not identity. There is only movement in a continuing projectile of change.

This framework reconciles women to following the movements of evolving female bodies. Difference becomes a natural part of their variance and is not judged. The struggle to stabilize women, though they are rooted in unstable bodies, is eased. Left alone, inherently unstable bodies shed their imposed strata. They lose their organs. They lose their hormones. Movements and sensations arise in a body as desire.

Deleuze and Guattari (1987) propose that desire is not just the product of an encounter between subject and object. Rather, desire is a universal force of creativity that produces objects, existing prior to such produced objects and subjects. This desire comes out of a BwO, which Deleuze and Guattari originally termed a “desiring machine” so as to emphasize its lack of subject (Macey, 2000).

Generation of desire prior to the establishment of a subject can be illustrated in the template of unconscious processes naturally occurring in living bodies. Here, desire may be likened to the movements produced when differing concentrations of molecules in the lungs generate gradient pressures that make us want to breathe. Without this difference and fluctuation in the concentration of intensities or molecular qualities, nothing would be desired, nothing would happen, nothing would move. If equilibrium was actually attained (rather than being forever in the state of attaining) the movement and dynamics that make life possible would end.

“Life is a process of striving” (Colebrook, 2002, p. xxii). Without movements of molecules through a semi-permeable membrane reaching ever for equilibrium in the lungs, breathing stops. Without heart tissues seeking to depolarize, the heart would cease to beat. We would be dust. These are unconscious processes happening independently of being subjectified, or happening to oneself, independently of whether or not one wants it to happen.

The bodily processes which underlie desire may thus be understood as a field immanent to the production of life. Deleuze and Guattari (1987) describe a BwO as a “field of immanence to desire” and “the plane of consistency specific to desire” (p. 165).

In this body, desire is “a process of production without reference to any exterior agency” (p. 154).

Taken to a more conscious level, how might desire manifest in a BwH? Desire may want to sleep, be awake at all hours, be still or cover its head for days. It may not want to be touched. Desire may want sex, but not with you. It may want a break from it all, not want to see or hear anyone and may explode if forced to. It may obscure countless details that vie for importance, rebel against logic. Desire may want chocolate. These sensations and impulses are movements emerging from a body. Even though these are more conscious movements than lungs breathing and heart beating, they may occur on their own impetus irrespective of the volition of the inhabitant of the body.

Massumi (1992) describes desire as “a tension between sub and superpersonal tendencies that intersect in the person as an empty category” (p. 82). This desire is a tendency to a state “in order to actualize potential to increasingly higher degrees” (p. 82). Such desire does not require external additions to “complete” an individual but only develops what is already there inherently, moving forward what is already pulsating. Operating on a principle of “meta-morphosis,” (Braidotti, 1991, p. 112) reactive forces in their wild state arrive as desire “to break constraints and open new vistas” (Massumi, 1992, p. 6).

As impulse to synthesis (like the urge to breathe) produced by reactive forces creating life, desire carries a positive charge to change and to difference. As Deleuze and Guattari present desire, it is not about filling a void, obtaining external means of pleasure, transcending a present reality to achieve a more ideal one as in fantasy, or reaching for a

better state for a more complete self. This would only plant self in the ground of lack and an apparently never-ending separation from an elusive “wholeness.”

As a movement creating life, desire is unlinked to external pleasure. Pleasure is, rather, in the flow of desire itself and has nothing to do with extrinsic measures that can halt its flow (Deleuze & Guattari, 1987). Women may practice desires of the body as a sign of its living, its surge and its ebb.

This is in contrast to the Hormonal Body, which subscribes to the three bases of conventional desire. The first basis is that the Hormonal Body heavily subscribes to lack — lacking in hormones or hormone stability, lacking in calm or coolness, focus, productivity, etc. The second is that it requires extrinsic measures — things will be better with treatments of various kinds. The third basis is that it wishes to transcend the present in an idealization of a better state — as in regaining control and other measures of value.

Desire in the context of a BwH, however, is held as passport to its own immanence amid its movement across territories. It breaks out of reference to a deficiency or to a problem or even a self. Its joy is the fluidity of life, not its stabilization, and in the experience of comings and goings, not in stasis.

“Desire is a process of increasing expansion, connection and creation” (Colebrook, 2000, p. xxii). Rather than operating in the closed world existing between subject and object, desire harnesses the field of possibilities. In this field, desire works through the “adding together of potentials from normally segregated states” to produce “singular states of intensity” (Massumi, 1992, p. 82). As an impulse for synthesis and creativity, desire operates in this way to actualize potential. The movements and

sensations that are desire arise from a place of potency, reflected on the woman practicing this desire.

Desire in this sense also supports a more positive ontology. Women's vulnerability to manipulation and self-effacement is decreased as desire is not based on anything other than the inherent impulse to create. The self-sufficient and creatively pulsating BwH departs from the processes and practices that fashion the hormonal body, accompanying perceptions of lack and the need for transcendence. Rather, joy is immanent in desire itself (Deleuze & Guattari, 1987).

In this re-view of concepts, bodies have lost hormones to gain sub-stance, organs have been disembodied and recontextualized, shifting selves have turned from conflict to resource and subjectivities have lost their entitlement to women. Women have come to call the shots in reality-making, difference has lost a binary but gained purity, and desire has become a part(y) of life. Women, bodies and hormones have been reframed. There are other processes too, that can be utilized to displace particular ideas of women and bodies.

Br(e)aking Frames

Our bodies, ourselves⁶ ... but what if bodies are trouble, especially if they become so in the process of being genderized, racialized, hormonalized. What does that mean for selves?

⁶*Our bodies, ourselves* was a manual collaboratively created by the Boston Women's Health Collective first published in 1973 by the New England Free Press. Based on respecting women's bodies and empowering women by sharing information about their bodies, this book promoted an approach to women's health care practices which was innovative for the time.

What if women's bodies as trouble was reframed? Women identified by their troublesome bodies might be dropped. Processes and frameworks that construct the Hormonal Body might be appropriated towards bodies that are less problematic and more positive. Reality and meaning-making processes might be redirected, alternative viewing, reading and sensory practices undertaken, a more dynamic biology understood, and even the framework for thinking itself, changed.

Material-semiotic Processes

Meaning-making and breaking

Why do I trust what others say about this female body that comes along with me? Has misogyny come to an end? Or has it been only buried in the advance of technology, which formats a body in sophisticated ways of subordination and control. What if the significance of this body was always context-sensitive, fresh and new each moment? Like me?

According to Lemke (2000) the material-semiotic process is a meaning-making system that "biases matter", organizing material to hold particular meaning. Lemke's argument is that material and its signs and symbols are bound together in one process which informs the two: material emerges through the semiotic, which cannot exist without material. Thus Lemke refers to semiotic practices as material processes. Interfering with practices that assign meaning then, interferes with materiality. In this way processes that construct a particular body can be engaged differently to displace it. Such a course of action meddles in the material-semiotic process.

For example, movements and sensations of (s)low energy, emotional lability / flatness, eating too much / too little, sleeping too much / too little, may be organized as

signs of Depression. This is a semiotic practice and material process appearing as the Depressed Body. This is especially apparent if we recall previous arguments of materiality, and such signs are pinned to a Depressed (and likely hormonal) Woman. Without this linking of matter and meaning in a process of materialization, these phenomena remain more simply just sensations, movements, impulses. Such an embrace of simple experience, however, is enough to send the ideologues of productivity, utility, identity and other stabilizing schemes into fits of anxiety sputtering facts, accusations of denial and remedial directives.

If conceptualization/signification interacts with matter to materialize form, it follows that by shifting into reverse and unsubscribing from predetermined meanings, a material process is undone as matter is liberated from a particular perception bias. In this way, dropping hormonal signification would displace the Hormonal Body, allowing a woman to experience body directly, unmediated by this fixed meaning. What if women experimented with dis-identifying with a body supposedly ravaged by too much or too little in the way of hormones and with shirking off meanings not of their own device?

This venture would have its deterrents as disinterest or objection to conventional meanings are criteria for suspecting that a woman might even more “disturbed”. Hegemonic meanings are thus protected to some extent by explicit or implicit threats of marginalization. Historically, many non-conformists have become heretics to be persecuted before their resurrection as visionaries. New styles often seem ridiculous until everyone is doing it. When a critical mass of acceptance is created (and maintained), a norm is born (and reiterated). Troubled living for women in a female body becomes accepted or challenged in this way.

Haraway (1999) takes the material-semiotic process a step further into the “material-semiotic process of viewing” (p. 50).

WOMEN'S HEALTH ISSU

The Herbalist By Bree Altman

Female Trouble

Beginning with the onset of menstruation and continuing through menopause, women experience physical and emotional highs and lows linked with fluctuating hormone levels. And the symptoms associated with perimenopause and menopause, such as hot flashes, night sweats, vaginal dryness and insomnia, can be particularly distressing.

Conventional medicine prescribes pharmaceutical estrogen to supplement a menopausal woman's diminishing estrogen production—a regimen known as hormone replacement therapy (HRT). But there are other, more gentle herbal options for handling this transition. Mother Nature has given us her own HRT, in the form of phytoestrogens. When taken as food or herbs, phytoestrogens, or plant estrogens, act like the body's own estrogen, keeping our hormones in balance.

To find the best estrogenic herbs, as well as other plants that may be beneficial to a woman's health at all life stages, we consulted Therese Walsh, L.Ac., Dipl.Ac., and senior herbalist at Elixir Tonics and Teas in Los Angeles; and David L. Hoffmann, M.N.I.M.H. Below are some of their recommendations of important herbs for women. But take note: Not all herbs are appropriate at all times. Especially to be avoided when pregnant: black cohosh, blue cohosh, chasteberry, dong quai and red clover.

| Herb | Function | Dosage* | Warning |
|---|--|--|---|
| Black Cohosh (<i>Cimicifuga racemosa</i>) | Estrogenic, antispasmodic (fights muscle tension), emmenagogue (regulates menstruation). Used primarily for regulating hormones during menopause, where it has proven effective in relieving hot flashes and vaginal dryness. Treats delayed and painful menstruation. | Tincture: 2 to 4 milliliters (ml.) 40 to 80 drops, daily Capsules: no more than 2 (500-mg) capsules a day Tea: ½ to 1 teaspoon (tsp.) in 1 cup boiling water, 3 times a day | Large doses may produce headaches and nausea. Avoid during pregnancy. |
| Blue Cohosh (<i>Caulophyllum thalictroides</i>) | Antispasmodic. Regulates menstruation and relieves cramping. Useful in treating chronic uterine inflammation caused by endometriosis. | Tincture: 0.5 to 2 ml. (10 to 40 drops), 3 times a day Tea: 1 tsp. dried root in 1 cup water, 2 times a day | Avoid during pregnancy. |
| Chasteberry (<i>Vitex agnus-castus</i>) | Emmenagogue. Because of its hormone-regulating effect, this herb is useful in treating menopausal symptoms (like hot flashes and vaginal dryness), PMS, ovarian cysts and fibrocystic disease. It also increases breast-milk production. | Tincture: 3 ml. (60 drops) daily Capsules: 2 (500-mg.) capsules daily Tea: 1 tsp. ripe berries and leaves in 1 cup boiling water, 3 times a day | Has a strong taste. Avoid if you are suffering from low libido. High doses can bring on headaches and skin reactions. Avoid during pregnancy. |
| Cramp Bark (<i>Viburnum opulus</i>) | Antispasmodic, analgesic. Reduces muscular and uterine cramping. Protects against miscarriages. | Tincture: 4 to 8 ml. (80 to 160 drops), at least 1 to 3 times a day, as needed Tea: 2 tsp. dried herb in 1 cup water, 3 times a day | None |
| Dong Quai (<i>Angelica sinensis</i>) | Emmenagogue, sedative, analgesic. Considered the “ultimate woman's herb” in Traditional Chinese Medicine, dong quai regulates menstruation, treating painful or delayed periods. Useful in alleviating menopausal symptoms, especially hot flashes and vaginal dryness. Often prescribed along with other herbs including chasteberry and red raspberry. | Tincture: 2 to 4 ml. (40 to 80 drops) daily Capsules: 4 to 6 (500-mg.) capsules daily Tea: 1 to 2 tsp. in 1 cup boiling water, 3 times a day | Avoid during pregnancy. |
| Red Clover (<i>Triticum pratense</i>) | Estrogenic, antispasmodic. Contains isoflavones, which are believed to have a preventive effect for estrogen-receptive breast cancers. Good source of calcium, which can reduce cramping. Some antibiotic effect. | Capsules: 4 to 6 (500-mg.) capsules daily Tea: 1 to 3 tsp. in 1 cup boiling water, 3 times a day | Avoid during pregnancy. |




Figure 19. Female trouble.

Viewing the above images of a woman without her head on straight (especially if she is dressed for the corporate world) or falling off balance creates a viewership that perceives women in trouble by virtue of their hormones. This occurs because images are, by intention, information structures loaded with significations meant to be interpreted in a certain way. According to Haraway, just viewing such signified images creates intended subjectivities in the medium that “turns body into story, and vice versa, producing both what can count as real and the witnesses to that reality,” and in which “we are both an echo chamber and a house of mirrors, where, in word and image, ricocheting mimesis structures the emergence of subject and object” (p. 54). Realities, bodies, subjects and subjectivities emerge in identity formation and such “practices that produce specific embodiment” (p. 61), including the process of molding a viewer into someone who see things in the way the authors have intended.

If we combine Lemke’s (2000) and Haraway’s (1999) arguments, the process of viewing a meaning-imbued image of a woman materializes a particular body (e.g. an unbalanced, hormonal form) as it creates a particular viewership to recognize it. A way of knowing female bodies and knowing women are imbedded in these images, clarified by the rest of text. It is from this position that Haraway writes of subjectivities as “powerful figurations ... [which] locate promised transcendental fulfillment in the material tissues of solid narrative flesh. Figurations are performative images that may be inhabited” (1999, p. 54). As someone views an image or text on female hormones as representational, figurations of women becomes realized as evidence mounts.

For example, a woman picks up a text about women and hormones. Accepting its pretensions of authority, she reads it for truth. In the end, she believes she knows the

truth about how hormones affect women. As she has become so informed, she scans her body and memory for sensations, impulses and behaviours that would verify hormones. In this way the Hormonal Body materializes as a woman viewer/reader becomes a self-scrutinizing figure fulfilling her subjectivity in material tissues constructed in the image and narrative.

How one reads a text is as important as what one reads. If one approaches texts as representational in order to master and know the “truth,” specific realities become authorized in an epistemology of “it’s true because I read it”. The story of the Hormonal Body and Hormonal Woman becomes fact and obscures options of another body, one without such “narrative flesh”.

However, employing material-semiotic processes, the Hormonal Body and subject may be displaced by a different text or even a different kind of reading of the same text, creating another effect, an alternative body and an altered subjectivity. In Deleuzian style, the practice of an “intense reading” may occur as an engagement of energies from the individual’s psyche in contact with the text as stimulus. Without subscription to a particular subject formation, this reading practice proceeds more independently.

To do an “intense reading”, Deleuze (1973) advises approaching the text as an asignifying machine: “Plug in reading and turn it on” (p. 112). There is no seeking of mastery or the correct understanding. There is no “right” reading. Only an engaging encounter with stimuli that may or may not spill over to create other forms. The notion of an intense reading is consistent with Haraway’s (1999) idea that performing “reversal and substitutions undo the original, opening the story up in unexpected ways and that this

very process reveals the original process which is undermined by caricature” (p. 61). Such revelation taunts and undermines the authority of the original representation. This is exemplified in Haraway’s substituting an image of woman in touch with the source of life for the original Sistine chapel image of God’s life-bestowing reach to Adam.

According to Haraway, realities are technical effects of apparatus of visual cultures, and are “simultaneously material, embodied and imaginary...and can be inhabited by subjects who learn how to see and touch with the right conventions.” (1999, p. 59). A text as an “apparatus of visual culture” imagines women’s bodies in a certain way and creates an effect of reality as it teaches subjects about knowing/inhabiting this body.

Images, texts and conventional viewing practices are powerful testaments in the Hormonal Body story that materialize Hormonal Bodies and Hormonal Women. However, “intense readings” or “intense viewings” of images may be fruitful in bringing to light the agenda hidden in texts and images, animating a more creative viewing experience and creating a different reality.

An Intense Reading of “Female Trouble” (Fig. 19)

As I engage with this text as a stimulus, the first image conveys to me that the values and requirements of corporatism are such that require a woman be out of order to function in it, that her head and body be configured in ways that estrange her from body. No wonder she has so many problems which need all these remedies. The second figure is a woman dancing on the fringes, freed from the contortions of having to embrace corporate values. Perhaps following the natural movements of her body is all the remedy she needs.

Rather than being concerned with a “correct” account approximating the original intention, it is more important to note how representational and intense readings affect the reader respectively. Also, what might be the emergent differences in the views of the reader? What becomes the focus of critique? What might be the respective judgments and evaluations that will affect the reader’s decisions around lifestyle or treatments?

By and large, information on women and hormones generally appears in a mirroring form that convinces a woman to identify herself and to place herself in the narrative of the Hormonal Body. This includes using sensations.

Sensorial-semiotic Process of Feeling

From common to uncommon sense

Rather than accept a pre-fab body, one might otherwise experience the body (or perhaps many bodies) directly from the seed of sensation.

I suggest that sensations are part of the semiotic processes in which particular bodies and subjects form. Sensations are very real and can be experienced directly, but if these sensations are to have meaning beyond the process of feeling/sensing, then certain bodies must be organized, including certain subjects created for having and feeling them. In this way, sensations felt and informed by hormonal significations support the emergence of the Hormonal Body and Hormonal Women.

Sensations in bodies may remain in the sensual realm to be experienced directly and might include heightened sensitivity, tension, emptiness, fullness, wet-heat surging, heaviness, restlessness, free-floating, and the ebb and flow of energy. Attached to hormones these same sensations become cognized, known and value-laden as being

oversensitive or irritable, uptight, depleted, bloated, hot-flashed, depressed, mind-scattered, forgetful, emotional and physically inept. As a woman feels these sensations and movements believing them to be hormonal, she identifies with a Hormonal Body, becoming a hormonal subject. In one woman after another, this predetermined body materializes as signified sensations are practiced: "It's all my hormones, you know. That heavy stone inside me is my hormones. Each sleepless night is my hormones. I freak out because of my hormones. I can't cope. I can't stand my job. And today I can't stand you. I am a hormonal case if there ever was one". The more emphasis is made on what each sensation signifies, the more a woman will be entrenched, identifying with this focus.

Viewing images, reading texts and feeling sensations as representations of hormones are the interactive processes and practices of hormonal reality making. If a woman undertakes such practices that demonstrate the truth of hormones and shapes up a Hormonal Woman in a Hormonal Body, she may become caught in a reality of her own impotence. There are relations of power in these processes where women are co-opted into complicity in shaping negative ideas about their bodies.

What would happen if women engaged in the less co-optable practices of "re-viewing" images, "re-reading" texts and "de-signing" feelings of the body? How would the experience of body and self change? To open up experiences of body and self, notions of a fixed biology that also authorize bodies, create subjectivities and shape women, may also be changed.

Re-viewing Biology

“But hormones do have an effect, right?”, she states as more of a fact than a question. I say that physiological effects are learned about and couched in the values of the times: Are you being sexual or is the devil in you? Do you lustily subscribe to the new Cosmopolitan or are you incarcerated for the anomaly of promiscuity? Are you powerful or are you cursed every bleeding month? Are your energies fluctuating or is your body (and you) being regulated? Are you yin or yang? Is your body deficient or is it shifting to another modus operandi? Are you menopausal or have you just used up all your eggs? Are you a real (baby-making) woman no longer, or have you become a sports model? Or are you about something else?

The authority of the Hormonal Body relies in part on notions of a fixed biology, scientific fact appearing beyond reproach. Are women thus to be held hostage by the facts and fixings given to be the prerogative of science, and to the affectations of those who instruct and represent it? Re-conceiving biology undermines this authority.

Birke's (1999) proposition of a non-positivist, less predetermined biology (and less deterministic) may be used to challenge the materiality of the Hormonal Body. A biology operating more within dynamic constraints allows the variance that enables women to move/live more freely in a body. If biology is dynamic and adapts, then women can feel freed by biology rather imprisoned by it. How women are living in their bodies becomes their study of biology. Not the other way round.

Birke (1999) also suggests that principles such as homeostasis can be used differently, as in the notion of “decentering the ‘constancy’” and “fine changes involved in keeping within gross limits” (p. 45). Such orientation to biology focuses on fluidity and change as primary rather than an emphasis on fixed limits which control change. A

dynamic biology does not predetermine a woman's experience in a body in the way that fixed biology does. For example, a woman may understand an inability to concentrate as a biological fact of changing hormone levels, determining her as a victim of fixed biology. Alternatively, a woman may take this lack of concentration to reflect on the possibility that she is not genuinely interested and would prefer to be doing something else or doing it in a different way. No biological basis has to give explanation for why she can't do this or that. Rather, the biological body and its chemistry moves along with a woman, allowing sensations and impulses to move her into other activities as possibilities rather than be constrained by the limitations of biology.

Henderson in "Tulku" (1997) attests to a biology that responds and alters in the dynamics of certain practices. She asserts that practices of certain Tibetan lamas create a consciousness that in turn creates body tissue differentiated on a level that she is able to detect as a body-oriented psychotherapist. In concert with a dynamic biology, it is feasible that such practices might be able to create/alter matter that has already been formatted. This would not only be confined to body-altering practices of a physical nature, but also those connected to very different attitudes and thinking.

Thinking Differently

"How do we know what is real, and what is not?" she asked. He said, "We don't have to think like that anymore". In *Solaris*, (Jacobs, Producer & Soderbergh, Director, 2002).

People tend to adopt the model of thinking and framework of assumptions predominant in their culture. This is not readily noticed amidst the reality of consensus where ideas and assumptions present as common sense. Hegemonic concepts pass as the

rule for making sense of women and their bodies in flux and change. Questioning ruling concepts steps out on the assumptions to which we have been wedded in a blind contract. Becoming aware that models of thinking and frameworks of assumptions are already operating to naturalize our perceptions, which are not absolute, may conjure a curiosity for alternative perception and different ways of thinking.

Reframing the Works

The Rhizome

A rogue tide

To think outside the box, one first has to be aware that there is a box (even in the most unsuspected places), that there is an outside, and willingness to bear the brunt of having no common sense.

Thanks to science, technology and the media, the details of a woman living in a female body have been worked out, measured in all its minutiae. All the thinking has been done and we have been informed. We have only now to recognize; to become very smart watchdogs rewarded for being alert.

A centralized and hierarchical model of thinking literally gives root to a dominant mentality and helps keep it in check. Such a system is massively authoritative and influences what moves in or out of our mind, often without our suspect. To be truant to this rule in order to see what is actually outside a controlling system of thought, a different model to consider is rhizomatic thinking (Deleuze & Guattari, 1987). This is a non-centralized style of thought where any point can be connected to any other point without pre-established connectors or imbedded routes of transmission, moving more like

crabgrass than a root-tree. As it operates without a center or authority, it is non-hierarchical. Lacking authority, a rhizome pops up anywhere in different and un-planned for locations. Thinking and becoming can be mapped, but there is no pre-established route or goal. Reproductions are not possible, but experimentation is.

According to Deleuze and Guattari (1987) rhizomatic thinking “constructs the unconscious...fosters connections between fields, the removal of blockages on bodies without organs, and the maximum opening of the BwO onto a plane of consistency” (p. 12). As such, the borders around bodies and around individuals shift arbitrarily and go out in trajectories. Stratifications of bodies are removed and “assemblages” opened. Rhizomatic thinking fits the non-organized, non-subjectified and non-signified body in breakaway from authority of hormonal stratifications.

Rhizomatic thinking supports intuitive practice in that it may occur spontaneously without plan, and without detectable connections based on the structure of logic. A BwH both engages in and emerges from this type of thinking and intuiting. There is no obligation to a body of logic (or a logic of body), particularly from another’s mind or under the authority represented by science, medicine or business. The BwH need not “make sense” to a central authority of hormones. Rather, this body moves in accordance with instinct that can be thought of as intuition, long-argued as more inherent and familiar to women.

It makes sense then, that the BwH as a rhizome supports the presence, movement and practice of changing women and bodies, and rhizomatic thinking circumvents and challenges authority that would block it. Deleuze and Guattari use the rhizome as a method of subverting the root-tree’s hierarchical structure of an organized system of

power and dominance (cited in Taylor, 1996) and encourage expansion in challenging us to "... form a rhizome, increase your territory by deterritorialization" (Deleuze & Guattari, 1987, p. 11). In this way, a BwH as a rhizome can circumvent the Hormonal Body. Stratifications of hormones may be left behind as the body sprouts in unpredictable places. Sensations and experience of matter are more important than a definitive explanation of these same. Proof and validity are foreigners to a rhizome such as the BwH. Before you "know" it, there is yet another sprouting up before its original occurrence can be located and explained. As it globalizes, there is no route to trace or follow. One has to make one's own BwH and see what happens, where it goes. All contracts are off when a body stops existing within an interpretation and, as a rhizome, becomes "an experimentation in contact with the real" (Deleuze & Guattari, 1987, p. 12).

PART THREE: ENGAGEMENTS

Turning of the Tides: Cartesian, Deleuzean and Critical Feminist Practices

Thinking/Reading bodies: for truth...as a line of flight... as resistance

A Cartesian Practice: *Cogito ergo sum*

The cult of reason

In the cogito of Cartesian practice there is an objective determination of a recognizable self. Cartesian practice constructs a human essentialism that all humans think, receive ideas and have a faculty to understand. People think themselves into being a human, a subject, a self. In a process of identity, the cult of the human subject of reason is born. In this cult, objectivity and subjectivity are closed, measured and governed concepts. Reason becomes a source of domination. The objective interpretation of “fact,” and fact into truth endow the humanity (and morality) of the Cartesian subject, who filters all encounters and stimuli through the definitive faculty of reason. A great divide between the reasonable and “other” opens up and individuals are filed accordingly.

In Haraway’s (1999) discussion of the “material-semiotic process of viewing” which builds realities, practices and subjectivities, she refers to “practices for producing certain kinds of subjects” (p.67). Particular reading, viewing and sensing practices produce the Cartesian subject groomed to subjugate the body to hegemonic reason. As we read, see and sense what we believe to be representations or signs of a female hormonal body, then it is reasonable to subjugate or reduce women’s bodies to these representations.

Representational texts depicting the female Hormonal Body communicate an epistemology and ontology of certainty, with authoritative style and mirroring techniques functioning to represent the truth of bodies and women. Cartesian practice presents the moral imperative to read them as such. Everything is defined and subsequently set with logic and meaning, the building blocks in the ideology of this cult.

A body apprehended by reason of hormones, requires subjects of reason to recognize and practice it, and individuals who adopt this subjectivity as common sense. It isn't enough that women are often thought of as unreasonable due to hormones. In a Cartesian view, they may be penalized and discredited by not subscribing to the reason for their unreasonableness — that is, being hormonal. If women do not subscribe to the discourse of hormones they are likely discredited with accusations of being in denial, or at best, uninformed. No doubt, representational texts informing women about the truth of their bodies will be recommended to them, as well as the practices and prescriptions associated with this body

The goal of informing women so that they will take up a Hormonal Body is generated and accomplished by texts within a signifying system. Braidotti (1991) states that in a signifying system a “reading” becomes a “mirror-game” between text and reader (p. 69). This is a textual game in which the mirroring process that occurs between text and reader acts as an interpellation calling up subjects to structure and recognize themselves in terms of the text. This materializes a body such as the Hormonal Body with a reasoning, Cartesian subject nicely pre-disposed for it. Such a system and reading practice is powerful in generating, reinforcing and institutionalizing a reasoned epistemology and ontology instrumental in the materialization of the angst-ridden

Hormonal Body. Another reading practice might de-materialize such a body. What qualifies as knowledge and being may be released for the sake of a more joyful experience of body, leaving behind a Modern Body where reason has turned into subjugation.

A Deleuzian Practice: *Sum ergo cogitatio... creo...laetatio*

"The cult of joy" (Deleuze, 1973, p. 110)

In a Deleuzian practice of "becoming", thinking works differently in relation to a subject. Rather than working to define the subject, thinking is a perpetual discovery and invention (Braidotti, 1991). Such thinking ignores culturally imposed "reality" to entertain new possibilities, moving toward a nomadic subject or, if one prefers, no subject at all. Thinking occurs as a flow of intensities "capable of carrying the affirmative power of life to a higher degree" (Braidotti, 1994, p. 112). Such thinking becomes the "cult of joy," obsessively creative. Images, language and sensations are engaged not to master or interpret them, but as stimuli to spur creativity.

This "cult of joy" reflects the practice of a Body without Hormones freed from a disciplining grip. Here, a woman might become aware of sensations such as heat surging, moisture dripping, tension rising, tightness snapping, or focus wandering. She does not label these hormonal, blocking creativity in favour of order and discipline. She watches sensations as events that arise, change, dissolve or transform. These sensations are happening but there is no hormonal subject to which they are attached.

A Deleuzian practice also engages texts differently. Here, an "intense reading" does not bind a reader with one interpretation or one truth, or with a subject formed by such adherence. The individual reads instead as an opportunity for creativity. The

potential lies in whether reader and the reading “take” to each other. The intention is only to see what may happen. An egg may or may not hatch. This reading practice regards the text as non-representational and so a subjectivity of reader and goal for reading cannot be predetermined.

In a text on the subject of women and hormones, a Deleuzean reading may occur as a “line of flight” towards a BwH. The reader approaches a text as non-signifying and engages in synthesis, a vehicle toward new thresholds. Instead of seeking “truth” in the text, reading occurs as a creative act to explore and roam with joy. As the tight reign of references is dropped, a sudden oasis may appear in the desert. A body in the ravages of hormones turns into an experience in liberating metamorphosis. An all-over-the-map woman escapes from her pigeon hole. A woman with “mind-misconnect syndrome” wanders into rhizomatic thinking. Subjugating power cannot be transmitted in such a reading practice which reframes at will.

A Critical Feminist Practice: *Sum ergo sum*

The cult of resistance and emancipation

Critical feminist practices expose and frame an oppressed female subject and are dedicated to her liberation. To do this, feminist theorists address epistemological and ontological assumptions. Birke (1999, 2000) questions the fixity of biology to loosen the biological binds upon women. Harding (1997) exposes HRT as a discourse constructing older women as a liability. Haraway (1999) engages images that ultimately question female subjectivity. Braidotti (1994) reconfigures female subjectivity and sees it as a “performative metaphor” rather than as binding or branding. These feminists all employ projects that aspire to be liberatory, especially for women.

Applying such projects to a hormonal context, hormones might be seen as an example of Mouffe's "unifying articulating principle" or an example of Gramsci's "hegemonic principle" (both in Kenway, 2001, p. 54) in which all women and their bodies are accepted/realized in a "collective will" that unites all women, rich or poor, into an inferiority — a Hormonal Body.

The practice of a "critical feminist body" would engage reading practices that proceed with the intention of identifying oppressing structures and influences so that they may be resisted. This has been called reading with a gender lens. A lens that might have a field day with texts about Hormonal Women, as such a feminist practice may turn what appears to be helpful advice into evidence of disciplinary measures.

Disciplining Bodies: Manipulation, Pacification, Control

Holding back the tide

The nature of negative complexes and cultures is to pounce upon any discrepancy between the consensus about what is acceptable behaviour and the individual's differing impulses. Just as some people go mad to see a single leaf upon their walkway, negative judgment draws out its saw to amputate any member that does not conform.

In "Cringing before the Collective", *Women who run with the wolves* (Estes, 1992, p. 240).

your health |

Taming your raging hormones

Crazy periods, sleepless nights, and (uh-oh) painful sex. Welcome to perimenopause! How to ease the symptoms and feel like yourself again.

By Brenda Kearns

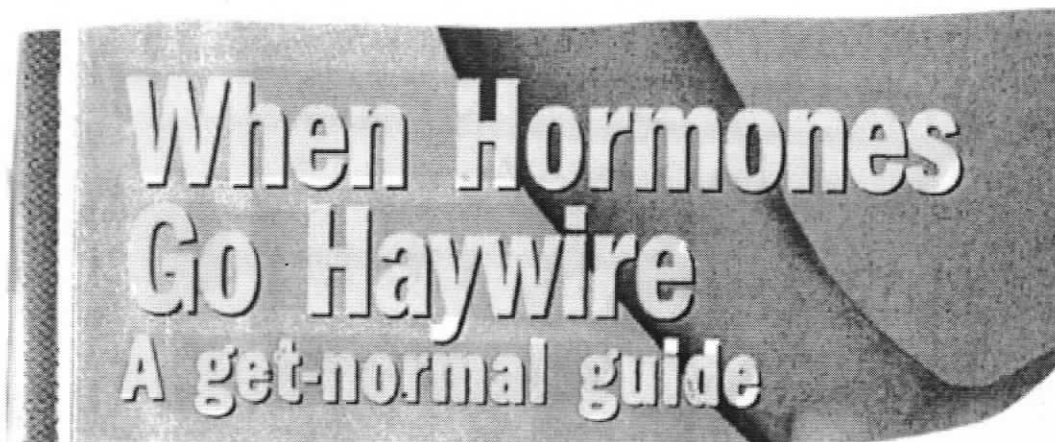


Figure 20. Taming haywire hormones

LIFTING THE CURSE

A BUNCH OF DOCTORS HAVE DECIDED THAT PERIODS AREN'T HEALTHY AND WANT TO BANISH THEM FOR GOOD. SHOULD WE BE APPALLED OR DELIGHTED, ASKS SYLVIA PAGÁN WESTPHAL

IF YOU'RE a woman, here's a tempting offer: stop having your periods now. Renounce the cramps, the bloating, the migraines, the moodiness and discomfort that take over your life once a month. Use your brain for something other than deciding between light and super-absorbent, deodorant or unscented. And best of all, feel good about it, because it's actually better for your health.

Sounds too good to be true? Perhaps. But that's the controversial proposal made by a growing number of doctors who believe there is no medical reason for women to have regular menstrual cycles. "It is a needless loss of blood," says Brazilian reproductive biologist Elsimar Coutinho in his book *Is Menstruation Obsolete?* In fact, monthly periods could even be detrimental to women's health.

And so the plan is to get rid of them. In principle, that's quite simple. Taking contraceptive hormones continuously, either in the form of a pill, an injection or an implant, will stop menstruation for months or even years at a time. Those methods are economical and broadly available. Indeed, millions of women using contraceptives like Depo-Provera (DMPA) know at first hand that one of the perks can be no periods.

Figure 21. Lifting the curse.

personal

a week-by-week guide to your hormones

YOU KNOW HORMONES CAN TURN YOU INTO A raging tyrant or a lovable teddy bear. But do you know how to make the most out of hormonal ebbs and flows? Our guide tells you how to know when it's best to go out on the town, ask for a

promotion, or stay home and hibernate. The length of everyone's cycle is slightly different—from 21 to 35 days—so listen to your body and adapt these guidelines accordingly.

| | WEEK 1 week coffee period | WEEK 2 ovulation | WEEK 3 luteal | WEEK 4 period |
|--------------------------|--|---|---|---|
| HORMONAL ACTION | Estrogen builds up | Estrogen peaks; progesterone starts to increase; (ii) (luteinizing hormone) surges just prior to ovulation | Estrogen plummets; progesterone surges | Hormone levels decline sharply |
| YOU FEEL | Energized and confident | Sexy and unstoppable | Irritable, angry, bloated, depressed | Bloated, dowdy, and home bound |
| YOU SHOULD | Conquer the world, or at least a project at work. Ask someone for a date—or a raise. | Flirt, but watch out—you're attracted to brawn over brains now. And you're at your most fertile, so plan ahead. | See a feel-good movie to boost your mood. Gain perspective by chatting with the gals. | Work out, avoid the scale, and get plenty of rest to let your body recharge. |
| Rx | Splurge on a steak—or extra spinach—to replenish the 13 milligrams of iron you lost the week before. | Go easy at the gym; you're more prone to injury than at other times of the month. | Calcium has been shown to relieve all major symptoms of PMS. Take 300 milligrams four times a day. | Drink lots of water and avoid caffeine to relieve bloating. For pain, take over-the-counter anti-inflammatories like ibuprofen or naproxen. |
| EXTRA TIP | Quit smoking (or any other bad habits) this week; you're less likely to experience depression and withdrawal symptoms. | Buy that strapless dress you've been eyeing—and strut your stuff. | Try ginkgo biloba to relieve breast tenderness and irritability; magnesium may help alleviate bloating. | Stock up on nutrients. Vitamins B ₁₂ , B ₆ , and E have been shown to relieve cramps. |
| YOU IDENTIFY WITH | Condoleezza Rice, Serena Williams, Debra Messing | Jennifer Lopez, Cher, Angelina Jolie, Madonna | Alanis Morissette, Tonya Harding, Courtney Love | Roseanne Barr, Delta Burke, Martha Stewart |
| |  |  |  |  |

BY EVA MARER

Figure 22. A week-by-week guide.

SPECIAL EDITION

Health for Life

Spring/Summer 1999

What Every Woman Needs to Know

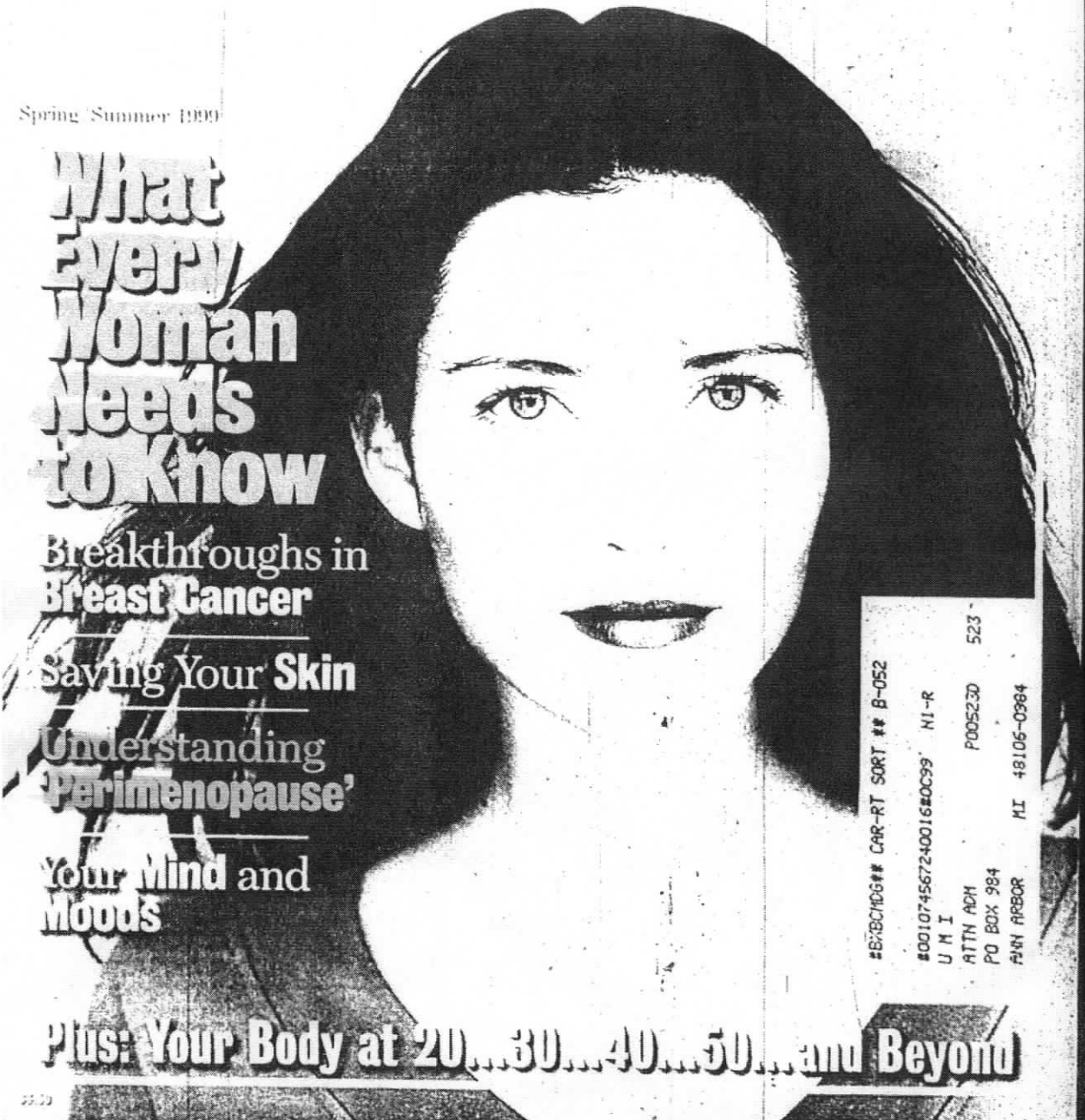
Breakthroughs in Breast Cancer

Saving Your Skin

Understanding 'Perimenopause'

Your Mind and Moods

Plus: Your Body at 20, 30, 40, 50, and Beyond

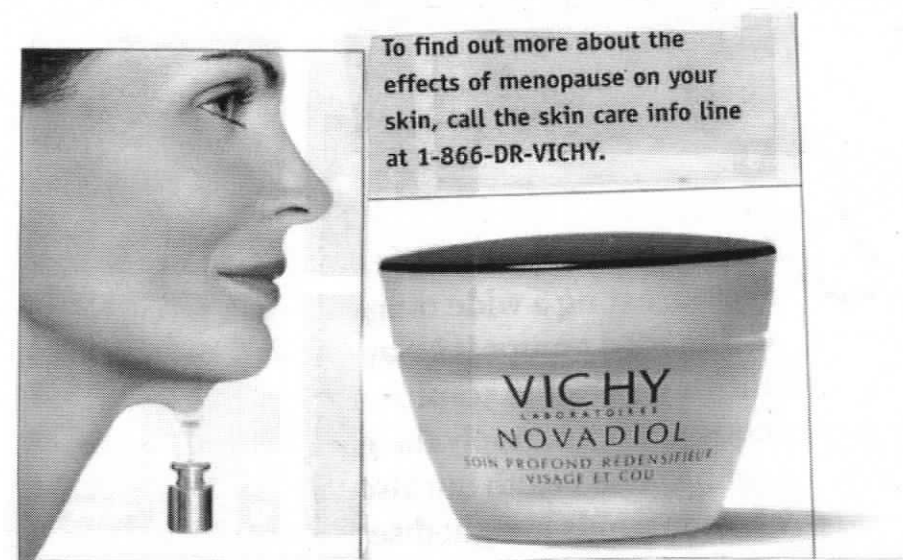


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PO BOX 984
ANN ARBOR MI 48106-0984

Figure 23. What every woman needs to know.

Changing the face of menopause

Skin aging accelerates with the decrease in hormonal activity that accompanies menopause: skin loses its density, becomes dry, furrows and sags. However, when applied topically, phyto-estrogens stimulate cellular renewal and reduce skin density loss.

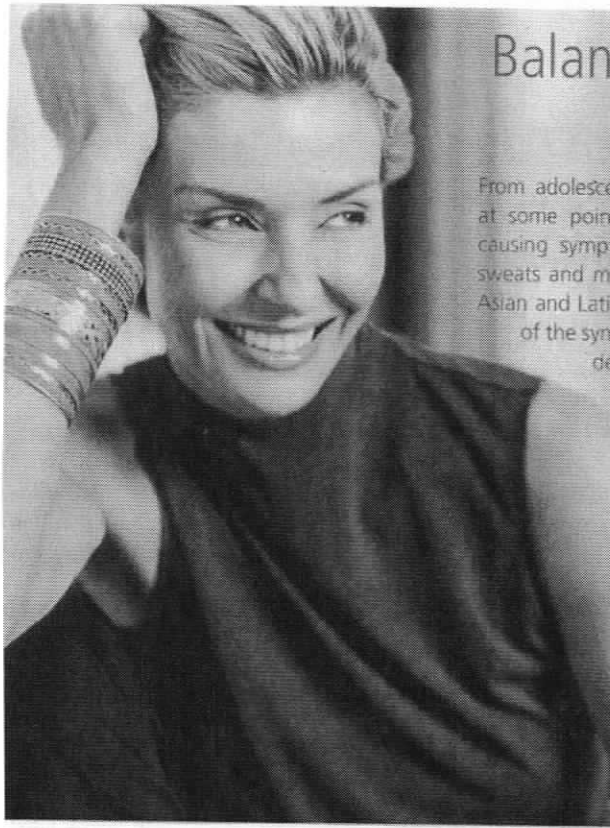


To find out more about the effects of menopause on your skin, call the skin care info line at 1-866-DR-VICHY.

VICHY
LABORATOIRES
NOVADIOL
SOIN PROFOND REDENSIFIANT
VISAGE ET COU

The advertisement features a black and white profile of a woman's face on the left, with a small glass vial of product positioned below her chin. To the right is a larger, white jar of Vichy Novadiol cream. A text box at the top right of the advertisement provides contact information for more details.

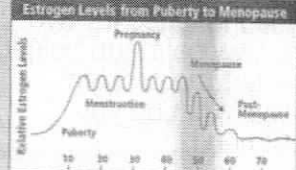
Figure 24. Changing the face of menopause.



**Balance your hormones.
Stay in control. Naturally.**


From adolescence on, our estrogen levels have a familiar cycle. However, at some point in every woman's life they start to fluctuate and decline, causing symptoms associated with menopause such as hot flashes, night sweats and mood swings. But what nature takes away, it can also replace. Asian and Latin women consuming bean and soy-based diets have a fraction of the symptoms that American women describe. These diets contain plant estrogens, called isoflavones, that mimic a woman's own estrogen in the body. Made from red clover isoflavones, a daily Promensil tablet adds 40mg of safe, natural plant estrogens to your diet. Relieving those annoying symptoms while also supporting bone health and without weight gain.

Estrogen Levels from Puberty to Menopause



promensil™
The natural way to restore hormonal balance.

At health food stores and pharmacies everywhere.
For more information for you or your health professional
call 1.888.417.7763 or visit www.promensil.com



3 NATURAL HEALTH | SEPTEMBER 2002

www.naturalhealthmag.com

Figure 25. Balance the hormones.

Scientific, Social and Textual Practices

The double b(l)inded body

PMS symptoms can be controlled (*Toronto Star*, 1998). Why give up any more days of your life? (Zoloff, *Good Housekeeping*, 2002). Balance your hormones. Stay in control (Promensil, *Natural Health*, 2002). Self-help strategies for PMS (*Internet: Health Watch*, 2002). A get normal guide (*Good Housekeeping*, 2002).

Taming your raging hormones (*Good Housekeeping*, 2002). Center for Menopause, Hormonal Disorders and Women's Health (*Internet*, 2002). What you can do (*Newsweek*, 1999). Stimulate cellular renewal and reduce skin density loss Vichy Novadiol: Changing the face of menopause (*50 Plus*, 2002).

A week-by week guide to your hormones:

Make the most of out of hormonal ebb and flow: more exercise, easier exercise, don't smoke, high protein, low-carbohydrates, low salt, no caffeine, lots of water, vitamins, herbs, relaxation techniques, hormones, anti-inflammatory, diuretics, sedatives or antidepressants, see a feel-good movie, chat with friends, hibernate (*Health*, 2002).

Tides bring in all manner of things. One cannot know ahead of time exactly what will be left on the unstable re-forming beach. Traces of the exotic, artifacts shaped by turbulent forces, dead and dying things. Unless these are collected up as one's own, they will likely be gone in the next round, in the next tide. As they scour, replenish and renew, tides remains a wild force, an untamed phenomena. Similarly there are movements in women's bodies flowing like tides bringing in different sensations, impulses, feelings, behaviours. Like tides, they will test or break through carefully constructed edifications in the way. We adapt to ocean tides, not the other way round. This is not the case, however, for tides flowing in women's bodies. These are to be controlled, improved, disciplined. Such unruly bodies must be made to adapt. That way women cause less disturbance and are more pleasant, more productive, more attractive, more civilized.

Foucault in *Discipline and Punish* (1979) describes how discipline imposes a relation of "docility-utility" onto the body. "A body is docile that may be subjected, used, transformed, and improved" (p. 182). Such discipline controls as it "increases the forces of the body (in economic terms of utility) and diminishes these same forces (in political terms of obedience)" (p. 182). In such harnessing of bodily forces, the body as a direct

sensor is devalued as a primitive meaningless state with no direction. This primordial body has become veiled, filtered and forgotten in favour of a disciplined form.

If bodies and women are not stabilized enough through controlling conceptualization, the next step is chemical. In addition, psychiatric and psychoanalytic processes may move in from the sidelines towards a controlling, normative halt in the natural process of inherently changing bodies of women. Scientific, social and textual practices develop and disseminate this body in sore need of control.

What every woman needs to know ... Understanding perimenopause (*Newsweek*, 1999, front cover). We really need to understand mid-life (*Newsweek*, 1999, p. 32). Knowing your crazy symptoms have a name and a cause might be relief enough" (*Newsweek*, 1999, p. 34). Keep a diary and chart your cycle: This will assist your doctor in giving you a diagnosis and give you a sense of control which makes you feel better (*Toronto Star*, 1998, p. G2).

Through the adoption of such practices the body is funneled into utilitarian values as its reason for being. Foucault would see these practices as disciplinary as they turn the body into an object of (particular) knowledge; practices that become a process of subjugation.

Language itself may be a tool of discipline directed towards the body. This is illustrated in Serres' (1995) discussion on how the noise of language, which tries to capture, define and interpret, obscures a reality that is not mediated as such. A body so known through a "genesis of language" (p. 78) may prevail at the expense of hindering and obstructing one's own direct, original, and non-standardized perception. In other words, as a pre-occupied mind tries to capture women's bodies into language, the directly sensed and perceived body is lost, and another reality obscured. A woman is "talked" out of a body and into another, a more disciplined one.

This discipline of language is furthered as Butler (1997) discusses the violence of “speech acts”. An imprint, even a scar may be affected by a semiotic process of speaking. Through speech, a subject or body may be (de)formed. A mark may remain on an individual long after the slash of words occurs.

In the disciplinary attempts by texts, reading, speech and other social practices, sensations of bodies are assigned to a particular understanding before they even present, shutting the door on variant experiences of these sensations. To read, feel, speak or experience outside this discipline of the body is to walk a lonely road.

In machinations that materialize and collectivize the Hormonal Body, the woman who accepts the truth of hormones and takes up the Hormonal Woman subjectivity as her own, lives disciplined in a binding contract with this truth. Such truth is non-negotiable and escape is thought to be impossible.

Bound to female subjectivities, women are sentenced to what Haraway (1999) calls “terminal ideological confinement,” a toxic fruit (p. 50). The confinement of women and bodies in hormones is likewise toxic. This is doubly so as reactions, prescriptions and proscriptions occur even as this confinement is constructed. As women are pacified in guise of fixing their body and themselves, they become more aligned with convention and control. As women and bodies are fixed to one understanding, they are matched with a remedy. As the Hormonal Body is “nailed down”, a Hormonal woman is “nailed” to it.

I am suspicious of women turned into “problem women” through hormonal representation, and who are then presented with remedies for management. It is a process

that reflects power and control of women by other agencies, whose veiled self-interests have been internalized by so many as the only feasible reality.

A major feature of contemporary society is increasing speed and efficiency. This includes the "ontological fast lane" in which a preconceived reality is doled out to those accustomed to picking up the ready-made such as the "hormonal package". In this package, $a + b + c = d$, "a" (sensations) are organized into "b" (syndromes), and "c," (coming from the Hormonal Body). These all constitute the "d", the Hormonal Woman in a mediated ontology.

Driven by productivity demands and swept up in the rush, women are pacified to accept the "fast food" of the ontological fast lane, subordinating women to a body, an identity, a reality and a health and well-being designed by others.

Tides of Feeding and Phantasmagoria

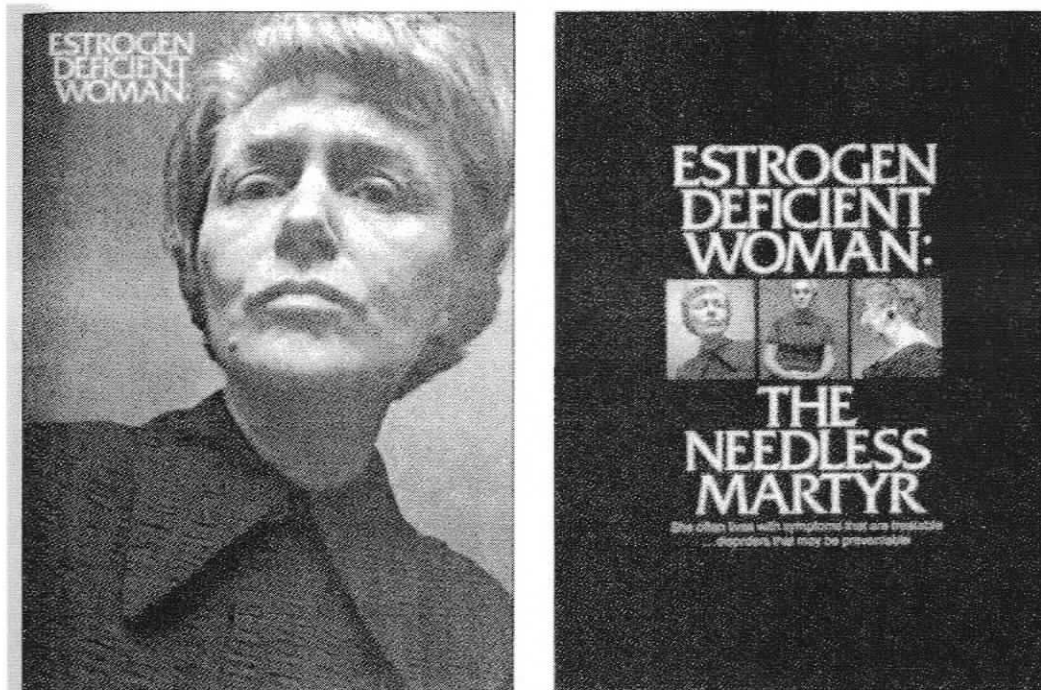
Ontologies, Texts and Bodies Related to Models of the Parasitic and the Schizophrenic.

Doing reality: It's all in how you think it ... dream it ... read it... feel it ... feed it.

Things are more peaceful with parasites. They don't make a fuss. You put them where you want them and they just eat it up. Nice and quiet like. They don't over-burden and over-tax, but prefer to operate on a sustainable resource plan. Schizophrenics -- well you can never understand them. They are different every day. Forget a meal plan, they decide when, where and what they will eat. Forget any plan. They are not here to follow rules or make others happy. And paraschizoids? Interesting and seductive but never turn your back as they are not to be trusted.

Models of the parasitic and schizophrenic can be used to illustrate relationships between non-positive and more positive ontologies, between Hormonal Bodies and Bodies without Hormones and between readings of texts as representational and non-representational. These models convey two ways of being/becoming, each with a different approach to bodies, hormones and texts.

In a parasitic paradigm, positivist biology, significations and representational texts become a feeding ground for certain subjects. They provide a Hormonal body for parasitic subjects such as Hormonal Women to feed on. In addition, the representational text casting the Hormonal Woman subject as universal, feeds its content to individual viewer/reader subsequently occupying this subjectivity.



“Classic” pharmaceutical slogans: Ayerst invents the “estrogen deficient woman,” a martyr to her own bodily processes, but able to be rescued by the company’s wonder hormones.

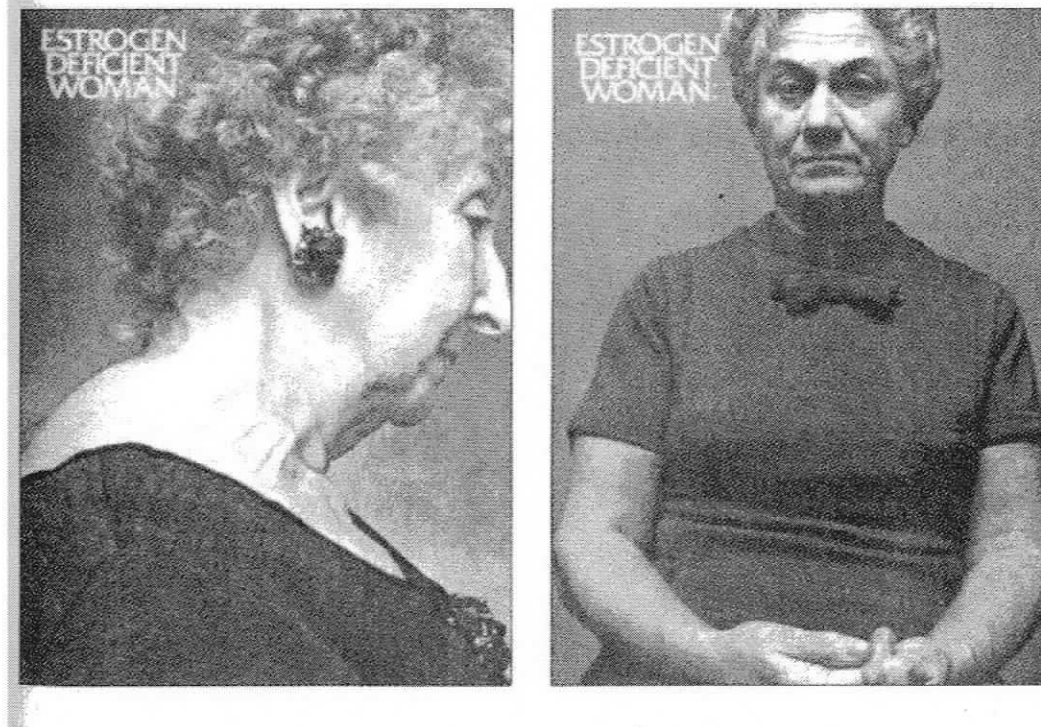


Figure 26. Estrogen deficient woman.

As the Hormonal Woman subject is sustained by the provision of hormones by various media, experts on women's hormones require steady feeding on women's bodies. Such experts are drawn with Hormonal Women into a co-dependency for the hormones which sustain them.

Parasitic subjects are being fed on a particular ontological model for women. Such ontology is parasitic and non-positive in that women adopting such subjectivity feed on a reality provided by others. Women pay a price in this ontological model. Rather than experiencing sensations and impulses as impetus for independent inquiry, the tendency becomes "just tells us what it is, and we'll go with that." This same attitude is reflected as the parasitic subject engages with texts as representational.

An alternative ontological model is schizophrenia, described by Massumi (1992) as "the breakaway into the unstable equilibrium of self-invention" (p. 92).

"Schizophrenia" here is not a medically defined state, but refers to Deleuze and Guattari's use of the term. Classical schizophrenia indicates a split from reality, but if one understands "reality" to be a construction, then schizophrenia becomes a move outside this convention, a way out of consensual reality in order to explore alternative ontology. This may be seen as an independent and creative act; a more positive ontology.

The schizophrenic paradigm fits a Body without Hormones in which flows and intensities of a nomadic subject are unstable in continual movement through thresholds of existence. A deterritorialized subject is independent and *feeds herself* from images which she invents. No one else could know what to feed her as she is not stable enough to be socially codified. She does not read texts for truth, but engages with texts in "intense readings" as stimuli feeding her own creativity.

In schizophrenic fashion, bodily sensations have a life (and death) of their own. Sensations are experienced not as hormones, but however the woman imagines. For example, a schizophrenic in this sense may freely experience sensations as movements into new realms: I feel tied to a weight taking me down (too) deep, to unfamiliar realms. I feel restless to move on and I won't sleep until I do. A part of me is being burnt up in a furnace and purged in the sweat moving through my pores. Forgetting the minutia of details and snapping the ropes anchoring me to obligation, I free-float as a great ocean-becoming.

Deleuze and Guattari (1987) encourage "lines of flight" between the organized and non-organized body rather than any permanent break. Periods of schizophrenia, if you will. Shifting figurations of a dreamtime or dreamline which recur often enough to protect an individual against a complete overthrow by stratification, but not such a capitalist catastrophe or deviancy to raise concerns about danger, persecution or incarceration.

Such lines of flight may see multiple ontologies emerge, such as the formation of a paraschizoid hybrid. A hybrid imprinted with both ontologies. For example, texts might be first read as representational and then re-read as a line of flight in the form of an "intense reading" used as a creative spur by women with nomadic tendencies.

Lines of flight loosen binding strata, which permits a glimpse of new insights and interrupts assumptions about what, who or even if one is. It is an endeavour that exposes what one is not (more than what one is), re-establishing openness. Periods of schizophrenia as a positive ontology. Questioning assumptions of reality even as we live in one, pushing at borders to allow expansion of experiential space.

Embodiment: “The Bodily Roots of Subjectivity”
(Braidotti, 1994, p. 3)

What (or who) is in a hormone?

“What is the ugliest part of your body... some say your nose, some say your toes, I think it’s your mind.”

In *We’re only in it for the money*. (Zappa, 1968).

Subjects are often linked to bodies, and female subjectivity has been well-rooted here. Particular figurations of subjects relate to certain bodies. The organized body has an organized subject. The aging body has an aging subject. The Hormonal Body has a Hormonal Woman subject. However, a Body without Hormones embodies no particular subject, and a nomadic subject may be found anywhere, but not for long.

A BwH comprised of intensities in flux does not have the strata necessary for carrying particular subjects. However, the Hormonal Body, which is constructed and materialized by layers of signifying practices, is structured to hold a hormonal subject accorded with specific socially coded ways of thinking, acting and feeling. One thus understands Braidotti (1994) as she refers to the “embodiment of the subject ... (as) a point of overlapping between the physical, the symbolic and the sociological” (p. 6). In the convergence of body matter, symbolic images, textual representations, signified sensations and “talking the talk” of hormones, the hormonal woman subject can live. All these practices fashion and normalize a subjectivity that cognizes the Hormonal Body as true, drawing women and others into its recognition and practices.

Though Braidotti regards the nomadic subject as a performative metaphor, any subjectivity may be performative (Butler, 1999). The Hormonal Body not only has

performative women subjects, but draws other performative subjectivities such as harried spouse, shocked bystander, nodding and prescriptive physician, writers and readers of hormonal texts, helpful drug representative, PMS or Menopausal clinic operators and clients, and participating members of hormonal women's support groups. All these subjectivities acting in a way that roots them to the shared Hormonal Body of women.

How a body is presented and depicted affects not only how it is practiced but also characterizes the subjects practicing it. If a female body is described and practiced as fluid, changing, in synch with (and a microcosmic testament to) the great flux of the universe as manifested through all weathers, tides, cycles and seasons, then a decentered self (which is still as subject, according to Butler) may be conceived as appropriate to this depiction. However, if a woman's body is presented as difficult, unpredictable, oversensitive, volatile and an abomination to the ideal of calm and control, and an aberration to a society dedicated to efficiency, utility, and productivity, then a different subject will be conceived by means of this representation. Authoritative texts which present the latter depiction act as verification of the Hormonal Body. These texts also require that certain viewing, reading, and sensing practices be learned by a subject, who becomes constituted through their use.

This constitution of subjects enacted through representational texts and viewing practices of bodies is exemplified in Haraway's (1999) discussion of Nilsson's photos from "The Drama of Life Before Birth" (in *Life*, April, 1965). In this edition of *Life* magazine, stunning photographs of fetal bodies are presented as magical portrayals of the development of life. The aim of this representation requires a viewership that will look at fetuses signified with the beauty of life, and consequently the viewing and reading

subjects become those entranced in adoration of the technologized spectacle of life unfolding before their eyes. Haraway comments on the fact that these fetuses as products of abortion are overlooked. A different viewing subject may be constituted if these images are framed as fetal abortions.

Braidotti's (1994) nomadic figuration of the subject for women would be impacted by the way nomads are represented. Framing nomads as free, resourceful and responsive to their natural instincts creates the notion that nomads have dignity, and are respectable, in touch with primordial instinct. This subsequently forms a viewing subject in respectful awe of nomads. A different subjectivity would likely occur if nomads are depicted as ignorant, uncivilized, aimless, dirty and unstable wanderers who are a blight on the stability of the pride-of-property landscape. And furthermore, something should be done to help them. Thus, how something is signified effects a viewing convention through which subjectivities of a viewer form.

Through these examples one can understand that if the female body is signified a problem, then the reading, viewing and sensing of this body will configure subjects who comprehend the female body accordingly.

Changing of the Tide

Subject to Change: (Recon) Figuring a Way Out (the shamanic escape)

Shape-shifting out of the Hormonal Body

The Interior Woman

The wildish task ... is to find (a woman's) true names, and not to misuse that knowledge to seize power over her, but rather to apprehend and comprehend the numinous substance from which she is made, to let it wash over ... amaze ... shock ... even spook And to stay with it. And to sing out her names over her. It will make her eyes shine. It will make (your) eyes shine.

In *Women who run with the Wolves* (Estes, 1992, p. 128).

We are all filled with a longing for the wild. There are few culturally sanctioned antidotes for this yearning. We were taught to feel shame for such desire. We grew our hair long and used it to hide our feelings. But the shadow of Wild Woman still lurks behind us during our days and in our nights. No matter where we are, the shadow that trots behind us is definitely four-footed.

Estes (1992, p. xiii)

Somewhere in its running, whether by the speed of its running, or by splashing its way into a river, or by way of a ray of sunlight or moonlight hitting it right in the side, the wolf is suddenly transformed into a laughing woman who runs free toward the horizon.

Estes (1992, p. 28)

The binds of older assumptions about female bodies are being given the slip by feminists creating spaces for new figurations of women's subjectivities. Braidotti (1994) states that "new figurations of subjectivity is a point of exit from phallogocentric schemes of thought" (p. 39), a point of exit adopted by her and by other critical feminists such as Haraway (1999) and Irigaray (1985). As female subjectivity is so rooted in the body, these new figurations of subjectivity allow women to shape-shift out of limited bodies, offering women flights out from entrapment.

Irigaray's alternative figurations of female subjectivity are still rooted in the body, as she illustrates her concept of women's multiple subjectivity based on the shape of their sexual organs, such as lips that are two but not one. By their sexual anatomy even, Irigaray believes that women are designed for multiplicity rather than the unitary.

Haraway plays with different figurations to demonstrate that not only can female subjectivities be altered, but they subsequently alter the subjectivities of others, such as the viewing audience. One sees for oneself the switch of mind as viewing an almighty

God the father develops different viewing subjectivities in the switch to an image where “woman is in direct relation to the source of life itself” (Haraway, 1999, p. 51). As Haraway demonstrates that reality is created as an effect relying heavily on its subjects for existence, reality is always contingent, and therefore always virtual. It follows that by altering classical images one can manipulate the process of reality-making through the making of new subjectivities.

Braidotti (1994) increases the realities available for women by altering traditional female subjectivity in her development of the “nomadic subject”. The nomad is a figuration of subjectivity that cannot be held to one location. Braidotti sees the nomad variously as an existential condition, a style of thinking and a “performative metaphor.” In these ways the nomadic subject resists social codes and other stabilizing forces. No one expects or makes demand of a nomad. Released from social coding, they carry no identification. They are somewhat mysterious and may appear to circulate in a particular orbit at particular times, but this is unreliable as there are variations. Survival calls for their flexibility and deviations from pattern. To be fixed and rigid would be to perish. This figuration of nomadic subject pulls women up by the roots from bodies predetermined and controlled.

Braidotti (1994) also sees the nomadic figuration of the subject as moving beyond “dualistic conceptual constraints ... and monological habits” (p. 3). Such a figuration poses a way out of a duality of the Hormonal Body and Hormonal Women on one hand, and the BwH and the women who practice it on the other. A nomadic subject in this context may be thought of as a hybrid that might move on either of these bodies as it sees fit. But it does not *belong* to either and can be gone in an instant.

The nomadic subject is a favourable and helpful figuration of female subjectivity in relation to the BwH. The woman nomad is on the move, but also responds to the cycles, seasons and circumstances that directly support such movement. These movements-in-response seem to lend both a strength and dignity inherent to the nomad who learns to survive via this response-ability to instinct. As nomads flourish in the margins, women as nomads need not fear these spaces.

This nomadic subject also fits conceptually with taking lines of flight towards a Body without Hormones. A woman nomad may be observed at the periphery of organized bodies and subjects, but in unstable forms. As such, she is not fixed into definitive structures of subjectivity and body, and therefore eludes their hold. However, she can and does observe what is taking place and responds with decisions and movements accordingly.

Confining someone with nomadic tendencies can be detrimental. At certain times in history when politicians, settlers and missionaries sought to confine nomadic peoples (imprisoning them of sorts, and for their own good, of course) many had great difficulties, became ill, even died. This is a disturbing analogy in what may occur in the confining or “stabilizing” of a woman, nomadic by nature in a fluid and fluxing body. She becomes ill. Further, the blame is put on the woman and her body, rather than the problem of her “confinement”.

In altering figurations and shapes of female subjectivity, women may escape the “toxic” confinement to hormones. This escape is based on freedom from the specific figuration of subjectivity connecting to powerful schemes materializing particular bodies. The subjectivity of Hormonal Women is held in an institutionalization of hormones

directing what women are about, and spawning authoritative texts and remedial practices accordingly. It is a disempowering subjectivity for women who accept it, but particularly so if they do not then undertake measures of control that would bring them “home” from venturing all over the map.

The power of Irigaray’s (1985) subjectivity of women, however, lies in its duplicity/multiplicity. This power is magnified as she grounds the subjectivity of women in how their bodies are sexually structured. The power in Haraway’s subjectivity (1999) lies in the manipulation of images. Such license invites and validates further manipulation, this time at the impetus of any individual woman. The power of Braidotti’s (1994) nomadic subject lies in its movement. Deleuze and Guattari (1987) aim for the conditions allowing new and less static subjectivities in new bodies by flights away from stratifications toward an ontology of “in-becoming.” Power has no foothold on such an unstructured plane, in “assemblages” that are continually and unapologetically in flux.

These examples show how control can and cannot work in subjectivities. Figuring different subjectivities through different practices may thus change power relations that disadvantage women.

Reading, Feeling and Becoming

Getting it right and other options

Specific reading practices (e.g. reading for truth) position the reader in subjectivities through which reality becomes known. If one can read oneself into a

subjectivity, then engaging in alternative practices of reading can alter and dismantle such subjectivities and realities.

In the model of Deleuze's "intense readings", the reader is free to come to the text without concern for being right or getting it right. To launch such an approach, it might be helpful to follow the advice of Serres to "arrive as newborn before the text" (1995, p. 86). A newborn is not yet interested in taking on its own identity and the biases that accompany it. Such a reader is open, not yet "pre-occupied" with the prejudices and goals of an established subject.

A woman practicing a BwH may operate in these same ways, dismantling subjectivities in her reading practices. This happens because she does not read texts about hormones in order to identify herself as more knowledgeable about hormones and her body. She has no interest in becoming a "better" woman with a managed body. She does not get caught in the subjectivity of a Hormonal Woman, but reads to see if there is new movement as she and text engage. A woman in a line of flight reads a text "intensely", watching for potential catharsis as both texts and self are loosened from platforms of representation.

Sensations of a woman practicing a BwH are experienced in much the same way. One watches sensations as non-representative, and which come and go as "woman-becoming," without the processes that define, add value or condemn. These sensations are felt as movements and impulses, as intensities. Intensities pass through thresholds but, like an intense reading, a particular subject is not formed. Without static subjectivity, women in these practices are resistant to colonization by hormonal

knowledge, which would like to administer their bodies. Such women are “in-becoming” with every encounter. Like reading “intensely,” the BwH is the body lived “intensely.”

The Tide of the Nomadic Subject Returns: Who is (not) this Woman?

Surfing the orbit(s) and the nomadic subject as tool

In the heaven of Indra, there is said to be a network of pearls, so arranged that if you look at one you see all the others reflected in it. In the same way each object in the world is not merely itself but involves every other object, and in fact is every other object.

In “The Flower Garland Sutra”, *Revolution from within* (quoted by Steinem, 1992, p. 322).

“Different bodies arise at every moment ... physiologically... subatomically... psychologically ... image-wise”.

In “Enjoying the Perfection of Imperfection”, *Being bodies*, Tollifson (1997, p. 18).

The nomadic subject can be understood and employed by women in many ways to support the practice of a Body without Hormones. The deterritorialized subject or a nomadic woman is subject only to flux which, according to Deleuze and Guattari (1987), is what spins the universe. Change being the lone face of essentialism, nomad women in flux are in sync with this timeless and changing universe and may practice a BwH in flights that take them all over its unfolding map. Rather than territorializing a woman to a body of hormones, a nomadic subject might see movements of a body differently: activity moves towards the still, production alters in form as it moves from the exterior towards the interior, cool/dry pivots into hot/wet, memory turns into unoccupied space. Expansion becomes contraction; blockage turns into sensitivity and calm becomes

dynamic explosion. Patterns shift with the seasons. Personae surface and submerge. In such ways, the nomadic subject “flies in the face of civilization and is disloyal to it” (Braidotti, 1994, p. 30).

The nomad, still a subject, is used for different purposes than the conventional and binding figurations of a more static female subjectivity. As a concept, the nomad interacts well with the BwH. Particularly if one is new to this practice and feels discombobulated in conceptual nakedness without any organization, meaning or definitive subject. However, Braidotti (1994) does state that nomadism is a “progression toward deconstructing identity” (p. 16). In this way, the nomadic subject may be used as a conceptual tool for deconstructing other concepts.

The use of nomadic subject will likely reflect an individual’s concept of nomad. However, one’s purpose behind the use of nomad makes the difference between whether the concept binds or liberates. Deleuze (cited in Braidotti, 1994) uses the reference to nomad more to conceptualize people whose ideas cross boundaries, move without destination, and live in the in-between. Braidotti favours this reference, referring to the nomad as one who does not recognize borders and has “the desire to go on trespassing, transgressing” (p.36). Such descriptions of the nomadic subject fit with practicing a BwH where a woman inhabits the in-between as “woman-becoming”. With existence as a movement through thresholds, notions of identity are disrupted. As stability is contrived, a default to openness occurs naturally.

It is also useful in a BwH to emphasize a feeling of being nomad, which might be conceived as a dynamically open, boundless, responsive, instinctual and intuitive sense.

Not a definitive and closed knowing with the associated weight of obligations. Free-flowing rather than static. "Just passing through ..."

Though nomad versus territorialized woman subject is a binary, it may accomplish a route for women out of hormonal territory. Rather than being trapped in another territory, this nomadic movement questions all territorialism. The Body of Science, the Managed Body, Your Real Self or the Productive Woman fall as a nomadic subject moves on. The more alternative territories and subjects that are configured, the more obvious the production of the territorialized subject becomes, questioning the truth of any territoriality.

On another level, Braidotti (1994) also calls the nomadic subject mythic and iconoclastic, and as a "performative metaphor", allows movement through boundaries that normally create stasis and monoliths. Braidotti believes that conceptualizing this mythic nomadic subject blurs boundaries without burning bridges. Not ever having to take stand (or "stance") the nomad simply disappears/reappears, slipping back and forth through borders porous and permeable to them. This permeability of boundaries works congruently with Deleuze and Guattari's (1987) recommendation to take only lines of flight and avoid the dangers of permanent destratification. One returns to the organized body and subject at will.

Further, Braidotti (1994) grounds her depiction of the nomadic state in her own life experiences, mapping where she has been, rather than where she is going. For Braidotti, the nomad is personal and she describes it not a homeless state but being able to create home anywhere. The nomad has no fondness for permanency, like the

movements of the BwH that knows not where it will move next or what specific becomings will unfold.

A BwH moves because it can't help it. It is part of a continuous universal spinning through forms and orbits of feelings, sensations and their expression. Without a "homeland" or a fixed subjectivity, a BwH can never be represented. A subjectivity such as the nomad may be a tool conceptually linking women and bodies for a time, but it is never finalized. Rather, nomadism becomes a tool for thinking and living beyond categories such as hormones, and to be used by a woman to unblock her movements and make her way.

Female subjectivity keeps dissolving in the non-stratified BwH., and women keep on "becoming" in varying thoughts and forms. The practice of the BwH thus resists an essentialist center in which a woman would have a *real* self. Since there are no identity processes there are no crises of identity. Instead of identity crises there are only movements of "becoming." As there is no permanent "center" for the woman subject practicing a BwH, authenticity is the project of every moment. All moments are experienced in passing, but not claimed. This motion is freedom and authenticity found only in the act, rather than in a state of achievement.

This way of thinking is a radical shift from the notion of identity as a mature, insightful and even useful cataloguing of self. For the benefit and encouragement of those who would be anxious about the loss of a familiar and personal subjectivity, remember the collectivized Hormonal Woman subject (inhabited by so many women) in which individuality is eradicated and subjected to one mode. How the bodies of individual women are subsumed here into one body, one subjectivity. Be aware of how

the individuality of a woman and the uniqueness, value and insight of her personal feelings, sensations, impulses and expressions can be discounted by whispers or wails about hormones. Hormones that homogenize all women, and all women's bodies.

The nomadic woman practicing a BwH resists such capture, discipline and assimilation. She and a BwH are driven by what seems to be a primordial intelligence that the agencies spinning the Hormonal Body do not value. The nomadic woman has no need to learn the "truth" about hormones. They simply do not do her any good. Unschooled in hormones as they are organized and presented in both personal and community practices, the nomad is free of them.

Bodies of Practice and Practicing Bodies

Bodies of Practice

Every(body) needs a community

*Whether or not I am this body, I am participating in it.
Whether or not you are your body, I /we/you are
participating in that one too.*

Haraway (1999, p. 62-63) uses the example of the "fetal work station" to describe how fetuses are made into many different kinds of entities depending on practice and practitioner. There are a wide range of fetal-becomings amongst those debating and participating in the technology of fetal and genetic diagnosis, among scientific and social researchers, geneticists, counsellors, support groups for families of children with genetic disabilities and others. Together the fetal body spawns a veritable community and vice-versa. It is a body practiced in the community, and a community of practices.

Similarly, there is a “community of practices” held together by the entity of the Hormonal Body. This entity is a similar type of “work station.” At different sites in the community, women and bodies are spun into different shades of this entity upon which others rely for their existence. That includes scientific researchers that focus on hormones, medical practitioners and psychiatric experts who offer treatment and counselling for “female trouble,” pharmaceutical companies that manufacture drugs targeted for Hormonal Women, women’s health writers and publishers of texts on women and hormones, and PMS and menopausal groups which offer support. This community of practices is the “ontological choreography” that Cussins (1996) refers to as constructing subjects, objects and agents in a way that extends and sustains the practices of those involved. The viability of such community practices and practitioners requires a sustained attention to the primary entity of the Hormonal Body.

Varieties of subjectivities become employed in ways which recognize, prove, witness, discipline, educate, correct, and otherwise provide support for Hormonal Bodies. This is evidenced in endless research, treatments, and in the production of hormonal texts, imaging, “educational” brochures and advertisements for both allopathic and naturopathic remedies. Hormonal subjectivities are bred in women’s clinics, hormonal jokes, media commentaries, and each time a woman refers to her hormones in conversation. As these elements are reiterated, the practice of a Hormonal Body is perpetuated.

Practicing a Body of Choice

A practice for every woman

“From a practice point of view, [the body] it’s your penetration into reality”
In *Being bodies* (Cohen, 1997, p. 14).

It is my contention that a body is practiced according to how it is understood, which involves how realities are recognized and adopted and how subjectivities are constructed and occupied. In the spectrum of body practices, sensations or feelings may be understood and experienced variably in conceptions such as self, part of self, a part of living, a living part, or just a body living. In addition to the Hormonal Body and a Body without Hormones, there are, of course, many other practices of other bodies that might be taken up such as the “Fat Body”, a “Body without Measure”, the “Aging Body” or a “Body out of Time”.

Some practices may vary from day to day or hourly, and some practices may be more visible than others. No practices are completely exclusive, but can overlap and crossbreed. Overlapping need not be interpreted as confusion, but as ever-emerging hybrids which bring in different components and combinations. The idea of practicing a body gives each woman epistemological and ontological authority over her body.

The Practice of the Hormonal Body

The spin of regulation

Many a young life is battered and forever crippled on the breakers of puberty; if it crosses these unharmed and is not dashed to pieces on the rock of childbirth, it may still ground on the ever-recurring shallows of menstruation, or then upon the final sandbar of the menopause ...

Dr. Engelmann, President of the American Gynecology Association, 1900.

In *For her own good: One hundred and fifty years of experts' advice to women* (Ehrenleich & English, 1997).

The Hormonal Body is materialized and known through discourses and texts that spawn, encompass and explain the hormonal subject, adopted by women centering themselves in it. The Hormonal Body is understood and double-edged as both possessed by women and marking them, as well as possessing women and driving them. By convention this body is known as a biological and psychological truism and a definitive state. Facts irrefutable as presented in the dominant hormonal discourse seem to run roughshod over choice. For “reasonable” women then, there appears to be no other choice.

The idea of a Hormonal Body as a practice, however, may make more sense if we recall how biological understandings are changeable, affected by language and cultural attitudes. Birke (1999) discusses the body as being “understood principally (perhaps only) in terms of the language and images with which it is described” (p.44). Birke concurs with Martin (1994) that since narratives of body systems change over time, so does understanding. One example is the narrative of immune bodies which changed in image from “a defense mechanism under siege from external pathogens, to bodies responding flexibly to external demands” (p.44). As Birke surmises, this change reflects changes in scientific and cultural discourses permeating the system of the body, illustrating that bodies are more fixed through discourse than by nature. How a body is thought and practiced then, occurs according to the leading discourses of the day. Moss and Dyck (2002) in *Women, body, illness*, take up the point of using the body to understand discourse. How we feel in our bodies tells us about how the world we live in is ordered. A different order, a different discourse would result in a different experience of body. Another era is another discourse, and another body.

In the same way and in the context of hormones, Canguilhem's (1994) discusses the historical understanding of hormones. According to Canguilhem, hormones used to be understood as reservoirs of energy for cells, but with changing societal values, hormones became understood to be regulators. Emergent ideals, such as internal stability and homeostasis, transformed a historical concept of the body's secretions into one of chemical regulation (Canguilhem, 1988). This understanding of hormones as regulators, which in turn need to be regulated, feeds the gendered hormonal body into themes underlying contemporary norms and related health practices.

It is not surprising, then, that women, bodies and health practices have become integrated and understood in contemporary regulatory and management themes. The management theme around health and self is well presented in *The new public health* (Petersen & Lupton, 1996), which exemplifies how values prevailing in any particular era find their way into framing health and health practices. Changing values frame different practices as being responsible. If one does not take on currently recommended practices, one is being irresponsible, even though terms of practice and responsibility change over time. This brings to mind the "advanced" thinking and practice of bottle feeding newborns a few decades ago.

A woman seeking information about managing her hormones would currently be seen as taking responsibility for her health. Yet she would be internalizing the epistemology and ontology of those directing knowledge and interpretations of health toward certain practices of a body, and toward interpreting women in the context of hormones. This is the internalization of authority in the health practice domain. Therefore, in a "good" practice of a Hormonal Body, information about hormones is

sought and employed (but first check with your doctor). Learning about hormones needs to be continuous and updated so that women can recognize this body ever more astutely. Being on the lookout for signs of hormones inducts and maintains women in operationalizing and managing the hormonal body as a practice.

The effect of a grand narrative such as the Hormonal Body is a rationalizing and stabilizing notion that works like an *apologia* that keeps women practicing this body, hard at work to control it. Hormonal problems and problems with Hormonal Women are kept in place as long as hormones and their villainous story for women in this era are maintained. Texts about female hormones texts help keep the “truth” of hormones going.

The “realness” of this body appears as very real and unmediated sensations are organized into convincing signifiers and meaning. Deferring to culturally intelligibility spread by popularized meaning, a woman in the Hormonal Body story become locked into a particular way of understanding the body.

With this standardized understanding comes the inevitable surveillance. A Hormonal Woman subject is evaluated by self and others in a monitoring process that operates in conjunction with a schedule of hormones. Am I / is she hormonal? Keep a chart. Use a screening tool. Do I / does she know enough about it? Read this article, pamphlet or book. There are so many to choose from these days. Do I / does she have questions or need help? Ask your doctor or a “New Public Health” nurse. This surveillance looks for cues, be it over a month or a lifetime that validate a standard and normalized understanding of women and bodies.

Employing all these practices under the Hormonal Body becomes a way of life that makes problems of women through apparent reason supported by “fact.” This reason

is based on understanding the nature of women's bodies as hormonal, a nature deemed disturbing and alienating in its effects on the body and on women. This cult of reason is understood as having credibility, with some sort of value, but there is no joy in it!

Explanations (codes) for sensations, impulses, drives and actions, end up being a story of limitation, bearing no relation to a participatory project of women and bodies toward (always toward) authenticity and expansion.

Towards a Body without Hormones.

A flight path to deregulation

The eyes open and close, the voice screams and stills, the mind changes, the blood fluctuates, the cells secrete and rest. An electrical firing mysteriously arises in the heart to start each beat, an urge to breathe expands the lungs, and chemicals carry impulses across a synapse. Can I find myself in any of these? Perhaps it is true what Braidotti (2004, p. 25) declares: "The Life in me does not bear my name. "I" inhabits life as a time-share". However, a body is felt even if "I" can't quite put "my" finger on it.

As we have seen, the Hormonal Body comes pre-packaged, sealed with identifying stamps, and delivered in many venues. As its hormonal subject, a woman is also a sealed object — to be feeling this, going through that. However, a Body without Hormones pulsates out of this envelope as it shape-shifts through seals designed to contain the body of another paradigm. The BwH is not about hormones. It is about a body living, a living body. It is a body that can be practiced, following its fluctuations

without judgment, feeling its sensations without assigning predetermined meaning, experiencing this body but not letting it define women or self.

A BwH is a practice observed in/through experience but it is not stratified, signified or particularly subjectified. It is not an empirical body with laws and truths established on the basis of sense perceptions. There is never anything to prove or compare it with.

It is hard to say whether women are in, on, or with this body. Never a possession or an identity, this body is more a matter to be observed as living. What women experience in this practice cannot be defined, institutionalized, or even necessarily understood. It may or may not be able to be described.

The components of the Hormonal Body work for stability (but eventually shift) and include closed conceptualizations, biological positivism, hormonal subjectivities, associated producers and agents, allied service providers and retailers, related textual representations, and representational practices of reading and being. The components that make a Body without Hormones are also multiple, but they are in flux. These may include a dynamic and fluid biology, a less static or a nomadic subjectivity, destratification, designification and practices such as intense readings occurring in intense "becomings."

In some ways the "sub-stantial" body is always present, though obscured. Should the stamp of hormones lose its prevalence, along with all its modern encumbrances of progress, logic, science, texts, imaging, and models of subjectivity, this sub-stantial body comes into being by default. Similar to other natural "systems," such a default occurs when the mark of culture is not printed, pressed or too deeply scarred upon them. When

dams have not fragmented rivers. When psychoanalysis has not fragmented persons. When hormones have not fragmented female bodies and women.

Natural “systems” proceed according to what might be construed as variable blueprints merging universal and local proportions, an intelligent spinning in constant evolution through a myriad of forms with no interest in being managed. The analogy of rivers illustrates this well. As much as rivers may be managed, the rivers themselves have no interest in it. Rivers are interested only in being rivers. And so it is for a body that lives “in-itself” and “for-itself” with a practicing “out-of self” woman that refuses fragmentation into hormones. The idea of management enters a territory like a foreign business advocating how it will benefit the locals. History has not yet absolved such venturers of capital, as overly managed rivers with arguable short-term gains have interfered with a natural fertilizing scheme that works, like tides, to bring nutrients to sustain a landscape, the body of the earth.

Meditation on Tides: Practicing a Body without Hormones

High tides, low tides, ebb tides, red tides, rip tides and tidal waves

Living through Tides: A Meditation on Multiplicity

A body of sub-stance: Unconjugating thinking, feeling, desiring

Who whispered, souls
 have shapes
 So has the wind, I say.
 But I don't know.
 I only feel things blow.

In “The Sisters” (Kunitz, 2000).

Birke (1999) states that “living the body means experiencing it as transformable ... ” (p. 45). Birke (1994), Martin (1994), Canguilhem (1998), Ensler (2001), Moss and Dyck (2002) all point explicitly or implicitly to the idea that we experience our body and its physiology as a reflection of our culture, and that perhaps we may experience these differently if culture (and discourse) changes. Imagining a body non-embodied in a subjectivity or non-embedded in a personal story, the body might be practiced as transpersonal and transconceptual. A body in-transit, in-becoming, in-between, (inter)mediate. Such a body cannot be possessed but it can be practiced. It can be experienced but not finally *known*, existing rather as unique and evolving. It is a radical practice that pivots around “freedom from the known”.⁷ In this way there is an epistemological break from static and value-laden knowledge that is largely ideology parading in legitimizing terms of absolute, scientific or objective. When something is *known* in this way and in these terms, there is a basis on which to build power structures. However, the BwH which cannot be known collectively is largely disregarded and discredited, with no utility for building structures and models that ultimately serve in a power regime.

Moving through thresholds, a BwH wanders as an assemblage in flux. Roaming, flying, crawling, surging, dissolving just happens. Emotions orbit. Stillness and ebbing occur. Tides of movement rise and fall. There is observation of the body and its flow of intensities, forms and flux. There is perception of all the sensations that arise and transform. As the cognitive mind conditioned to interpret, know, evaluate and judge does not preside to contain and personalize any of these, such sensations continually press the existential edges of the woman practicing this body.

⁷ This is also the title and theme of a book by J. Krishnamurti (1967).

The BwH will never finally be conceptually known as it keeps crossing borders and any other conventions that would contain and demand knowledge. The observation of pure and unbound feeling is the passport into this body's reality. Who is (not) this woman?

This is living in a body as a meditation on multiplicity. Stratified figurines of women pointing to how it is for women in bodies are ignored in favour of living in flow. Becomings turn as subjects evanesce "in a process of amplification of the field of being" (Braidotti, 2004, p. 28).

If a woman practices such a body, she appears as a prism, transiently in light that changes continually. If there is movement in the body then the prism of self changes effortlessly in reflections that are never solidified and always ready to reflect again, differently. There is no true representation as conditions change and thresholds pass in an infinite stream.

A Body without Hormones does not come with stories but lives an original and unfolding story free of signifiers. Free of locations and textual representations. Free of the tension between a body of spontaneity and the obligation to tailor this body to meet social expectations. It is a story to be read and lived "intensely", characterized in terms of qualitative experience, rather than measured by its "truth". Here, women may practice a body of joy. The great waves of sensations which seem to knock them over may ultimately leave them laughing as women sojourn on in an awareness and relation to the body that penetrate locks.

A tool for launching and practicing the BwH may be to follow in Haraway's (1999) footsteps and play in new and changing images of women's bodies for viewing,

reading and feeling. Or to dance in Irigaray's (1985) multiple images that contravene social expectations to favour the expansion of women's existential spaces in accordance with the template of their sexual bodies. Or to roam as Braidotti's (1994) nomad in a "performative metaphor" that takes one across established boundaries almost as an instinct. Such exercises that engage the multiplicity of image and act may move women and bodies through cycles of subjective and sensorial formations in demonstration of a natural freedom inherent to their female bodies.

When overwhelmed by the forces of binding strata, or feeling backed into a corner, women can take destratifying lines of flight when desired. They can go back and forth into formation and (de)formation at will. To be chameleon or to stand out. This changeability supports survival.

Therefore, a woman practicing such a BwH does so without definitive subjectivity, without prototype, without hormones that enunciate her. She defaults into a meditation on multiplicity when references, subjectivities and identities are released into phenomena of changing sensations, impulses, and other movements of the body. In an active engagement with the unfolding of bodies, women are not a passive victim. Insight may appear amidst changes, but never the hard facts of definitive answers, final conclusions, or final solutions. This is the practice of a BwH that remains true to a biology of overwhelming fluidity in its components and processes.

Bodies of mainly water contain cells that continually form, die and regenerate. Through internal and external processes, these bodies have sensations of feeling, hearing, and seeing that come and go. The seasons of a body pass. Individual bodies,

microscopic and full-size, subtle and gross, are being born, transforming and passing away. Or as Braidotti (2004) states, “becoming-imperceptible” (p. 1).

Any subjectivity with reference to this body is only a postured idea. This layer of personification is relaxed. “Ontological skins” are peeled away in order to view what may lie underneath. What are sensations and movement when de-categorized and de-possessed by a woman? Who is a woman “de-limited” by hormones? On a line of flight one disengages with categorizations, possessions and limitations for a new and kaleidoscopic view of movements, events, experience.

As the practice of a BwH experiences flux as a natural freedom, it preserves the right to the unique experience of women and their bodies; one beyond conventional logic and reason. Serres (1993) believes that the passkey to ultimate insight takes the shape of insights felt on the sensual body and includes all the fluxes of nature: tides, waves, light, winds and breaths. The practice of the BwH may well concur with Serres that it is this multi-elemental inclusion that unites the physical and spiritual. The BwH invites the realm of existence in all its possibilities and mystery to course through it freely and ever fresh.

In such a view there is room for all practices, but not one exclusively. However a body might be practiced, there is also no specific *one* who practices it; no set one who stabilizes its form. It is a practice then, without an enduring subject to know or to be known by.

Women practicing the BwH do not battle against concepts that would contrive a body. It is not a battle of the Hormonal Body versus the Body without Hormones.

Women move instead into what lies beyond the concepts that have come to them through

various social constructs and their respective interests. It is a harmonizing process in that there is another voice, an intuitive one, which rises in concert with the concepts that we carry along as assumptions in the stratified, signified and subjectified body. This intuitive voice is amplified and supercedes as we travel with wisdom on lines of flight toward a less organized body.

Why Make a Body without Hormones

A free-spirited body

“Paradoxically, the only way to position oneself outside of that discourse is to displace oneself within it — refuse the question as formulated or answer deviously (though in its own words) or even to quote (but against the grain).”

In *Alice doesn't* (De Lauretis, 1984, p. 7).

A bold and determined effort is required to position oneself outside overwhelming and exclusive discourse and unsubscribe to the assumptions of hegemonic reality. A position compelled by an irresistible glimmer of new choices just a little bit past an over-determined edge. Many overthrows of ruling assumptions have occurred historically and continue to occur amongst the visionary and undaunted. Such assumptions as the world is flat, the unsuitability of women to vote or hold political office, that fathers be absent during the birth of their children, that men can't be nurses, that women can't be doctors, and that people who don't learn in the conventional mode are unintelligent. Pioneers that have doggedly challenged such assumptions have opened up possibilities for many. What if supposedly asexual menopausal women have really moved to a greater but unfamiliar sexual depth? What if fluxing female bodies have an unrecognized wisdom, disrupting tides of body sensations and movements are guides to

different becomings, and all-over-the-map women are a display of instincts/intuitions/preferences trying to get them out of compromised states.

Following De Lauretis' advice, my use of the term a Body without Hormones appropriates the word hormones to deviously displace itself outside discourse, and then uses it "against the grain." The de-positioning of women's bodies outside the hormonal discourse has been my chosen place to speak. A flight line of refusal. A deterritorialization. Much of its strength lies in the fact that non-organized bodies precede (or exceed) organized bodies. There were bodies long before hormones came into the picture. There were women long before there were Hormonal Women.

Though I have attempted some deconstruction of the Hormonal Body, this thesis is not simply a critical analysis, but a moving of inquiry into practicing other bodies, more specifically the Body without Hormones. Deconstruction alone can land in the nihilistic void. To avoid such nihilism, to stand in this void as a field of possibilities with the pulsating unmanifest ready to form itself yet again, I articulate a non-organized body. Recognizing the BwH as existing before (and beyond) the Hormonal Body establishes the first step of an unbound existential primacy. If the discourse of hormones loses its exclusive grip on reality and on women, then one may approach a bodily practice of choice.

A body practiced for stability must function on remembering. Taking up foundational tenets and subjectivities and sticking to them guards a limited body enunciating women of limitation. It is a small body clinging to the definitive, one way of seeing, knowing, and being.

A BwH is the basis for a natural freedom. Its practice counters the drive to garner and organize sensations and movements into a hormonal umbrella that stabilizes the profound element of change seemingly natural to women and bodies. This practice unties women from essentialized meanings of bodies and selves, and halts the need to control feelings and desires vis-à-vis their body. Such a practice reveals things that cannot be seen in the discursive lens capturing women and bodies to hormones. This creates room and visibility for difference.

Braidotti (1994) writes of the significance of finding a place to speak in the face of a powerful governing discourse. Women practicing a BwH speak differently in the face of the discourse of hormones, and play with bodies and selves outside the discipline mandated and normalized by this discourse. With more autonomy and choice, fixed boundaries are transgressed. New orbits open up. For bodies. For women. For a change.

Haraway (1999) talks about engaging possibilities within technoscience in forging freedom and knowledge projects. The Body without Hormones is a freedom and knowledge project engaging possibilities within the bodies of women. What happens when knots of fixation to particular concepts of bodies and related subjectivities are undone? What does it look like when women are released from the dead weight of over-determined bodies to activate a different experience of tides flowing and fluxing in dynamic female bodies? Cannot the friction and conflict between women and bodies be softened in a less rigid epistemology and ontology of body and self?

This practice of a BwH can be said to be a harmonizing rather than a hormonalizing approach to bodies of experience. Fear and dread of women's natural

bodily processes are dropped in favour of trusting that these movements support a well being (and being well) even if unrecognized or disparaged by conventional assumptions and predominant values. Recognition that bodies flux and change and the accepting of the dynamic, rather than accept static, halts a contrived separation of women's bodies from a universal template of change.

Hormonal problems may be re-framed and re-solved through recognizing and valuing this inherent process of change as it manifests in a local body. As a BwH cannot be possessed, it can only be sensed directly and in the moment (not static in an interpretation), in the experience of comings and goings (not their control) and as thresholds are passed through (without attachment). This body is not attained but practiced with awareness, always fresh and new. Without outlining and predicting women and bodies in accordance to a reference, an intuitive facility rooted in the body may be discovered and heightened. A Body without Hormones is an experiential exploration of a woman's body. There is no end to this study. It is a continuing experiment for all of its practitioners.

Are there risks to practicing a BwH? Are women at risk if they ignore the organizing, governing concept of hormones? What exactly is being risked? What may be lost? The loss of the hormonal story that organizes bodies and women into meaning? The loss of texts that deliver this story? The loss of remedies lucrative to a pharmaceutical industry that promises yet fails to deliver a happy ending to the story? A change of ownership in female trouble?

Such losses threaten the "medical-industrial complex" and its "concerns" about women, part of which will collapse if women lose interest in hormones. The bodies of

women living wouldn't need what has been offered; hormone experts wouldn't know what to do. Whole subjectivities might be abandoned by their inhabitants.

In such a departure, we are left with just a body. Hormonal Women collapse and there are just women. A body crosses thresholds moving with Waaldjik's "no/mad women" (in Braidotti, 1994, p.1) or no subject at all. Women have no identity crises because they do not subscribe or identify with territory. They only keep practicing — moving into possibilities in a more positive ontology. An ontology that is more self-generated, emerging from a participating woman rather than external sources which becomes internalized.

Practicing a BwH is a path that can protect. Using lines of flights instead of permanent destratification, one can jump in and out of the organized body, protecting independence and well being that might be threatened by either stratification or massive de-stratification. Flight lines escape from the story of the "hormonally deranged woman" for a different view. A view of derangement as perhaps hiding repressed brilliance, and difficulty as an obscuration of instincts/intuitions/preferences at work. Perceiving "an underneath that only exists [as such] because something has been laid on top" (herising, 2005).

Practicing a BwH is a deep practice cutting through to what is underneath the manufactured material of Modern Bodies. It looks towards an authenticity that resides in a moving existential, and not the conceptual or the theoretical, though these may act as pointers. Such a practice does not attach itself only to bliss and beauty, which are fleeting phantoms of condition. Rather, it accepts the evolving body as it forms and reforms. This includes ebbs and tidal waves. The hot, the wet and the dry. Breaker waves

of expansion and contraction. Feet of clay. Wings of flight. Tears and tarantellas. Turns of desire. Explosions and implosions. The nocturne of meditation rather than sleep. It is a practice that accepts sensations and movements in which emotions are sensed as unique orbits. Like swirls in the galaxy, there is an elegance to it. In great storms there is an eye.

*Alegria*⁸

I see a spark of life shining

Alegria

Beautiful roaring scream

Of joy and sorrow

So extreme

There is a love in me raging

Alegria

A joyous magical feeling

Alegria

*Cirque du Soleil
Dupere (1994)*

⁸ Alegria is Spanish for joy

References

- Anderson, B. (January 14, 2005). "Right on campus: Conservatives begin to infiltrate the left's last redoubt". *Wall Street Journal*, Editorial page.
- Beck, L. (2002). *Managing menopause with diet, vitamins and herbs*. Toronto: Prentice Hall.
- Begley, S. & Kalb, C. (1999). "Understanding Perimenopause". *Newsweek*. Spring/summer edition, p. 30.
- Birke, L. (1999). Bodies and biology. In J. Price & M. Shildrick (Eds.), *Feminist theory and the body: A reader* (pp. 42-49). New York & London: Routledge.
- Birke, L. (2000). *Feminism and the biological body*. New Brunswick: Rutgers: University Press.
- Birke, L. (2002, March). Hormonal Moralities. (Review of the book, *Libidian*). *Science as Culture*, 11 (1) 131-136.
- Bogdan, R. & Biklen, S. (1998). *Qualitative research for education*. Boston: Allyn and Bacon.
- Borysenko, J. (1996). *A woman's book of life: The biology, psychology, and spirituality of the feminine life cycle*. New York: Riverhead Books.
- Boston Women's Health Book Collective (1973). *Our bodies, ourselves*. New York: Simon and Schuster.
- Braidotti, R. (1991). *Patterns of Dissonance*. E. Guild (trans.). New York: Routledge.
- Braidotti, R. (1994). *Nomadic subjects: Embodiment and sexual difference in contemporary feminist theory*. New York: Columbia University Press.
- Braidotti, R. (2004). *The ethics of becoming imperceptible*. Paper delivered at Trent University, Peterborough, Canada.
- Brink, S. (2002, November 18). Emotions. *U.S. News & World Report*, 133 (19) 68-69.
- Brodsky, B. (1997). No Eye, Ear, Nose ... In L. Friedman & S. Moon (Eds.), *Being bodies: Buddhist women on the paradox of embodiment* (pp. 35-42). Boston: Shambhala.
- Butler, J. (1993). Bodies that matter. In J. Price & M. Shildrick (Eds.), *Feminist Theory and the body: A reader* (pp. 235-245). New York & London: Routledge.

- Butler, J. (1997). *Excitable speech: A politics of the performative*. New York: Routledge.
- Butler, J. (1999). *Gender trouble*. New York: Routledge.
- Canguilhem, G. (1988). *Ideology and rationality in the history of the life sciences*. A. Goldhammer (trans.). Cambridge, MA: MIT Press.
- Canguilhem, G. (1994). *The vital rationalist: Selected writings from Georges Canguilhem*. F. Delaporte (trans.). New York: Zone.
- Cassels, A. (2003, February 4 & 11). Manufacturing Patients. *Ideas*. (Radio broadcast). CBC Radio.
- Cohen, D. (1997). The Only Way I Know of to Alleviate Suffering. In L. Friedman & S. Moon (Eds.), *Being bodies: Buddhist women on the paradox of embodiment* (p.p. 10-17). Boston: Shambhala.
- Colebrook, C. (2002). In I. Buchanan & C. Colebrook (Eds.), *Deleuze and feminist theory*. Edinburgh: Edinburgh University Press.
- Coney, S. (1994). *The menopause industry*. Alameda, CA: Hunter House.
- Cussins, C. (1996). Ontological choreography: Agency for women patients in an infertility clinic. *Social Studies of Science*, 26 (3) 575-610.
- Daly, M. (1978). *Gyn Ecology*. Boston: Beacon Press.
- Darville, R. (1989). The language of experience and the literacy of power. *Adult literacy perspectives*, 1-22.
- De Lauretis, T. (1984). *Alice Doesn't: Feminism, semiotics, cinema*. Bloomington: Indiana University Press.
- Deleuze, G. (1973) I Have Nothing to Admit. J. Forman (trans). *World Wide Webb Semiotexte* 2.3, 1977, p. 111-116.
- Deleuze, G. & Guattari, F. (1987). *Capitalism and schizophrenia*. Minneapolis: University of Minneapolis Press.
- Dohy, L. (2001, April 19). Track symptoms and take steps: PMS doesn't mean punish my spouse or provide more sugar: It just seems that way. *Calgary Herald* V5.
- Dohy, L. (2001, May 8). Self-help strategies for PMS. *Montreal Gazette* F4.
- Eagleton, T. (1990). *The significance of theory*. Cambridge: Blackwell.

- Eddy, B. (1992). The Dangerous Age: Karin Michaelis and the politics of menopause. *Women's Studies* 21: 491-504.
- Ehrenreich, B. & English, D. (1979). *For her own good: One hundred and fifty years of experts' advice to women*. Garden City, New York: Anchor Press.
- Ensler, E. (2001). *The vagina monologues*. New York: Villard.
- Estes, C. (1992). *Women who run with the wolves*. New York: Ballantine Books.
- Foucault, M. (1979). *Discipline and punish*. New York: Vintage Books.
- Foucault, M. (1983). *The birth of the clinic: An archaeology of modern perceptions*. A. Sheridan (trans.). New York: Pantheon.
- Friedman, L. & Moon, S. (Eds.). (1997). *Being bodies: Buddhist women on the paradox of embodiment*. Boston: Shambhala.
- Griggers, C. (2000). Goodbye America (The Bride is Walking...). In I. Buchanan & C. Colebrook (Eds.), *Deleuze and feminist theory*. Edinburgh: Edinburgh University Press.
- Haraway, D. (1999). The virtual speculum in the new world order. In A. Clarke & V. Olesen (Eds.), *Revisioning women, health, and healing: Feminist, cultural and technoscience perspectives*. New York: Routledge.
- Harding, J. (1997). Bodies at risk. In A. Petersen and R. Bunton (Eds.), *Foucault, health and medicine*. New York: Routledge.
- Hayles, K. (1993). "The materiality of informatics" in *Configurations*, 1993, 1.1: 147-170.
- Henderson, J. (1997). Tulku. In L. Friedman & S. Moon (Eds.), *Being bodies: Buddhist women on the paradox of embodiment* (pp.216-221). Boston: Shambhala.
- herising, f. (March, 2005). Personal communication.
- Irigaray, L. (1985). *Speculum of the other woman*. Ithaca, New York: Cornell University Press.
- Hutton, D. (1994). *Vogue: Beauty for life*. New York: Crown.
- Hutton, L. (2000, May). Why is Laura Hutton smiling? Hormones! *Newsweek (Atlantic Edition)* 135 (18) 6.

- Jacobs, G.(Producer) & Soderbergh, S. (Director) (2002). *Solaris* [Motion picture]. United States: Twentieth Century Fox.
- Kenway, J. (2001). Remembering and regenerating Gramsci. In K. Weiler (Ed.) *Feminist engagements: Reading, resisting, and revisioning male theorists in education and cultural studies* (pp. 47-65). New York: Routledge.
- Krishnamurti, J. (1969). *Freedom from the known*. New York: Harper & Row.
- Kroker, A. (1992). *The possessed individual*. New York: St. Martin's Press.
- Kunitz, S. (2000). The Sisters. In *The collected poems*. New York: Norton.
- Lemke, J. (2000) in P. Andersen, C. Emecke & N. Finneman-Nielsen (Eds.) *Downward Causation*. Aarhus University Press (Denmark) p. 181-213.
- Macy, D. (2000). *The penguin dictionary of critical theory*. Toronto: Penguin Books.
- Martin, E. (1994). *Flexible bodies*. Boston: Beacon Press.
- Massumi, B. (1992). *A user's guide to capitalism and schizophrenia*. Boston: MIT Press.
- Mills, S. (1997). *Discourse*. London: Routledge.
- Moos, R. (1969). A typology of menstrual cycle symptoms. *American Journal of Obstetric and Gynecology* 103: 390.
- Moss, P. & Dyck, I. (2002). *Women, body, illness: Space and identity in the everyday lives of women with chronic illness*. Lanham, MD: Rowman & Littlefield.
- Nelkin, D.& Lindee, S. (1995). *The DNA mystique: the gene as icon*. New York: Freeman.
- Nilsson, L. (1965, April). *Drama of Life Before Birth*. *Life* 62-69.
- Odin, J. (Nov, 2004). *The Performative and Processual. Introduction: Constructing the materiality of the body*. World Wide Web: Postcolonial literature and culture.
- O'Neill, E. (1956). *Long Day's Journey Into Night*. New Haven: Yale University Press.
- Petersen, A. & Lupton, D. (1996). *The New public health: Health and self in the age of risk*. St. Leonard's, NSW: Allen & Unwin.
- Scott-Dixon, K. (2001, Winter). All the rage. *Herizons* 14 (3) 22.

- Serres, M. (1995). *Angels: A modern myth*. F. Cowper (trans.). Paris: Flammarian.
- Serres, M & Latour, B. (1999). *Conversations on science, culture, and time*. R. Lapidus (trans.). Ann Arbor: University of Michigan Press.
- Sutherland, J. (1997). Body of Radiant Knots. In L. Friedman & S. Moon (Eds.), *Being bodies: Buddhist women on the paradox of embodiment* (pp. 3-9). Boston: Shambhala.
- Shildrick, M. & Price, J. (1996). Breaking the boundaries of the broken body. *Body & Society*, 2 (4) 93-113.
- Shildrick, M. (1997). *Leaky bodies and boundaries*. New York & London: Routledge.
- Somers, S. (2004). *The sexy years: Discover the hormone connection*. New York: Crown.
- Taylor, A. (1996). *Return to mus(e)ings on Deleuze and Guattari*. Arlington: University of Texas HyperNews.
- Tollifson, J. (1997). Enjoying the Perfection of Imperfection. In L. Friedman & S. Moon (Eds.), *Being bodies: Buddhist women on the paradox of embodiment* (pp. 18-23). Boston: Shambhala.
- The Province (2000, April 10, p. B05). *The Man's guide to menopause*.
- Warga, C. (2002). *Menopause and the mind: A complete guide to coping with cognitive effects of perimenopause and menopause, including memory loss, foggy thinking and verbal slips*. New York: Touchstone.
- Weedon, C. (1997). *Feminist practice and poststructuralist theory* (2nd ed.). Oxford, UK: Blackwell.
- Westphal, S. (2002). Lifting the curse. *New Scientist*, 173 (3) 38-41.
- Zappa, F. (1968). *On We're only in it for the money [record]*. New York: Verve.

Appendices

Appendix A — A Female Body: A Postmodern Tale

Buddha as Post Modern or *Without discourse I am nothing (?)*

For many years I was confused by women being demeaned, and demeaning themselves through being linked with their reproductive hormones. (**discourse of female hormones**) I knew a little about the oppression of women but why were they doing it to themselves? (**internalization of authority**) Through peri-menstrual or peri-menopausal phases, women seemed to be fighting against interruptions of their “real” self. “Sorry but I’ve got PMS. I’ll be back to my real self in 3 days”. You know, the self everyone likes. You do like my real self don’t you? (**fragmenting women into real and unreal selves**)

From puberty to menopause women’s bodies are leaky, out of control, deficient. Women and bodies seem stuck in this dismal reality (**non-positive ontology**) with female problems and pathology coming in cycles, either monthly or in the rhythms and seasons across the life span. (**constituting the female body as problem**)

Now I had heard about PMS. It seemed to be quite popular. Maybe I had it too? So I started to engage in self-surveillance. Sounds sophisticated, right up there with 007. But symptoms didn’t seem to only occur only before my period. Why I could be irritable, depressed, headachy, and bloated just about any old time. Perhaps I was an extreme case. But maybe I should be more scientific about this and keep a daily chart so I can be sure. (epistemology of authority) I could do a presentation for my class, with a graph and all. (Bet they can’t wait.) And wouldn’t my doctor would be proud... coming with a diagnosis already constructed from data. Think of the time that would save him. But I didn’t bother. I just didn’t see eye to eye with the only doctor taking new patients in the northern town in which I lived. A doctor who thought every peri-menopausal woman should be taking hormone therapy. (prescriptive, medical lens) Since this doctor was such a knowledgeable type, I wonder if he read that link that I discovered recently in the health files of my employer, the Vancouver Island Health Authority. It was there I learned about “emotional incontinence”. Put that in your NANDA (North American Nursing Diagnosis Association). Have a leading edge nursing care plan (regulatory practices).

There’s a lot going on in women’s lives but women can’t be going to pieces when they need to be responsible (productive). If men have learned how not to, women can too. (male referent model) But maybe they need extra help from concerned and friendly experts. (power relations)

It was 24 years ago I remember crying on the second day after my baby was born. No doubt, the nurses were watching and documenting. But I was crying because no one came to visit me that day. Wouldn’t you cry too if it happened to you? (**social factors underlying emotions**).

I was 46 years old when I entered graduate school. My language was a bit limited so when asked to identify my area of interest I said, “Oh, I’m interested in women’s

health.” That sounded like, you know, an interest that could be authorized, maybe even subsidized. (**definitions of health**)

At that time my periods were starting to change in quality and regularity. (**flux and change**) I knew something was afoot, but since I was only 46 (and not the official average 50) I didn't really think menopausally. Not thinking menopausally, I didn't even KNOW that sleeplessness was a symptom. I thought it was about being in graduate school, having the way you think turned upside down, and revving up a brain out of dormancy—that these were logical explanations for sleeplessness. (**other factors eclipsed by hormones**) I went to a Reiki course and when I started doing it on myself, I went off to sleep beautifully. Plus it was so cool to do something esoteric rather taking a pill.

Well then I started noticing that my interest in sex had been decreasing for a while. Now I HAD heard about THIS symptom. Why 2 months could go by and I wouldn't even think about it. I seemed to be captured by important things like trying to get my mind around ontology and epistemology and other phenomena of paramount importance. Boy, now I know that there must be something REALLY wrong with me.

It was an interesting thing that when I got a new lover, everything changed. Low libido exploded into extreme sexual energy and vaginal dryness just went away. And sleep. Why I was sleeping better than I had for 25 years. But what if you're a woman married for 25 years and sex is, you know, so-so. You can't have women going off with new lovers for the cure. (Though I've heard that men do this a lot). Women have others to think of (**sex roles**). We are lucky that the pharmaceutical companies have taken the trouble to come with remedies to keep women socially responsible. (**manufacturing patients**)

And what about these hot flashes? It's a funny thing. I had heard so much about the dreaded hot flashes and sweating. It gets a lot of press. I must be strange but you know I always secretly liked sweating (**multiple realities**) except that my body hardly ever did it. So when my body starting to heat up and I could feel my damp forehead, I marveled at my body being in a process of some kind, even if I didn't fully understand it (**dynamic biology, not fixed**) Do you have to control everything you don't understand? And do you have to understand everything you can't control? An absent body was making itself known. Without illness even. At least illness as I conceived of it. It was like being purged in my own portable sweat lodge. A lifetime of feeling the chill, changed with the surfacing of a hot body core. I didn't want it to stop. Can't you just see the confusion on the face of a drug company representative? (**a case of singular reality, for sure**)

I was at a public health nurse's education conference and there was a drug representative there with all these posters and pamphlets about hormone therapy (of course they call it hormone replacement). Replacement... makes me think of replacing breaks on an old car. Anyways he was saying how he gets these phone calls from desperate husbands. Desperate husbands? What is it really that these husbands are needing?

I am also interested in Buddhism. You know the stuff about the (ego) self being an illusion, your attachment to it as the cause of suffering, and don't get clingy with the good stuff, because it's going to change. Anyways, what do I discover in graduate school

(though it took years to understand it): **Post Modern theory!** You are a subject constructed by discourse. WITHOUT DISCOURSE YOU ARE NOTHING ! Buddha as a PostModern original!! I've been made up. What a relief (I think). With great excitement I discover Deleuze and Guattari, poststructural theorists that acknowledge the body and sensations without subjectivity, without being signs. An academic (**tide**) frames my work.

(**empty of reference**)

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