THE (UN)BECOMING WOMAN:
THE 'DOCILE/USEFUL' BODY OF THE
OLDER WOMAN

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Abstract

The older woman’s body is an example of the discontinuous nature of those beings who come under the rubric of woman and, as such, demonstrates the impossibility of a unitary representation of woman. This thesis explores the social construction of the older woman’s body both as abject and as ‘docile/useful’ and proposes how this abjectification can be re-inscribed as transgressive through a de-territorialization of the older woman’s body.

Foucault argues that power is imposed on the individual through regulatory practices which produce a subject that is compliant in political terms and economically useful. I apply Foucault’s concept of the ‘docile/useful’ body as an analytical tool to describe the subsequent reterritorialization of the older woman’s body. Irigaray’s and Deleuze’s concepts of the becoming-woman are then applied to the becoming-woman of the older woman to demonstrate the possibility of resistance to the inscription of power on her body and further, to investigate the unthought of the older woman’s body as a desiring subject.

A genealogical approach provides a history of the manner in which the woman’s body progresses from the domain of objectification to abjectification and demonstrates the regulation of the older woman’s body. Medical science’s view of the woman’s ageing body as pathological and degenerative is challenged by my reading of Alzheimer’s disease and mastectomy. I interpret Alzheimer’s disease as a melancholic refusal of an abject identity and as a deterritorialization of the conscious which, in turn, allows a constant becoming. The mastectomized body, whose cultural interpretation is as a transgressive body and therefore in need of reterritorialization, is read not as abject but as deterritorialized.

Irigaray’s model of becoming-woman provides a place of articulation which focuses on sexual difference. By her use of strategic essentialism as a political tool, Irigaray subverts the unitary notion of normative representations of sexuality but, this thesis argues, Irigaray’s representations of female desire might, in turn, become inadvertently normalized. Consequently, a Deleuzean model of becoming-woman is adopted as a resistance to the possibility of normalisation. In this framework, the
ultimate becoming culminates in a becoming-imperceptible so that the becoming-woman's becoming-imperceptible is synonymous with 'a non-figurative of desire.' This 'non-figurative of desire' enables a 'line of flight' which results in the unrepresentable, (un)becoming of the older woman.

Finally, this thesis positions the older woman's body as (un)becoming because it lacks cultural intelligibility as representative of the feminine on the one hand and, on the other, because it disrupts normative ideals of femininity and eludes disciplinary practices. Sexuality is used as a resource to conjure, construct, reinforce and validate the 'ideal' woman, a model against which the older woman is redefined as asexual. I argue that the particular technologies employed in the production of the older woman's 'docile/useful' body are those of the health sciences. A 'docile/useful' body transforms the older woman into a knowable, treatable and profitable body through discourses of health. Mass mammographic screening is analysed in order to illustrate how the biomedical sciences are employed in the regulation of the older woman's body through the co-option of a health promotion strategy as a disciplinary practice.

Against the production of the 'docile/useful' body of the older woman as abjectified, I argue that the abjectification of the older woman frees her from sexual objectification. This freedom from the objectification of woman as a territorialized body liberates her as a sexual being. In the field of sexuality the older woman becomes transgressive so that, I argue, the sexually active older woman, whatever her sexual orientation may be, through the interdiction on her sexuality, presents as deviant or 'queer'.

In conclusion, I have argued in this thesis that the older woman's body is initially deterritorialized through its dissonance as a sexual object but then reterritorialized through its construction as a 'docile/useful' body. However, this social construction is subverted by sexuality as a bodily resistance and by a becoming-woman which results in the older woman's refusal of a normative identification
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Introduction

As for what is really said, its *de facto* rarity comes about because one phrase denies the existence of others, forbidding, contradicting or repressing them to such an extent that each phrase remains pregnant with everything left unsaid. (Deleuze, 1992: 2)

There is no unitary truth. Instead there is multiplicity and contradictions. For everything that is said much is left unsaid, limited by knowledge, experience, political or economic strategies or a mere limitation of what it is possible to articulate within a given framework. Michel Foucault stressed the need to examine discourses to assess the intersections and interconnections that take place within and between knowledges, institutions, administrations, moral and juridical law for their political importance, particularly when they are used to justify or mask hidden practices which re-interpret or modify them (1980: 194-5). It is the unsaid, the masked, the interpreted of the ‘hidden discourse’, the multiplicity of meanings masked by a unitary signifier and the contradictions which arise which are the subject of this thesis.

This thesis investigates the unitary model of Woman to gauge the radical departure from the normative body of a particular body, a transgressive abject body, the body of the older woman. The production of a unitary model of older woman ignores the diversity experienced by older women of colour, working class women, women of different sexual orientation and childless old women. The exposition of unitary models as myths, and the corresponding recognition of difference, owes much not only to Foucault but, particularly as it affects women, to the dialogue which resulted from tensions within the feminist movement (hooks, 1991, Huggins, 1991, Bell, 1991; Gunew & Yeatman, 1993; Kirby, 1993). Poststructuralist theory is marked by an emphasis on diversity, the specificity of the individual, and through analytic processes, on the hidden investments in universalisation.

The aim of this thesis is to interrogate the discursive practices which constitute older women as governable and useful bodies and the manner in which this identity is
internalized. The objective is to challenge and subvert current constructions, rather than provide another description, much less a unitary model, of the older woman. The intention is to unearth the ‘hidden’ discourses that conceal the investments which inform normative representations of the older woman and the practices which induce her to adopt an identity co-extensive with a particular type of embodiment, one that is 'docile/useful'. There will be a particular emphasis on one such practice, the medicalization of the older woman’s body as a mode of subjection.

With the increasing technological visualization of contemporary bodies comes their entry into new modes of discourse. This thesis is concerned with the manner in which interdictions, contradictions and repressions are encapsulated in contemporary discourses which surround bodies. A genealogical method traces the discursive construction of the older woman’s body from the universalized disciplinary body to a becoming-woman, a becoming-maternal through to an ‘unbecoming’ woman, the older woman herself. Finally the focus is centred on the resistances which arise to the problematization of older women’s bodies.

The investigation of the disciplinary practices which produce a ‘peculiarly feminine’ type of embodiment is a project to be undertaken by women, and hence this text places the production and marginalization of the older woman as an integral part of feminist theory. The use of the singular, woman, does not denote a belief in a unitary notion of woman but signifies the normative representation of woman as such.

**Power and bodies**

The theoretical framework used in this thesis is feminist poststructuralist, using Foucault’s notion of the ‘docile/useful’ body to explain the abjectification of the older woman and proposing resistances to this abjectification by employing the Deleuzean concept of becoming-woman. Feminist readings of these mainstream theorists are also utilized including the work of Braidotti, Butler, Grosz, Irigaray and Probyn.

The methods employed by a normalising society to produce ‘docile/useful’ bodies are dealt with in Foucault's account of the microphysical exercise of power. Foucault identifies the imposition of power on bodies through notions of the norm, the 'docile/useful' body, panoptic practices, power/knowledge regimes, biopower and technologies of the self. This thesis traces the Foucauldian notion of the 'docile/useful' body through its application to bodies in contemporary disciplinary societies, then more specifically to its imposition on women's bodies and finally, to how it manifests itself on/in the bodies of older women.
Various feminist scholars have found a Foucauldian framework a valuable tool in analysing the subjection of women. Elizabeth Grosz explains that it is possible to read any text from a feminist perspective which entails the disclosure of the text’s “alignment with, participation in, and subversion of patriarchal norms” (1995: 16). Grosz claims that the reader’s present assumption of the position of ‘textual creator’ has had a liberating effect for feminist theorists who are now in the position of opening up patriarchal discourses to "feminist appropriations and recontextualizations" thereby allowing a legitimate place for the use of male theorists in feminist texts. Grosz concludes that it could be worthwhile to assume there is not a really precise distinction between feminist and mainstream texts (1995:18). Grosz’s strategy of "discursive positioning" places me as author and an older woman both inside and outside the text and inscribed in a subject position which marks me as 'other' - the observed, and simultaneously the observer.

A Foucauldian framework is useful in that it deconstructs the regimes which result in domination by demonstrating that they are social constructions which may be altered and resisted. While Lois McNay (1992: 40), criticises Foucault as presenting the subject as a passive victim, Foucault makes the point that we have the power to resist and subvert the discourses constituting us as subjects, as well as taking an active role in the assumption of subject positions through "technologies of the self" (1988: 14).

Foucault specifies the three axes or dimensions of power active in the subjectification of the individual which are characteristics of, and interrelated with sexuality as: (1) the production of knowledges that refer to sexuality; (2) the regulatory power concerned with its practice, (3) the normative forms of sexuality which constrain and identify individuals as subjects (1985: 4). Gilles Deleuze, in his commentary on Foucault's work, questions power's position in our lives and thoughts when it is co-extensive with other forces and relations, namely knowledges and subjectification. Deleuze summarizes this triad as knowledge, power, thought (1992: 96).

These three axes of power provide an analytical tool for an examination of power operations as they impact on older women. What are the strategies, the technologies of power used in the creation of the older woman? What is the present effect of these technologies and how have they been translated into present day practices which affect her? The answer to these queries entails an analysis of discourse as it relates to historical representations of woman and of the disciplinary practices which regulate women’s bodies. These practices are further implicated in the older woman’s subjection. Through constant repetition of the knowledges and normative
representations, these practices are naturalised and internalised. They present as open strategies for the common good and objectors are often cast as being anarchists, unreasonable, irresponsible and even downright dangerous. These strategies are not viewed as oppressive but presented as commonsense, ‘reality’, innate knowledge or essential.

The formation of the subject, according to Foucault, is the result of a “hermeneutics of self”, the historical context in which one is able to recognize one's self as a subject of desire (1987: 7). Enlisted in the acceptance of these ‘technologies of self’ is the production of desire. Deleuze defines desire as constructed rather than spontaneous and exterior in origin to the individual (1993: 136-137). Desire comes in many guises: sexual desire; the desire to conform to what society has designated, to be accepted, to be part of the mainstream, to belong. Desire is aroused and regulated by discourses, institutions and administrative measures. The seductive use of desire to produce fitting subjects can be examined, the goal being:

to analyse the specific nature of the libidinal investments in the economic and political spheres, and thereby to show how, in the subject who desires, desire can be made to desire its own repression. (Deleuze and Guattari, 1992: 105)

This use of desire explains the adoption of practices, technologies of self, by which individuals, through a relationship with themselves, come to realize “the truth of their being”, that they are “subjects of desire” (Foucault, 1987: 5). The analysis of practices which initially appear to have little in common with sexual desire show how constant regulation of the body has produced a proliferation of ways of desiring which in turn engineer ways of being - in other words, a particular construction of desire has produced a subjugated, tailor-made body.

Repression and ideology presume an “organization or ‘system’ within which they operate” (Deleuze and Guattari, 1992: 29). One such system is panopticism which results in self-regulation. According to Deleuze, “the abstract formula of Panopticism is no longer ‘to see without being seen’ but to impose a particular conduct on a particular human multiplicity”, by the distribution of populations in time and space (1992: 34). In this manner a diagram of the whole social field is composed. Deleuze understands Foucault’s use of the word diagram to mean “a map, a cartography that is coextensive with the whole social field” (ibid).

Panoptic practices envelop body, thought and action, which foster “an art of existence dominated by self preoccupation”, the form a relationship with others should
take, and the manner in which one is able to exert self-control (1986: 238-39). Foucault criticized what he dubbed the "naive positivity" of discourses which dictate a person's state of being, providing them with a ready-made identity, discounting difference, mediation and resistance. He advocated the exercise of thought "to learn to what extent the effort to think one's own history can free thought from what it silently thinks, and so enable it to think differently" (1985: 9).

Using a Foucauldian framework begs the question: how appropriate is it to use an analytical tool which predicates the imposition of power on the subjected body through the deployment of sexuality, particularly when that very subject has been labelled asexual? My reply is that a proliferation of knowledges, disciplines, regulatory practices mushroom from this power base to exert control on the body of the subject while continuously broadening its base.

An obsession with the administration of life and the creation of useful bodies has led the state to excesses of surveillance, which in turn has enhanced its mechanisms of control. One of these mechanisms was bio-power which came into being to administer the body. This was accomplished principally through the development and instrumentality of the medical institutions. The preservation of life within the medical framework became obsessive (life-support systems, inoculations, screening programs, medical technologies, banning of euthanasia and suicide). The medical profession assumed responsibility for sustaining, controlling, modifying and prolonging life processes. According to Foucault, one of the techniques of imposing power was a combination of "disciplinary techniques with regulative methods" (1990: 146). Based on the welfare of the species, this provided a rationalization, in the case of women, for the thorough medicalization of the woman's body. The present day preoccupation with bodies is concerned not only with the preservation and replication of the species but reflects a shift in emphasis from power wielded over life and death to that preoccupied with life (Foucault, 1979). This preoccupation with life has given rise to the prominence of the medical sciences amongst discursive practices which produce the older woman's 'docile/useful' body, a body on which is inscribed the final chapter of Woman.

The nature of the body itself, its discontinuities, its flows and differences which result in the ultimate subversion of the technologies of control, frustrate the construction of a unitary body of woman to meet society's needs and economies. In constructing norms legitimised by regimes of truth - the truth of what constitutes a woman, or health, or sanity, or sexuality, or what it is to be law-abiding - the state
seeks the most economical way of meeting its needs. It constructs a model of a human being best suited to its needs, an ‘ideologically appropriate subject’. It exerts a subtle coercion through its disciplinary technologies, and imposes sanctions on those who do not conform, by labelling, legislating, excluding and enclosing the non-conformist. On the other hand those who internalise the experiences created by discourses as ‘natural’ and ‘true’, and conform, are praised, approved of and included. The task then, is to criticise, according to Foucault, institutional operations which are nominally independent and neutral so that “the political violence which has always exercised itself obscurely through them will be unmasked, so that one can fight them” (cited in Rabinow, 1983: 6).

What investments are there for the construction of an ‘essential identity’ for the older woman? Who benefits? Not the older woman, for it leads to her control and subjection. Liberal humanism assumes that there is such a thing as a ‘generic human being’ to whom gender, race, class, and other differences become only variations or additions. What people think is universal, is the result of some very precise historical changes, that are socially and culturally induced and consequently able to be changed. This leads to the proposition that older women themselves can dismantle the mythical norm of the regular old woman through challenging the stereotypes surrounding her and expressing her own specificity.

For the older woman, no matter how hard she strives, there is an inbuilt physiological failure due to the ageing process. This departure from the norm of woman, may induce in some women, a feeling of inadequacy or resentment, which may have the subjective effect of fine tuning an acceptance of stereotypes of ageing.

In response to Foucault’s notion of the ‘docile/useful body,’ compliant and governable in political terms and useful in economic ones, Grosz adds another dimension when she suggests that the preference for the pliable controlled body, Foucault’s ‘docile’ one, has evolved from the body governed by “external regulation, supervision, and constraint” into “a body docile to will, desire, and mind” (1995: 2). Rather than evolution from one model to the other, there appears to be a symbiotic relationship between the two models which results from an excess of regulation. There are persistent cries for more and more legislation to govern ways of being in response to the problems of everyday living. The more ‘freedoms’ are eroded, the greater has become the obsession with self-discipline.
Deterritorialized bodies

According to Foucault, the body had been the object of power in every society but in the classical age there was a subtle difference in its administration (1979: 136). Instead of its application to bodies en masse, power was applied to the individual body (1979: 137). Power's production of the 'docile/useful' body is characteristic of contemporary disciplinary society whose objective is "to allocate, to classify, to compose, to normalize" (Deleuze, 1992: 28).

In contrast, Deleuze and Felix Guattari's theoretical concepts of the Body without Organs and becoming-woman are a counterfoil to the constraints of the organic, dominant form of the molar 'docile/useful' body. There is no surface to inscribe on the Body without Organs because it is a dynamic body composed of energies, flows, movements, desires and affects which form continuous becomings. The fluidity and instability of the Body without Organs render it unrepresentable and so impossible to normalize. Abstract machines which consist of "matters-functions" are on the cutting edge of decoding and deterritorialization and work within assemblages to produce a multiplicity of becomings which dismantle the normative body (Deleuze and Guattari, 1994: 511). Abstract machines facilitate incorporeal transformations, changes in consciousness, subjectivity and thinking (Deleuze and Guattari, 1994: 504). To deterritorialize the 'docile/useful' body of the older woman, it is first necessary to analyse the components of the assemblages which territorialize her body. A genealogical approach considers the processes active in the appropriation or territorialization of the woman's body.

Feminists, amongst them Grosz (1995) and Rosi Braidotti (1991), raise the question that becoming-woman may be yet another male appropriation of the feminine. Deleuze and Guattari (1994), likewise issue the warning that, unless woman has first attained a position of enunciation, the discarding of the organic body of the woman is a dangerous process. Care needs to be taken that in the process of deterritorializing the woman's body, woman, herself, is not occluded, continuing her exclusion as subject. It is for this reason that I use Irigaray's concept of becoming-woman as a precedent to the transformation of the molar, organic becoming-woman into the microscopic particles and flows of energy which comprise the molecular becoming-woman. This transformation provides a deterritorialization, a line of flight from the dominated state of being woman.
The 'docile/useful' construction of the older woman

Normative identities are allocated to older women - as grandmothers, carers, wives, widows, divorcees - but there are movements within and between these positions which result in varying degrees of conformity to, or departure from the model. With better health, education, and an increasing number of older women with superannuation, the slippage between the stereotype and the lived diversity of older women is considerable. This has resulted in political action by older women here and overseas in organizations such as the Older Women's Network, who challenge their marginalization and lobby to articulate their self-identified needs in matters which affect their well-being and quality of life.

The alterity of the older woman as a no longer desiring nor desired subject, in a Foucauldian sense, signals her exteriority to the regimes of power based on sexuality, but it is precisely at this point that regulatory practices are re-employed to maintain a continuity of control over her body. The administration of life, biopower, has become a new form of control, one which has induced a fear of ageing which is associated with decay and death. The dread of age and the emphasis on youthful attractiveness are manifestations of this control.

The strategic practices which result in the regulation of the older woman's body produce in the process, a 'docile/useful' body. This in turn is reliant on an identity which is fashioned through the gendered, and so constructed,! subjectivity of being a woman. It is further argued that historical representations of woman informed by heteronormativity conflate a woman's body with the maternal and the sexually desirable.

Foucault maintains that the mechanisms of subjection cannot be studied outside their relation to the mechanisms of exploitation and domination (1983: 213). The 'regimes of femininity' applied to the younger woman are not so much irrelevant to the older woman, as in need of retooling so that the older woman's body can be reinserted in the social machines which will recycle her as a consumer of services, and as a subject for the production of knowledges. Her working life over and her reproductive capacity ended, she nevertheless can be utilised, her ageing body targeted by medical experts, service providers and drug companies.

The older woman's capacity to destabilize the fixed social identity of woman marks her as deviant. Her departure from the normative model sees the community
worker, the counsellor, community health nurse, the doctor and the psychiatrist entrusted with the production of a compliant older woman, whose body may be subjected, used and transformed (Foucault, 1979: 137).

Foucault observed that from the 'classical age', power was imposed on the body of the individual which became an “object and target of power” (Foucault, 1979: 136). Foucault continues that it was a body which power proceeded to manipulate, shape, train, and which obeyed, responded and became skilled (Foucault, 1979: 136). At the same time as the older woman is regulated and controlled, modified to become a 'docile/useful' body, her value to the economy is revitalized and she contributes as a consumer to the growth and profit of the health industry. Medicine continues the oversight of the woman's body through that of the older woman's pathologized body whose breasts, bones and cervix are screened and hormonal levels tested. An industry, both medical and technological has developed, drawing economic benefit from catering to the 'needs' of aged women.

It is at menopause that a new regime of disciplinary practices, involving the re-medicalization of older women's bodies, are activated. From menarche to menopause, there is a societal imperative to control a woman's reproductive functions. A disruption occurs at menopause and the exercise of control over the woman's body is threatened. Because of her disruption of these discourses, it is necessary to reassert control over the older woman and constitute her as a subject. The menopause becomes a new site of control when the medical discourse intervenes defining the occurrence of menopause as a deficiency disease and refashioning the older woman's body as an economic unit, a consumer of drugs and services. Society re-presents the older woman as a pliable, economically useful body which meets its requirements. Liberated from the constraints of her reproductive years, she is arrested on the brink of autonomy and liberation.

The negative presentation of the model older woman renders invisible the discourses controlling gender and helps to produce the 'docile/useful body' of woman as a reaction to this negative image. Why do so many women fear becoming old? Surely, a blatant description/prescription has been provided as to what constitutes the desirable body but one which engenders a constant self-monitoring - am I overweight; do the wrinkles show; can you see the grey in my hair? It masks the regulation of the woman's sexuality and her bodily appearance. It is so imbedded and insidious because the preoccupation with bodily appearance is deemed to be a 'natural' concern.
So the deconstruction of the feminine body by the ageing body of the older woman is utilized by society which sees the threat of ageing produce a greater regulation of the woman's body in the form of dieting, exercising and beauty routines. In other words, the older woman's body is used to incite women to an excess of consumption (cosmetics and other beauty aids), self-surveillance (weighing, checking in the mirror), self-discipline (beauty routines and dieting) to avoid the effects of ageing.

Abjectification of the older woman's body

The older woman's ageing body fails normative representations of womanhood and this 'failure' of her embodiment as woman demonstrates the lack in representations of the ideal or norm. Because her sex is female, the older woman thus deconstructs the norm of woman, showing its discontinuous nature, its unsustainability and the instability of one who is called a woman.

The recognized area of visibility for older women is in the private spheres of the family, caring, and as a consumer of pharmaceutical, health and medical services. High profile older women disrupt the norm which designates that older women occupy the well marked private space of the home, the retirement village or the nursing home. Success in the public sphere seems to erase the stigma of being an old woman and so high profile women such as Ruth Cracknell or Margaret Thatcher are considered atypical of those bodies represented by the category older woman.

Because of the unitary representation of women, older women through their difference become, in a sense, incoherent as women. As such they come within the orbit of the medical sciences whose privileged position has been enhanced through their position as the authority which designates the 'normal' sexual body and, by inference, the abnormal or deviant body. The biomedical sciences are in the best position to offset the irregularity of the older woman's body, accustomed as these sciences are, to the employment of knowledge as a strategic practice, to control reproductive health and pathologize the woman's body, coupled with an acknowledged gatekeeping function on behalf of 'normal' sexuality.

The marginalisation of older women can be seen as a culmination of the oppression experienced by women whom de Beauvoir referred to as the 'second sex', a sex considered inferior and therefore subordinate by nature of their gender. It has been spawned by a society which has hystericized and medicalized the woman's body, which it sees "as saturated with sex and inherently pathological" (McNay, 1992: 31).
The location of women's bodies within the medical field allows for disciplinary technologies, particularly the juridico-medical, to be invoked in relation to reproductive functions.

While stereotypes of older women are being contested in contemporary society, government instrumentalities in the health and welfare field strive to produce a unitary model of the older woman for reasons of policy. The stabilization of identity positions' while useful for administration, ignores the differences of race, gender, class and age. Older women present yet another instance of the impossibility of presenting a unitary model not only of the category, woman, but in this case the specific category of older women. According to Butler, the insistence on "the coherence and unity of the category of women has effectively refused the multiplicity of cultural, social, and the political intersections in which the concrete array of 'women' are constructed" (Butler, 1990: 14).

With the woman's body designated as chaotic and hysterical, the 'pathological' body of the older woman is marked as aged, diseased, infertile, undesirable, unrepresentative of Woman. Biomedicine assumes the authority to dictate the 'truth' of the aged body. The 'games of truth' by which older women come to see themselves are that their bodies are prone to debilitating diseases, dysfunctional, infertile and by inference asexual.

In this thesis I read the older woman's body as 'queer' in terms of the heterosexual norm, for while the older woman 'passes' as a woman, she lacks the attributes of youth, beauty, sexual attractiveness, and fertility which make her culturally intelligible as a woman.

This exclusion of the older woman from the 'heterosexual matrix', produces her desire as perverted and represents her as a 'queer' subject, in the broadest sense of Queer Theory, the sense in which Judith Butler looks at interpretations of 'queer' as "an array of meanings associated with the deviation from normalcy which might well include the sexual" and which could also include "feeling ill or bad, not straight, obscure, perverse, eccentric" (1993 : 176).

 Resistances

Both Butler and Foucault indicate the usage of sexuality as a power strategy to regulate bodies. Butler assigns 'sex' the role of a productive force which produces the bodies it controls (1993: 1). These regulatory practices materialize 'sex' through the "forcible
reiteration” of norms. The necessity for constant reiteration lies in the slippage which occurs between the ideal and the compliance of bodies in the materialization of the norm. Herein lies the possibility of resistance to, as Grosz has also suggested, the “rearticulation or recontextualization” of “the hegemonic force of that very regulatory law” (Butler, 1993: 2). Butler sees enforcement of norms articulated through gender performativity which is used in the sense of “the reiterative and citational practice by which discourse produces the effect that it names” (1993: 2). The production of the body’s materiality, its sex and sexual difference, is seen as a product of power. For Butler, ‘sex’ is the materialization of one of the regulatory norms by which “the ‘one’ becomes viable at all, that which qualifies a body for life within the domain of cultural intelligibility” (ibid). It also renders some bodies as unintelligible and incoherent because of their departure from the norm. This has interesting implications for the older woman’s supposed asexuality, which in the logic of identity should render her a non-identity.

The dynamic effect of power, an effect inseparable from the norms reiterated by discourse, results in the materialization of bodies. Thus Butler sees ‘sex’ not as given but as a cultural construct. This allows a dematerialization of older women’s bodies within discourse, a becoming-imperceptible. The older woman as sexless becomes invisible and impossible to articulate. Butler argues that, if the assumption of a body is rethought as having formed the subject by that subject’s assumption of a sex, which is linked to identification and the limitations imposed by heteronormativity, it becomes evident that some sexed identifications are allowed, others disallowed. Butler’s conclusion is that the activation of normative power thus produces “a domain of abject beings” who are marginalized and constituted as a subject “through the force of exclusion and abjection, one which produces a constitutive outside to the subject, an abjected outside, which is, after all, ‘inside’ the subject as its own founding repudiation” (1993: 3).

Abject beings by their very existence and repudiation of the normative ideal of sex will threaten to expose and disrupt social norms, thus providing “a critical resource in the struggle to rearticulate the very terms of symbolic legitimacy and intelligibility” (ibid). I shall be reinterpreting this proposition, applying it specifically to the older woman, arguing that the older woman’s body is a marginalized, abject body through which the process of disidentification from the sexual and symbolic representation of woman contests the foundations on which identity categories are created.
The power of abjection is that it demonstrates that the sexed subject is constructed through regulatory practices. This knowledge can then be used as a "critical resource in the struggle to rearticulate the very terms of symbolic legitimacy and intelligibility" (Butler, 1993: 3).

A feminism of difference seeks to negate the norm, the privileged position which is used as a yardstick to define the 'other'. It views difference not "from a pregiven norm, but as pure difference, difference with no identity" (Grosz, 1995: 53). It negates the privileging of one term as in binary structures and the withdrawal of autonomy from the other. This allows a subversion of discursive practices which seek to marginalize women.

To explore what can be thought differently about older women's embodiment is to engage in a process which will break the chain of conditioning facilitated as it is through normative models. The analysis of problematizations and disciplinary practices allows one to define patterns of normalization. An example of how problematization rather than prohibition has been used is the manner in which the sexuality of older women has been problematized. To be sexually active is deemed inappropriate behaviour and is ridiculed as such: "Fancy making a fool of herself, behaving like that at her age. Wouldn't you think she'd have more sense!" These common expressions are used in the regulation of the older women's sexuality together with sentiments which attribute ulterior motives to any person who expresses a sexual interest in her.

The 'queerness' of the older woman

Bodies and their impact as an obsessive preoccupation in western culture is flagged in this thesis, signalling that there will be a charting of the progress from a generalized 'docile/useful' body to the construction of a particular body, that of the older woman, and her production as a 'docile/useful' body. This is followed by the older woman's constitution as an abject body, a 'queer' body because of her dissonance from the signifier, Woman. This leads into feminism's criticisms of the representation, Woman, a unitary model which ignores difference. The challenge of this text is to explore "the unthought discursive spaces" (Grosz, 1995: 23) in regard to the textual production of older women. Instead of a replication of the descriptions of how older women are oppressed, there is an attempt to identify and examine areas which have been excluded from discursive practices which have sought to identify and marginalize older women - their 'passing' as 'real' women, and their bodies marked as queer in comparison to 'template' women. Alzheimer's disease is analysed first, as a response to a too sudden
dismantling of the organism, and second, is proposed as a subversive state. Mass mammographic screening is examined as a co-optation of a public health initiative by a regulatory regime. The mastectomized body is read culturally as transgressive but is, in effect, considered so because it is a deterritorialization of the feminine body.

As the objective is to discover the hidden discourses, the unsaid, the positions taken in this thesis must of their very nature be open to contest. Psychic violence is complicit in the production of a unitary model of the older woman, for any such model will seek to negate the variations experienced by shifting identity positions and the multiple subjectivities which result from each individual's life experience, class and race. Even for those for whom the unitary model would appear to be the 'reality', it is only so in this particular historical moment.

Chapter One demonstrates the manner in which the concept of the 'docile/useful' body is applied in a contemporary disciplinary society, that is, in a white, western cultural milieu. The universal model of the 'docile/useful' body appears as gender-neutral. This masks its inherent masculinity and, while it is itself a subjected body, it is established as the dominant model, the 'Universal Man.' A basis for the subjection and exclusion of non-conformist bodies is established through this process of normativity. The 'docile/useful' body is a normative, culturally produced body tailored to society's needs through regulatory practices which mould and supervise the individual. Conformity to these regulatory practices through 'technologies of self' which involve self-surveillance produce a 'naturalization' of bodies which are governable and economically useful. Examples of alternate cultural models, such as the Sambian concept of the body as fluid and the Buddhist concept of an identityless body as the site of continuous becomings expose the body as a cultural production. The possibilities of bodies, such as Donna Haraway's cyborgs and Deleuze and Guattari's 'body without organs', are explored for the possibility of resistance which they offer and the question is raised of the older woman's body as transgressive body.

In Chapter Two the category, woman, is read as unstable because of the differences among and between women and the multiple becomings which a woman experiences throughout her lifetime. These differences indicate that a unitary notion of woman is socially constructed with woman's representation portrayed through the normative model as diverging from the ideal of the 'Same.' As such she is incomplete man. The propositions for 'becoming-woman' are raised in separate models, molar and molecular, by Irigaray and Deleuze and Guattari. Both models are investigated for their subversion of woman as the 'other' of man. Both models are political in their challenge
to the power of representation. The question of a transsexual becoming-woman is explored as an experiment in gender disruption which falters on the close adherence of some transsexuals to normative gender roles. Concerns are raised that a risk exists in Irigaray’s becoming-woman for a (re)production of an ideal woman which correlates with the power implicit in normative models. Concern is raised as to the possibility of yet another male appropriation of woman in Deleuze and Guattari’s becoming-woman.

There is a focus in Chapter Three on the conflation of woman with the maternal and its implications for the now infertile older woman. The individual older woman may experience her infertility as a feeling of redundancy in no longer occupying the privileged maternal site; in a denial of ageing; as alienation from her body; by sublimation of the maternal through the adoption of broader community roles; or, from a positive position, as liberation from the cultural expectations imposed on women. Socially, the older woman is perceived as asexual in an unsubstantiated cultural association of sexuality with procreativity. In direct contrast to this association is the cult of the Virgin Mary, the ‘good’ mother who is a prototype of the maternal as sacread as asexual in opposition to Eve, the temptress, responsible for bringing disease, suffering and death into the world through her insubordination in eating the forbidden fruit. Irigaray suggests a strategy for the subversion of the phallic maternal whereby all women, in parodic excess, identify as maternal. Irigaray’s overcoding of all women as maternal is discussed and reservation expressed, as to whether this is an appropriate strategy.

In Chapter Four, the older woman’s body is analysed as an abject body because of its lack of cultural intelligibility when compared with the normative model of femininity. This abjection is viewed as a dismantling of the organism which results in a psychic violence which may precipitate socially constructed dimensions of Alzheimer’s disease. Informed by Deleuze and Guattari’s theorizing of memory as an inhibitor of change, I contend that it is possible to read the onset of Alzheimer’s, not only as a dismantling of the ‘identity’ of the organism, but as a positive bodily resistance which allows the older woman to experience continuous becomings. It is suggested that there is a cultural dimension to the suffering of the person with Alzheimer’s Disease and to the immediate family because of the privileging of memory. While this disease may affect either older male or females, the majority of those with this condition are women.

Chapter Five examines a specific area which involves the sexual fragmentation of the woman’s body, namely the fetishization of breast/breasts, their objectification in woman and their abjectification in older women. The contribution which breasts as
signifiers have on significance and subjectification as experienced by women is expressed through Deleuze and Guattari’s theory of faciality. An analysis of mass mammographic screening as a regulatory regime exposes the continued fetishization of the older woman’s breasts in the medical sphere by the co-optation of a health promotion initiative which singles out healthy older women as clients. At the same time, the medicalized ‘docile/useful’ body becomes an economically viable unit. An alternate reading is given of the mastectomized body as deterritorialized and transgressive. Breast reconstruction is perceived as an overcoding of the mastectomized body which is complicit in the reterritorialization of the woman’s body. At the same time there is an acknowledgment that breast reconstruction is a matter of choice for the individual woman and can itself be a masquerade of the dominant paradigm.

The ‘queering’ of the older woman’s body is the subject of Chapter Six. It is argued that the older woman ‘passes’ as woman. I position the older woman’s body as ‘queer’ because its departure from the criterion of gender normativity places it outside the culturally intelligible female body. This non-conformity positions the body of the older woman as a redundant body in gender configurations leading to the cultural production of the older woman’s body as asexual. The sexually active older woman is then, whatever her sexuality, constituted as deviant. The older woman’s body becomes a body radically disruptive of the feminine, the reason for her exclusion as an abjectified body. It is proposed then, that the older woman as a political strategy be part of the coalition of queer.

Throughout this thesis I investigate the dynamic interaction between corporeality and subjectivity evident in the older woman’s body. This interaction produces both mutual shapings and dissonances. Through a genealogical approach I chart the manner in which the older woman becomes, then unbecomes, a culturally intelligible woman. I apply the notion of the ‘docile/useful’ body to a reterritorialization of the ‘useless’ body of the older woman. As an abject, body the older woman’s body consolidates the ‘ideal’ but also provides opportunities for resistance and, in that resistance, for a multiplicity of becomings. It is through these becomings that it is possible for the older woman to elude the territorialization, the subjectification of being the normative ‘ideal’ of a ‘virtual’ woman.
One

The Constructed and Resistant Body

Currently there is a resurgence of interest in the body evident in mainstream society and the academy. The emphasis in mainstream representations is on fit, taut, young, healthy and sexy bodies designed by personal trainers, gym instructors, weight watchers, health monitors, fashion designers and advertising gurus. The body is a tightly disciplined entity, holding the dual positions of consumer and commodity. Many factors contribute to this interest in the body including the emergence of consumer culture which focuses on body-shape, fitness, health and fashion, and demographic changes in the post war years (Turner, 1993: 18). These changes are also reflected in feminist and poststructuralist theories and postmodernist themes in art which have attempted to diagnose the increasing obsession with the body. Feminism’s specific contribution has been described as highlighting the need for an increased awareness of the nexus between gender, sexuality, biology and sociality on the part of social theorists, which has led to critiques of the political status of the body (Turner, 1993: 20). Lois McNay highlights the body’s critical role in her statement concerning its historical situatedness: “effective history takes the examination of the body as its starting point and thus analyses the effects of power in their most specific and concrete form” (1993: 15).

Many institutions and disciplinary knowledges have played an important part in the production of a disciplined, useful body. This Chapter provides an overview of the practices which are involved in the reproduction of the normative body. These practices are institutionalized through discourse, the family, government instrumentalities and administrations, health promotion, medical science and academic knowledges. The regulatory practices embraced in everyday life ‘naturalize’ this normativity while ignoring the dynamic nature of bodies, the multiple truths, variations, and specificities which characterize them. The archetypal body overlooks differences of gender, race, class, sexuality, age and disability. It is encapsulated as Universal Man and is assumed to be non-gender specific. Conformity to this model renders the body male and
culturally intelligible but creates women's bodies as excessive to this ideal. Irreducibly linked to the excess of the female body is the even greater excess of older women's bodies. Representation inscribes the ideal on the text of these bodies.

The application of Michel Foucault's concept of the 'docile/useful body' is introduced in this Chapter as an example of the governable and economically useful body moulded by disciplinary regimes. This body is consciously referred to as 'it' for the purpose of highlighting the tradition and fiction in social science of the ungendered body and in recognition of the scant attention paid by Foucault to gendered difference. The subtext is of a male body as expressed in the term, mankind, a humanist myth which purports to incorporate all sexes, denying the specificity of embodiment and the subject's resulting experience of the lived body. The minimal differentiation in embodiment described by the male theorists used in this Chapter is problematic in that it perpetuates the generalization that power equally coerces all bodies, whatever their sex, gender, race, class or culture and that there is a shared experience of embodiment.

The beginning of this Chapter maps the progression of disciplinary technologies in the production of the intelligible, analysable and governable body (Foucault, 1979: 136); the standardised 'fit' body which caters to society's needs; the body as it is reproduced by social policies. These policies are informed and implemented by the social sciences, health and welfare knowledges, the institutions which administer, research and propagate these knowledges, juridical and legislative bodies which define, proclaim and punish misde-meanours, infractions and crimes and specify the demarcations wherein the body is confined by space and time. Foucault's concept of the 'docile/useful' body is of a body:

... moulded by a great many distinct regimes; it is broken down by the rhythms of work, rest and holidays; it is poisoned by food or values, by eating habits or moral laws; it constructs resistances. (Foucault, 1991: 87)

However, the Foucauldian body should not be understood as passive entity (McNay, 1992; Lash, 1993) which merely provides the materiality of a surface to be inscribed but should be seen instead as a dynamic model which constructs its own resistances to such measures in the degree to which it accepts, departs or differs from its codification. The disciplinary technologies give rise to factors of resistance such as sexual diversity and 'perversion', pleasure, pain, and non-normative responses to ageing. Foucault sees the nature of the body itself as a form of resistance (Grosz, 1994:
155). Foucault's concept of the body as perpetually disintegrating (Rabinow, 1991: 87) involves a state of energy and flux of events which must necessarily resist inscription.

Differences in the coding of bodies indicate the culturally interpreted nature of the body. Alternate cultural models which illustrate the social and cultural production of the body, its representation and subjectivity, will be introduced as examples of the complex nature of corporeality as opposed to the simplistic notion of unitary models which lack specificity and self-definition. In addition, in this Chapter I will elaborate issues raised by the emphasis on the binary nature/culture, and its correlation with female/male. This process of hierarchized dichotomization defines bodies as raw, unfashioned materials to be moulded by norms into refined products. An extension of this metaphor of the refined (cultural) from the raw (natural) materials of production, produces the body-as-machine when its attributes are enhanced and extended through its coupling with prosthetic devices.

The focus on bodies in contemporary society has initiated a questioning of their signification and of their ways of being. The examples already used depart significantly from the models to which we usually subscribe. New possibilities and meanings which characterize oppositional and transgressive models are presented in the 'body without organs' and Donna Haraway's cyborg existence. Gilles Deleuze and Felix Guattari’s anti-oedipal 'body without organs', traversed by a subject with an everchanging identity peripheral to desiring-production, raises the possibility of subverting the hegemonic model. The slippery surface of the body without organs does not allow of surfaces to be inscribed because the dynamism of its flows and intensities inure it to static representations and the solidity and rigidity of impermeable boundaries. Haraway's cyborg model exceeds the boundaries of the corporeal body with its machinic couplings to undermine gender-based axes of domination in what is, for Haraway, a post-oedipal incarnation (1991: 150).

Interpreting bodies

Within the parameters of Western society there exists a diversity of bodies: pregnant bodies, fit, fat, thin bodies, frail bodies, young or old bodies; sick, healthy or disabled bodies; dead bodies, mutilated bodies; foreign bodies; gendered bodies. There are corporate bodies, sporting bodies, bodies of knowledge, the mystical body, the body politic, the ruling body, regulatory bodies, medical bodies and car bodies, the body of the meeting, and the body of work. The prevalence and ubiquity of the word body as metaphor, signals a general preoccupation with the body.
While it can be demonstrated that the body is inconstant, with an everchanging history throughout time and cultures, the ‘reality’ of the body as a social construct is well depicted within our particular culture by the emphasis on the body's plasticity and the continuous production of special purpose bodies through such practices as dieting, body-building, weight training and sport. These practices mould a particular body with the shape dictated by fashion and fitness and desired by a consumer society. According to Alphonso Lingis: “Every great culture, marked by distinctive intellectual, artistic, and moral productions, has also set up a distinctive icon of bodily perfection” (Lingis, 1994: 32).

That icon in western culture is marked thin, young, white, middle class, rational, heterosexual, male. The female version is thin, white, young, heterosexual and eroticized, with a particular emphasis on secondary sexual characteristics, especially the breasts. In pursuit of this ideal, bodies have become inscribed as disciplined bodies.

The present preoccupation with bodies is attributed to a coupling of postmodernism's reaction to, and subversion of, liberal humanism's over-emphasis on the mind, resulting in the privileging of the mind over the body, with feminism's emphasis on sexual difference. The privileging of mind over body gave rise to the gendered equation of reason as masculine and nature as feminine. McNay asserts that the metaphorization of the body as feminine is problematic for feminists in that it enables poststructuralist theorists to use the feminine to express difference, in which process sexual difference, specifically as it relates to women, is overlooked (1992: 16). This tendency to bypass women's experience of sexual difference is corroborated by Rosi Braidotti in her statement that male theorists such as Jean-François Lyotard, Jacques Derrida, Foucault and Deleuze have feminized difference and generalized it as a philosophical concept without considering the situatedness of real-life women (1994: 173).

Dualistic thinking resulted in a mind/body split which produced a gender equation whereby disembodied masculinity was equated with mind, reason and intellect, and corporeal femininity with body, nature and emotion. Because the mind was the privileged site, the body was considered to be its subordinate. It then followed as a result of the metaphorization of the sexes, that the male was superior and the female inferior. A further consequence of this binary gendering is the elision of other sexes - gay, lesbian, bisexual, transvestite, transsexual, hermaphrodite (Lingis, 1994: 32).
xiii) - who, like the older woman, present as unintelligible bodies when measured against the normative ideal.

To exemplify the social construction of the body in Western, white society, I will utilize a comparative approach in order to illustrate alternate cultural views of the body. I will use Eastern Buddhist philosophy's dynamic, monist model and Lingis' (1994) accounts of the Sambia, an East Papuan Highland tribe. My introduction of Buddhist philosophy's perception of the body, a body in a constant state of becoming and disintegration, is influenced by a correspondence with Foucault's description of the body as "the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated self (adopting the illusion of a substantial unity), and a volume in perpetual disintegration" (Foucault, 1991: 83). This correspondence between Buddhist philosophies of the body and Foucault's work is not surprising given Foucault's familiarity with Buddhist philosophy. In 1978, Foucault spent some time in Japan studying Zen and Buddhist mysticism (Bernauer and Rasmussen, 1991: 164). It seems probable then, that in addition to influences from the Western philosophical tradition, Foucault was also influenced by Eastern Buddhist thinking.

Designing bodies

That there are many ways of being and that those ways of being have a history and are culturally constructed, is proposed by theorists such as Donna Haraway (1991), Elizabeth Grosz (1994), and Alphonso Lingis (1994). While reproduction is not an essential for the individual, Foucault has argued that a politics of the body exists which focuses on the need of society to replicate itself and produce particular types of bodies to cater for its needs. Foucault and Lingis see the disciplined body as the mark of our present culture. Representation and experience of the body in western culture are seen in such factors as diet, sport or the variety of body-shapes attractive in different eras of fashion. These factors are responsible for producing particular characteristics of the body. Specific purpose bodies such as models, soldiers, athletes and weight lifters are literally produced according to Foucault (1979) and Lingis (1994). Grosz comments that the body is subject to change and is produced as a body of a particular type due to the manner in which it has been represented in history, society and culture (1994: x)

Foucault traces the intentional production of bodies of a 'determinate type' from the early seventeenth century, when certain soldierly attributes were recognised as natural endowments which rendered a body suitable for military service. As Foucault
explains, this construction of the soldierly body was completely transformed during the next hundred years (1979: 135).

By the late eighteenth century, the centrality of natural aptitude as a characteristic of particular categories of bodies is no longer an issue (Foucault, 1979: 135). A change has taken place. With the body's limitless possibilities for shaping and training, an epoch is ushered in of designer or specific purpose bodies, fashioned to fulfil a particular social need whether of instruction, construction, destruction, production or reproduction, which Foucault designates as 'docile/useful bodies' (1979: 137). The creation of 'docile/useful' bodies is observable in the drilling of soldiers for waging war, the training of teachers to impart knowledge, and the skills essential for the production of clerks, accountants, bureaucrats and scholars, all of whom would produce the required expertise for commerce, government and the production of knowledges and the arts. But the process is not perfect for, simultaneously as the body is shaped and trained, it fails to conform totally to the normative ideal. Lingis argues that the body resists its normative construction, for power acts upon bodies not only to dominate but to “diversify, differentiate, and incite” to “produce a multiplicity of bodies, individuated sexually” (Lingis, 1994: x).

Disciplining bodies

Institutions sprang up where production of subjects was undertaken concurrently with regulatory regimes which disciplined unruly thinkers. There were barracks for soldiers; hospitals for the sick; universities for students, as sites for knowledge production; factories for the apprenticing of workers and indenturing of labourers, to produce weaponry and goods for a state at war or in peace; schools for the tutoring of pupils; and the conditioning and control of women to produce the endless supply of bodies which cater for society's needs.

The martial regime was the precursor whose disciplinary practices supplied the model for the other institutions, particularly in regard to a control which enlisted not only discipline but which also allotted space which particular bodies inhabited and in which they were overseen. The martial model was evident in the regulation of patients in wards, workers in factories, teachers in schools, pupils in classes, doctors in surgeries and hospitals, academics in universities, scientists in laboratories, clerks in offices, lunatics in asylums, the poor in workhouses, the criminal in prison, the dead in cemeteries and the woman in the home.
The newly established institutions were divided even further. The factory floors were sectioned off in workstations, divisions and assembly lines; schools into classes; government into departments; universities into faculties for academics and students; hospitals into wards for patients; family homes numbered, in streets, in suburbs, in cities, towns, states and countries; prisons were sectioned into cells; and asylums were partitioned into wards. Significantly, it was an offence to have 'no fixed abode'. Seemingly for everybody there was an allotted space and categorization. Society had provided everyone with an appropriate place where they were easily supervised, locatable and in a sense confined. The object was the administration of social reproduction through the creation of specified modalities for the control of the body. Social reproduction, as Foucault writes, involves the constant coercion and supervision of the processes of activity which are exercised "according to a codification that partitions as closely as possible time, space, movement" (Foucault, 1979: 137).

The shift in focus of the problematics of the body from an exercise of sovereign power to the present microphysics or individuation of power was traced by Foucault. He saw its origin as occurring in the seventeenth and eighteenth centuries where interest was shown in children's sexuality and the relationship between sexual behaviour, normality and health (Foucault, 1987: 253). In the Classical period, mind was privileged over the body, creating an almost disembodied existence as in Descartes' dictum, "I think, therefore I am". While there has been a reaction in some sections of the academy to the over-valorization of the intellect, evident in a renewed emphasis on the body, this is not reflected in mainstream thought and practices where the mind is still valorized over the body. While the mind is valorized the body is disciplined in order to serve the mind, and also to fulfil social requirements. Social, political and economic discourse continue to be involved in the analyses and representation of the body which constitute, individuate and normalise bodies (Lash, 1993: 257), resulting in a political economy of the body whereby the market's need for subjected, productive bodies is met.

The family as a social unit was entrusted with the production, normalisation and recruitment of bodies. Sexuality was the tool; the home was the allotted space, where the processes of normalisation could be instilled and supervised. The 'goldmine' with the inexhaustible supply of raw material at society's disposal was a particular and gendered body, the maternal body, which was 'harnessed' like other 'natural' resources. To ensure this, new government departments were instituted to provide supervision and intervention in families and homes which were considered dysfunctional. With increased scrutiny of the family and the home, new knowledges
were articulated as discourse and legislation governing the conduct of the family was introduced. Within the community, 'good' and 'bad' families appeared. In the family home, welfare workers were authorized to investigate and supervise families 'at risk'. It was within the family that normative sexual practices were modelled on parental example and sexuality itself defined through parental instruction. Outside intervention was available in the form of medical, psychological and psychiatric services where parents appeared to have 'failed' in this essential task. In the twentieth century, the education system was allied to these services in the form of sex education under a subject given various names such as 'Personal Development'.

**Biopolitics**

The implementation, administration and supervision of this regime was the province of a politics of bodies which Foucault termed bio-power. The advent of 'bio-power' with its "diverse techniques for achieving the subjugation of bodies and the control of populations" (Foucault, 1990: 140) took two distinct directions, one disciplinary, one demographic. For example, statistical information in the form of a census, is gathered at regular periods in Australia as elsewhere, for demographic planning purposes. This and other techniques were interlinked to form "the great technology of power in the nineteenth century". A disciplined workforce was necessary for capitalism to function. This was provided by bio-power which maximized the abilities of the people and ordered their life so that they were useful and governable. Foucault writes that, for the expansion of capitalism, "the investment of the body, its valorization, and the distributive management of its forces were at the time indispensable" (1990: 140-1).

The change in focus on the body in the eighteenth century was synonymous with the development of capitalism in Western countries. It was not that the body had not been the locus of power prior to this but rather that this shift in emphasis heralded a new use of the body as a political tool. As Foucault argues, this involved part of the fact of living passing into "knowledge's field of control and power's sphere of intervention" (Foucault, 1990: 142). Surveillance of the individual was effected by a series of interdictions. Supervisory roles were undertaken by a vast array of professionals designated to carry out this function: police, inspectors (of food, tax, property, buildings, health, schools, hospitals), auditors, censors, foremen, teachers, social workers, welfare officers, examiners. As well as supervisors and overseers, a complex web of supervisory practices was instituted whose aim, Foucault writes, was to account for attendances, absences and locations of individuals and to oversee and evaluate their conduct (Foucault, 1979: 143).
The monitoring of presences and absences is accomplished by methods involving the recording of times and presences, by means of parades in the army, the keeping of rolls in schools, records in hospitals of admissions and discharges, clocking on and off in factories and shops, sign-on books in businesses, and leave forms which recorded absences through sickness, holidays or other 'legitimate' forms of absence. Further supervisory practices require the individual to submit to medical examinations and obtain health certificates to prove fitness for employment, military service and even participation in exercise programs or dieting; to provide certificates of competencies in different fields; registration papers for certain possessions, such as car ownership, a licence to drive a car or operate certain types of machinery, to keep a gun or a dog. These certificates and licences must be ready for inspection by the appropriate authorities at all times.

It is further required that the individual be registered at birth and that a certificate be issued on death. Citizenship papers are required if living in a country other than one's birth. Passports and visas regulate travel. Travellers are checked by customs officers at borders and airports when entering or leaving countries. Proof of identity is needed to open a bank account, to receive social security, a pension, a passport, to write a cheque or obtain a Senior's Card. The individual is required to supply address and telephone number for most transactions whether of a private or public nature.

Competencies are recorded by examinations in schools and universities. Boards register doctors, nurses, dentists, psychologists, psychiatrists and tradesmen. Professional associations monitor their members; unions and inspectors from the Department of Labour and Industry supervise the workplace and work practices. Industry is subject to legislation and inspection. Statutory authorities enforce environmental controls. Electoral rolls register eligibility to vote. Particular diseases, usually of an infectious nature, are notifiable to health authorities. There is mandatory reporting of suspected child abuse. Rules govern leisure activities such as boating, fishing, team sports and drug and alcohol consumption.

These curtailments of freedom have been internalised as necessary for the common good. Tighter legislative controls are welcomed and even demanded by the community to regulate what is perceived as problematic. Simultaneously the community subscribes to a belief in individual autonomy: being free citizens, having the right to choose, personal responsibility and free speech. It is tacitly agreed that in exchange for such freedoms, there is a moral responsibility on the part of the individual to comply with ordinances, to be a 'good' citizen (awards are made for this attribute both in
schools and the community at large), and to obey a country's laws. Constraint and control have been naturalized so that they are self-imposed through what Foucault termed technologies of the self. This self-regulation requires the individual to monitor her/his performance in accordance with “certain modes of training and modification of individuals, not only in the obvious sense of acquiring certain skills but also in the sense of acquiring certain attitudes” (Foucault, 1988:18). The technologies of domination of others and the self, Foucault named governmentality. That many of these practices, processes and attitudes allow the smooth functioning of this society and can be beneficial is not the question to hand, nor is the fact that many of the practices enhance the ability of the individual simultaneously as they subjugate. The strategies employed in the political technology of the body are diffuse and are not the property of any one institution or ideology yet result in a coherent micro-physics of power.

The fact that the individual is tightly controlled, constrained and contained, is the issue - in other words that docile/useful bodies exist. To the question ‘What are you?’, the answer is often couched in terms of occupational categories which indicate economic utility. Work status is used as a personal identification, individuals being identified as students, doctors, nurses, cleaners, carpenters, apprentices, unemployed, retired, or 'only a housewife', all indicative of economic usefulness to society. Bio-power through its regulatory practices “brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life” (Foucault, 1978: 143).

Bureaucrats, psychiatrists, psychologists and social workers, medical scientists, educationists and technologists ensure our docility by defining the norm, and policing, and enforcing its function in accordance with societal expectations. What is involved is the taking “charge of life” which, for effectiveness, needs “continuous, regulatory and corrective mechanisms” (Foucault, 1978: 144).

Concurrently with this push for conformity, there exists a valorization of the exceptional individual: the star athlete; the beauty queen; super models (male and female); the scientist who has made an outstanding discovery; the technologist who has made a remarkable invention; the best selling novelist; the musical virtuoso; the film or rock star. These individuals are lionized by the media masking containment and conformity.

The circulation and dissemination of the normative ideal while reflected in the media originate elsewhere. Institutions participate by the production of knowledges in
the social and biological sciences through research. This knowledge is used as a tool of power to formulate the sexual, social and familial mores of society. Individuals and practices which do not conform are pathologized, criminalized or ostracized. Self-monitoring occurs through guilt-feelings associated with inclinations towards non-conformist practices. The individual experiencing them is urged to seek help for ‘perverted’ feelings. The construction of some areas considered ‘unnatural’ (often in the area of sexuality, corporeality and health) can be illustrated in references to comparative culture. Western cultural hegemony attributes these alternate ways of knowing to ignorance and barbarism and labels them primitive as a means of reinforcing its own normative projects.

Michel Tournier’s account of Robinson Crusoe’s island regime can be used as a trope for modern society. The passage metaphorizes the processes by which society dominates the individual through the regulation of time, space, occupation and ways of being. Everything becomes visible, capable of being ‘policed’ and consequently able to be known by and intelligible to an invisible authority:

Henceforth, whether I am waking or sleeping, writing, or cooking a meal, my time is marked by this regular ticking, positive, unanswerable, measurable, and precise . . . I demand, I insist, that everything around me shall henceforth be measured, tested, certified, mathematical, and rational. One of my tasks must be to make a full survey of the island, its distances and its contours, and incorporate all these details in an accurate surveyor’s map. I would like every plant to be labelled, every bird to be ringed, every animal to be branded. I shall not be content until this opaque and impenetrable place filled with secret ferments and malignant stirrings, has been transformed into a rational structure, visible and intelligible to its very depths. (cited in Lingis, 1994: 195)

Cultural bodies

Alternative interpretations of the body based on practices of the cultural ‘other’ are examined in this section to provide a counterfoil to the model of the ‘docile/useful’ body. Othering involves hierarchized dichotomies whose function allows the construction of sexual and cultural ‘others’ as opposed to the autonomous, self-defined, self. The function and investments of this process of othering provide a strategy for the definition of the self. It establishes the dual position of power/powerless whereby the other becomes the powerless one. This legitimizes repression, and colonization and undermines self-representation by the other. Feminists
such as Emily Martin (1990), Haraway (1991), and Grosz (1994) cite the manner in which social sciences, particularly anthropology and primatology, use a masculinist framework to interpret the cultural ‘other’ as exhibiting ‘natural’ ways of being within a schema in which nature is seen as inferior to culture. The fact that the terms, natural or primitive, are not culturally neutral but culturally relative positions is ignored. These definitions are informed and influenced by a cultural discourse which also correlates opposition of female/male to the opposition of nature/culture. From this tenuous position, woman is considered subordinate to man who supposedly has dominion over nature. Claude Levi-Strauss (1969) warns that the opposition of nature to culture “should be seen as an artificial creation of culture, a protective rampart thrown up around it” (cited in Strathern, 1980: 187).

Feminist anthropologists have demonstrated that these universalizing, binary designations are cross-culturally unsound (MacCormack, 1980; Strathern, 1980). Often where a nature/culture binary appears to exist or possess a cultural meaning similar to that of Western society, the oppositional elements and meanings differ from their usage in Western culture. Marilyn Strathern contends that the terms, nature/culture are more accurately translated as ‘wild/domestic’ for the Mt Hagen people of Papua New Guinea. This usage is widespread in New Guinea (1980:174). From her research with the Mt Hageners, Strathern concludes that the extrapolation of the meanings of these words to coincide with nature/culture is absurd. In New Guinea cultures, male may be aligned with the wild, the untamed, the uncultivated and hence with nature which consequently is not devalued as it has tended to be in western culture (MacCormack, 1980: 10). The domestic and the cultivated are assigned to and undertaken by women.

Moreover the alignment of woman with nature and man with culture is also subject to slippage in Western society. For example, the primary role in rearing children is assigned to women, and the feminization of Humanities and the Arts suggest women play a significant role in socialization and the development of culture. This gives women a leading role in the transmission of culture. In addition in the Victorian era, woman was represented as the "Angel in the house" and in America's 'Wild West' period, women were considered to be the 'gentler sex' who, like the women of Victorian times, were a civilizing influence.

Further insight can be gained into embodiment as a cultural construction through Lingis’ (1994) analysis of the Sambian concept of embodiment. The name, Samba, was invented by Gilbert Herdt, an anthropologist, as a form of protection to mask the real identity of a tribe of Eastern Papuan Highlanders whom he lived amongst
for two years. For the same reason, Herdt has not disclosed their exact location in the Eastern Highlands fearing they would come under threat because of their ritual practices which accompany the attainment of manhood.

The Sambia have a completely different understanding of corporeality to the western idea of the body as volume. For them, the body is a conduit for bodily fluids. It is believed that the milk sap ingested from trees is converted in the body to male fluid. For his bride price, the male Sambia donates his sperm to his wife's brothers who thus achieve manhood. The groom's engagement in ritualized pedophilia, homosexuality, and incest are seen as natural and essential for this purpose. For the Sambia, sperm carries the same connotations of nourishment as breast milk. Fellatio is believed to be an essential practice which supplies the nourishment for the wife's younger brothers to mature into men. It is also considered a necessary practice for the wife to conceive and after childbirth, to ensure a rich and abundant supply of milk for breastfeeding. The practice moreover has a hidden agenda in that the wife is chosen from a village inhabited by potential enemies. These practices commence between the ages of seven and ten years, and are not considered sexual in nature. Whereas within Western contemporary culture, some of the practices would be considered as unnatural, deviant and perverted, the Sambia consider them natural, beneficial and essential for male physical development, sexual maturation, fertility, reproduction, breast-feeding and political alliances with neighbouring tribes. The male Sambian must “with his semen, give masculine personhood, male gender identity, indeed physical maleness to his wife's real or classificatory younger brothers” (Lingis, 1994: 139). Attainment of heterosexuality for the male Sambian is dependent on what, in a western cultural context, are classified as pedophile and homosexual acts. The salient point of this example is the construction of subjectivity in relation to sexuality, bodily development and function and the particular context of historical time, geographical location and race.

The embodiment of the Sambia illustrates the diversity in constructions and interpretations of the body. The Sambia acknowledge the fluid nature of the body in contrast to Western cultural privileging of the body as contained volume. What is the Western investment in this view of the body when the body's composition according to scientific knowledge is predominantly fluid: blood, sweat, tears, urine, lymph, pus, mucous, spittle, phlegm? Could it be that the lack of containment of these fluids within the body, their seepage, signals that the fluid body may possess an innate ability to defy control?
The variety in ways of understanding human existence and the relation of mind and body can also be perceived by examining Buddhist views of embodiment. Interestingly, this dynamic monist model of the body has similarities to concepts enunciated in the works of Foucault and Deleuze and Guattari as will become evident. The Buddhist view denies identity in its proposition of *Anatta* (No-self) (Schumann, 1973: 43). This view of the body expounded by Siddartha Gautama, the Buddha, also departs from the Cartesian *cogito ergo sum*: in suggesting that “... there is no thinker behind the thought” (Rahula, 1972: 26). Moreover, there is no mind/body opposition: “It should clearly be understood that mind is not spirit opposed to matter” (Rahula, 1972: 21).

Through the centuries, gendered meanings have been attributed to much of the Buddha’s philosophical teachings. Sexist practices and beliefs have taken firm hold but there is evidence in Buddhist teachings of a different kind of body, a body consisting of five aggregates (*skandhas*): form or matter (*rupa*); sensations (*vedanta*); perceptions (*sanna*); mental phenomena (*sankhara*) and consciousness (*vinnana*): “What we call a ‘being’, or an ‘individual’, or an ‘I’, is only a convenient name or a label given to the combination of these five groups. They are all impermanent, all constantly changing” (Rahula, 1972: 25). There are six senses - sight, hearing, touch, taste, smell and consciousness (Schumann, 1973: 63). There is no privileging of consciousness which is considered simply a sense. As the senses and aggregates interact, the body constantly changes from moment to moment:

> Just as an experience is a momentary event and cannot be repeated, every repetition being essentially an analogous experience, so also due to the momentariness of the objective constituent in our perceptual situation, it is impossible that one moment should move from here to there. The continuity we observe is actually a series of analogous moments. (Guenther, 1976: 147)

The claim that there is no self (*anatta*) does not mean that the material form of self is nonexistent, but that there is no unchanging self (Schumann, 1973: 43). The non-static nature of all things is continually emphasised. There is a parallel in the Buddhist conception of a dynamic body with how Foucault defined Deleuze and Guattari’s essential principles:

> Prefer what is positive and multiple, difference over uniformity, flows over unities, mobile arrangements over systems. Believe that what is productive is not sedentary but nomadic. (Foucault, 1992: xiii)
Both models introduce an interpretation of desire and the body which departs from those forms of knowledge exemplified by social technologies which, as Mark Seem writes, project an appearance of reality rather than reality itself, blinding the individual to the operations of power which subjugate her/him and fabricate “docile and obedient subjects” (Seem, 1992: xx).

In Buddhist philosophy, desire (tanha) is seen as the root cause of becoming. Dukkha, often translated as suffering, is more correctly interpreted as the unsatisfactoriness which results from the transitory nature of the satisfaction or pleasure derived from desire. Buddhism claims that by practising this mindfulness, it is possible to break “the chain of conditioning,” or as I have expressed it, erase the cultural inscriptions which mark gender, class and race. It is a method which seeks to resist and subvert these inscriptions and power bases. This process is a subversion of the individuation of power in that it presents no stable surface to inscribe or subjectivity to construct. The Zen principle of emptiness (mu) exemplifies this. A constant becoming and dissolution, it involves a mind with no thought, living in the instant and responding without mediating, rationalising thought. This panopticism is used in a positive manner to resist colonization even by the self.

The object in this investigation of the Buddhist conception of embodiment is to demonstrate the cultural production of our representations of corporeality. I have drawn attention to the monist view of the integration of mind and body held by Buddhists because Grosz sees Deleuze and Guattari as heirs of Spinoza whose philosophy of the body appears to have elements in common with the Buddhist view. Grosz describes Deleuze and Guattari’s view of the body “as a discontinuous, nontotalizable series of processes, organs, flows, energies, corporeal substances and incorporeal events” (1994: 164). This view refuses “to subordinate the body to a unity or a homogeneity of the kind provided by the body’s subordination to consciousness or to biological organisation” (1994: 165). Again, as in the Buddhist view, desire is seen not as lack, as in psychoanalysis, but as productive of becoming. Grosz suggests that Deleuze’s model “may provide powerful weapons of analysis, critique, transgression and transformation” (1994: 165). Both methods illustrate that other forms of “intellectual paradigms” and theoretical approaches can and do exist. Deleuze and Guattari’s body without organs presents a destabilization and defamiliarization of identity which is a characteristic shared with Buddhist philosophy.

In this section, I have considered the manner in which the individual’s perception of the body can differ widely according to one’s cultural milieu. I have
discussed the constructedness of particular views of the body. In addition, I have examined the slipperiness and situatedness of alignment of gender with nature and culture within and between cultures. In the following sections I will investigate how the Western construction of the body as unified, static and universal is challenged through Deleuze and Guattari’s formulation of the body without organs, and through Haraway’s cyborg body.

**Subversive bodies**

Having considered views of the body which diverge from the disciplined and self-controlled model of the body, this section focuses on interpretations of the body by Western theorists which have the capability to subvert the hegemonic model. As already remarked, Deleuze and Guattari, while arguably masculinist, have contributed to portrayals of the body which may be useful for feminists. In addition, feminists have found Foucault’s theories a valuable tool for analysing disciplinary and normalizing procedures which impact on women (Sawicki, 1991; Grosz, 1994). In so far as these male theorists provide an analytic framework for analysing the female body, Elizabeth Grosz argues for their usefulness. She demonstrates how they may be of benefit, as well as problematic, for an understanding of the female body. In her critique, Grosz poses the question of the viability of conceptual frameworks where the body displaces the mind from its privileged position. She queries the viability of the “irreducible cultural universal” of dichotomized, sexed bodies central to Western society’s understanding of bodies (1994: 160). Grosz makes a significant point here. By revalorizing the body, are we merely indulging in a reversal of the mind/body to body/mind, still being caught up in binary thinking? The apparent neutrality of the theories of the body advanced by the male theorists mentioned, Grosz argues, masks their masculine projections of corporeality which have ignored the specificity of sexual, cultural and physical difference and the relevance or use of their theories to women’s representations of themselves (1994: 188).

The question of the body as machine is a case in point. Machines have been used by theorists as a metaphor for the body and its parts (Foucault, 1979; Martin, 1990; Deleuze and Guattari, 1992) and the dependence of industry on bodies means the two are ineluctably entwined. Industry needs bodies and machines which, when coupled, produce body-machines. Both utilize nature for production. Just as industry is dependent on nature for raw materials, it is even more dependent on women to supply the essential component without which industry and society could not function - that is, bodies. But instead of acknowledging women's key role in society, women have been
equated with nature to provide a justification for their exploitation and oppression. Implications of positions such as these are often overlooked: indeed the specificity of women's bodies and women's vital role in society are frequently overlooked entirely. Foucault's discussion of the "body as a machine", the vital role of the biological survival of the population (1990: 139) and the sexual regulation of populations proceeds with only the briefest reference to the control of women's bodies as hystericized and consequently medicalized (1990: 146).

Deleuze and Guattari seek to counteract the inscription of power on bodies with a model that is intended to transcend sexual difference, which means that the specificity of women's bodies is ignored. This body is composed of a heterogeneity of elements, actions, passions, feelings, memories and consumptions. There is no hierarchy of parts, merely a noting of the elements. For Deleuze and Guattari, the body assumes the characteristics of a "desiring machine", which not only produces flows but also interrupts and disconnects these flows (Deleuze and Guattari, 1992: 5).

Desiring is for Deleuze and Guattari a "production of production", a production of action, consumption, passion and pain (1992: 4). In the production of consumption, desiring-machines are in conflict with the body without organs which is anti-productive (1992: 9). The body without organs is a postmodern, dynamic, unnatural, subversive body teeming with life, "populated with multiplicities". It is a subversive body which resists structure but it is on this body, too, that desire will attempt to attach itself.

For her part, Grosz recognizes the contribution which Deleuze and Guattari's body without organs makes for feminists who wish to push the limits of bodily representation. This body without organs, Grosz explains, opposes "the structure or organization of bodies" (Grosz, 1994: 169-170). The body without organs does not privilege organs and so male genitalia can no longer be considered as superior to female genitalia and that which a woman lacks.

Power inscriptions on the body are abolished. The revolutionary nature of the body without organs is characterised by its flows which subvert the idea of fixity either of being or identity. In its fluidity, its transitory and unstable nature renders a constant becoming, "a paradox of infinite identity" rather than a being. There are no hierarchical parts or transcendent referents to produce normativity as the body without organs, amoeba-like, flows from one transformation to the other, making it impossible to colonize. The usefulness of the body without organs is in its potential to neutralize privileged organs and, by its very slipperiness, deny inscription. Deleuze and
Guattari’s quest to denaturalize bodies is a useful project from a feminist perspective as it resists the adverse effects of gendered inscriptions and knowledges based on the social sciences which have been blind “to other realities, and especially the reality of power as it subjugates us” (Seem, 1992: xx).

Deleuze and Guattari have described the body without organs as imageless, organless and nonproductive (Deleuze and Guattari, 1992: 8). The significance of a body without an image is that it resists representation. It does not accommodate a hegemonic referent to indicate the norm by which (an)other is judged. But this anti-production is in opposition to the desiring–machines whose production is parallel to social production and abhorrent to the body without organs. For social production to occur, the desiring machine needs to attach itself to the body without organs. The constantly copulating desiring machines “attempt to break into the body without organs, and the body without organs repels them, since it experiences them as an over-all persecution apparatus” (Deleuze and Guattari, 1992: 9).

Deleuze and Guattari see capital as the body without organs of the capitalist. In so far as capital appears miraculously to expand because of capital’s role in extorting surplus value from labour, an inversion occurs whereby capital is perceived as the agent of social production rather than labour. It is at this juncture that the body without organs falls back on desiring-production. Desiring machines form limpet-like attachments to the body without organs and sexuality is manipulated in the form of a sexual economy which is then drawn into the production of recording, “a producing/product identity” (Deleuze and Guattari, 1992: 7). Thus the ‘connective synthesis’, the wedding of production and antiproduction, is accomplished through the medium of the “full body without organs” (Deleuze and Guattari, 1992: 8).

Both Buddhist philosophy and Deleuze and Guattari envisage desire as productive (rather than founded on lack as it is in psychoanalytic theory), a continual transformation and becoming. What could be problematic in both approaches is the apparent dissolution of sexual identities which provide political positions around which marginalized groups organize. However, Grosz reads Deleuze and Guattari’s work as more complex in nature (1994: 173). Despite the acknowledgment that it is dangerous ground, she makes the point that the exploration of difficult terrain is a necessity when seeking change in reformulations which negate the binary opposition of the sexes and which dissolve the hierarchies which have resisted change (Grosz, 1994: 173). This is a process which Deleuze and Guattari have termed “becoming woman"
Becoming woman is not a replication of organic woman but a form of politics which destabilizes the ‘rigid segmentarity’ of such factors as sexual identity and normative ideals by providing ‘lines of flight’. Becoming woman will be considered in greater detail in the next Chapter. In summary, Deleuze and Guattari's aim is “to destroy the oedipalized and neuroticized individual dependencies through the forging of a collective subjectivity, a non-fascist subject-anti-Oedipus” (Seem, 1992: xxii/iii). It is to be hoped that in this process women will not be subsumed and rendered invisible once again within the “collective subjectivity.”

**Cyborg existence**

While Deleuze and Guattari’s approach to the body as a machine which forms linkages or couplings with other bodies, organs, objects and partial objects, is metaphorical, Haraway explores the significance of actual syntheses between bodies and machines. Her scrutiny of cyborg existences reveals the potential for subversion. Unlike the body without organs, which is an anorganic body, the cyborg is “a cybernetic organism, a hybrid of machine and organism, a creature of social reality as well as a creature of fiction” (Haraway, 1991: 149).

There are parallels as well as differences between the two models, with both the cyborg and the body without organs sharing characteristics as both a product and a producer (Deleuze and Guattari, 1992: 8; Haraway, 1991: 59). Both models are needy for connection and un/postgendered. Neither is interested in an essential or original unity. These models are anti-interpretationist as with each coupling they constantly change, both are political in that they resist a consistent basis for power operations, both emphasize the body's capacity for connection and change. These models are characterised by the ambiguity of constant becomings through (re)couplings which disrupt being and beget becoming. Couplings of human and machine, in Haraway's view, produce changes as to what constitutes women's experience in the twentieth century (1991: 149). Deleuze and Guattari look at couplings on the intimate scale of the body and its members and products, for instance an example of connection, production, flow and cut-off, is the bowel which produces faeces which flow through the anus which functions as a cut-off machine. A further instance is exemplified by a connective synthesis with another body: the mother's breast produces milk which flows into the infant's mouth which is coupled to the breast.

For these theorists, corporeal boundaries are blurred and permeable. Haraway, whose cyborg is a creature of the post-gender world, echoes the neutered approach
taken to bodies by Deleuze and Guattari. Haraway’s approach to a post-gendered body is informed by the way in which the term, ‘woman’, subsumes black, non-white, white, class and sexual categories of women (1991: 156). She shares Grosz’s (1995) misgivings about feminists replicating power strategies which they have critiqued as oppressive by themselves producing a unitarian model of the ideal woman. Haraway adopts a post-gendered model in her search for a strategy which is non-oppressive and non-colonizing. In the intimate couplings of biology and technology, the body’s codings become blurred, with recoding facilitated by “Communications technologies and biotechnologies [which] are the crucial tools for recrafting our bodies” (Haraway, 1991: 164). The cyborg is a kind of disassembled and reassembled, postmodern collective and personal self. For Haraway, this is the self feminists must code (1991: 163). The interest in this model is in its resistance to representation, to the moulding of a ‘docile/useful’ body, its contestation of body meanings, and the creation of possibilities which delimit the body and transgress the dictates of gender norms.

In daily life there is an intimate connection between body and machine. Machines operate as extensions of individual bodies and limbs. Bodies are enhanced by technological inventions and aids. The astronomer with powerful telescopes, can probe space and record events millions of light years away, an eerie science-fiction event considering the lapse in time. It is possible to be in two time zones and places with apparent simultaneity by crossing the Date Line: individuals can leave Narita Airport in Japan on a November Sunday at noon and arrive in Washington at 10:30 am of the same day.

Safely ensconced in the phallic-shaped womb of the spaceship, astronauts travel through space or to the moon. Spy satellites reconnoitre the world, placing every country under surveillance. Tools are used to increase the power and range of our limbs. Machines such as vacuum cleaners, mixmasters and chain-saws far surpass our natural resources and expertise. Medical technology can replace impaired body parts with bionic appliances which do the work of organs or enhance sensorily impaired sight and hearing. We have artificial limbs, pace-makers, dialysis machines, organ transplants, glasses, bionic ears, hearing aids. We communicate with others worldwide through computer science’s internet and E-mail. We watch events on television as they happen in distant locations.

Technology augments the senses. The biological ability to see, hear, do and be are greatly extended. Haraway describes the body in modernity as a “biomedical-biotechnical body,” a semiotic system, a complex meaning-producing field, which
relies on anything but the natural. The distinction between components that are considered either natural or artificial is harder to discern, undermining the alignment of nature with the feminine. The machine becomes part of us, "our processes, an aspect of our embodiment" (Haraway, 1991: 180).

It is this lack of clarity between the limens of body and machine which denaturalizes the body and allows cyborgs the possibility to destabilize gender which, together with other normative referents, structure the "Western self" (Haraway, 1991:174). Haraway argues that "Cyborg imagery can suggest a way out of the maze of dualisms in which we have explained our bodies and our tools to ourselves" (1991:181).

A need for caution is introduced by a different perspective of a cyborg world which, rather than breaking down gender barriers enhances them with a male appropriation of technology which results in "a Star Wars apocalypse waged in the name of defence, about the final appropriation of women's bodies in a masculinist orgy of war" (Sofia, 1984, cited in Haraway, 1991: 154). An incident which appears supportive of this view is the conservative Australian Government's decision to 'quarantine' the Australian Defence Force from the curtailment and reduction of funding to the various ministries and the change in focus from defence to include the stabilization of the Asia-Pacific. On a more mundane level, labour-saving devices in the home have tended to maintain the imbalance of the sexes' participation in housework and the introduction of industrial sewing-machines in the home have added to the exploitation of outworkers in the garment industry, the majority of whom are women and children.

Access to computer technology and its advocacy as a method of writing and recoding the body, while of distinct advantage to women in that it can be used as a "power to survive, ... on the basis of seizing the tools to mark the world that marked them as other" (Haraway, 1991: 175), ignores the women who live in poverty, the majority of single mothers, women of colour and working-class women. However, these caveats do not disqualify cyborg politics from a role in feminism's "struggle for language and the struggle against perfect communication, against the one code that translates all meaning perfectly, the central dogma of phallogocentrism" (Haraway, 1991: 176).
Conclusion

This Chapter has addressed the purpose of a disciplinary society, how it is devised, achieved, enforced and regulated by a system employing continuous, minute techniques of power, the impact of which normalizes individuals. This individuation of power produces a cost effective method of meeting supply and demand and, in panoptic practices or self-supervision, an effective method of policing. The development of capitalism was enabled through bio-power, a political economy of the body which produced compliant social bodies. The multiformed body was the raw material which had the capacity to be moulded into a finished product which then metamorphosed into a producer and consumer. As a triumph of economic utility, it literally maintained production relations, moving through the stages of being, then using raw materials ‘becoming’, in the process, an effective body-machine which applied and manned the productive machines. Capitalism was dependent for its ‘becoming’ on “The investment of the body, its valorization, and the distributive management of its forces” (Foucault, 1990: 141). Throughout this process, the body which was the target of greatest control was that of the woman who, as a resource, was even more essential for the implementation of economic goals than raw materials.

Capitalism was delivered through the proforma of a disciplinary society, a society where bodies through their sexuality and governability were regulated to meet the needs of society. Modernity’s midwives were the ‘scientific’ knowledges which were complicitous with discourse and normativity in the formation of the individual. Trained and disciplined bodies were the means of production. Administration was necessary to distribute and optimize the use of labour. The institutions, educational, juridical and medical in particular, disseminated knowledges and authorized norms. Political struggles which arose out of this normalizing society were centred around rights:

The “right” to life, to one’s body, to health, to happiness, to the satisfaction of needs, and beyond all the oppressions or “alienations,” the “right” to rediscover what one is and all that one can be. (Foucault, 1990: 145)

It is in this last “right” that the implications of the dynamic model become relevant. Resistance to normative representations of the body are possible for a body continuously in a state of flux because it allows the impossibility of a fixed identity. A dynamic model inhibits the production of ‘fit’ subjects. It allows endless permutations of an amoebic body. It allows for affinity, coalitions and connections with disparate
objects, bodies, groups. It allows and acknowledges difference. Politically the body uses strategies indicative of a psychic form of guerilla warfare, mobilizing, dissolving, then reforming, with a motility which defies coding.

The groundwork is thus laid for the exploration, in Chapter Two, of the effect of the politics of representation on women's bodies and the production of 'woman' as the intelligible and analysable 'other'. By using Foucault's genealogical approach to bodies, it will be shown that, although representations of bodies have been articulated through mainstream discourse, other subversive and resistant possibilities of corporeality exist. Older women's bodies challenge the construction of the 'ideal woman' through their radical departure from the mould simultaneously as their subjectivity adheres to the cultural and social model causing an alienation in older women from their bodies. The question is, how can the older woman after a lifetime of discursive practices engage in practices which will, to adapt a Foucauldian expression, free herself from herself?
Two

Becoming-Woman

One is not born, but rather, becomes a woman [...] it is civilisation as a whole that produces this creature, intermediate between male and eunuch, which is described as feminine. (Simone de Beauvoir, 1960)

This Chapter is concerned with the plurality of becomings - physical, chronological, identity-based and sexual - which intervene between birth and old age. Physically there are the bodily changes which accompany development, growth and ageing as well as more contingent physical transformations such as becoming fat, thin, sick, healthy, tired and so on. Chronologically, you must first become a girl, then a woman before you become an older woman. Identity is divided between social identifications, familial relations such as daughter, wife and mother, or related to occupations such as student, trainee, worker, housewife. Sexual becomings involve orientations, awakenings, arousals, performance, genders and interdictions. Martin Heidegger (1961), Luce Irigaray (1990) and Gilles Deleuze and Felix Guattari (1994), each deal with concepts of becoming. Before this Chapter focuses on a particular type of becoming, becoming-woman, it will examine Heidegger's theoretical basis for becoming.

In Chapter One, drawing on a Foucauldian analysis, I demonstrated how a disciplinary society used the normative power of a unitary signifier to subject the body. The impact of this generic body was to thinly disguise that the ideal body is gendered male. The replication of this ideal is impossible for 'woman' who is consequently found to suffer a lack which supposedly renders her inferior and, as such, subordinate to male reason. This process of unitary signification, moreover, employed a system of sanctions, categorizations and confinements which allowed for the inclusion of those who conformed to the ideal and excluded the defaulters. An interdiction was placed on difference. The 'Same' was the privileged state, whether of gender or sexual orientation, and difference the 'bastard child'.
The very minutiae of these strategies of micropower instigated bodily resistance in those who did not come under the umbrella of the same.

The overarching exclusion was the body of the Woman because her sexuality and subjectivity lacked conformity to the physicality, sexuality and resultant subjectivity of the archetypal norm of the masculine body. Labels of frigidity or hysteria testified to her bodily excess, to her divergent sexuality. Her very embodiment testified to her inferiority to the disembodied ‘man of reason’. Woman was simultaneously historico-culturally absent in text and present in discourse/knowledge. Her materiality constituted her a paradox. In western society, woman’s entry into culture depended on her symbolic murder, ensuring her death as a subject (Irigaray, 1994b: 47).

Reference was made in Chapter One, to Deleuze and Guattari’s body without organs, an inorganic model which subverted the disciplined body described by Foucauldian analysis. Michel Foucault pin-pointed sex as the locus of the application of power to the body. The body without organs, a body representative of desires, energies and flows, characterised by nomadic thought, was associated with the fluidity of the unconscious rather than the materiality of an organic body. This subversion of the disciplined, useful body relied on a gender-neutral process. Recoding the body was a strategic process employed by Haraway who argued for the usefulness of cyborg bodies to undermine the inscription of the feminine body. Through the medium of technology, women could themselves provide a continuous form of reinscription of the feminine body.

Following a consideration of becoming, this Chapter will look at the historico-cultural representation of ‘woman’. The word, ‘woman’, is used to denote the culturally produced symbolic other of western society. Woman and women are not used in a universalizing sense but merely to indicate the female body. The proposition is that woman is not a stable signifier (Butler, 1990; Johnson, 1993), a proposition which will merit more detailed discussion when the older woman’s body is under consideration in Chapter Four. Embodiment is experienced by living in a gendered world mediated by differences of sexuality, class, race, disability and age.

This overview of the normative model frames the context for two models of becoming-woman: that of Irigaray and that of Deleuze and Guattari. Deleuze and Guattari’s polysexual becoming-woman will bridge the gap between the gender-neutral norm of the ‘docile/useful’ body and Irigaray’s project of the feminine as a self-defined becoming-woman. There is a significant difference in the models of becoming-woman
under examination in that Irigaray refers exclusively to the female sex as the subject of her becoming-woman whereas Deleuze and Guattari's is a political strategy which embraces bodies regardless of sex. The aim is to look at the possibilities, potentialities and shortcomings which these models possess. To define or formulate how to become a woman is not my intention. My intention is to chart the potentiality for a progression from the static position of being-woman to the position of enunciation of a self-transformed becoming-woman which disrupts the power entailed in the dominant representation of ‘woman’.

A further objective is to provide a genealogical approach to the older woman's body which simultaneously offers the individual a speaking position and explores the possibility of a positive use of difference. I am advocating the construction of an incoherent position for becoming-woman which allows of creative resistances and subversions. My preference for a model which lacks the credibility of the culturally intelligible body discussed in Chapter One is based on the belief that a universalized coherent model excludes sexual difference. It is allied to the Same, and thereby provides a too-easy accessibility by which it can be comprehended, countered and controlled. In brief, I have no intention of providing either a theory of older women or even a counter-theory. This choice positions me outside the masculine paradigm. Its valu’ lies in the manoeuvrability of a marginalized position which can challenge ‘the Law of the Father’. While a woman-defined referent is not as alien as a male-defined one, it is still aligned to the belief of a ‘Same’ and denies difference.

My assumption of a position consonant with what Braidotti terms a radical feminism of difference is motivated by a desire to avoid the replication of positions of power which suppress sexual difference and privilege uniformity. A radical feminism of difference is not to be confused with earlier radical feminism. A radical feminism of difference adopts a positive view of difference rather than the negative interpretation of sexual difference as ‘lack’. It views the sexualizing of difference as “the prototype of all differences” (Braidotti, 1991: 210). Poststructural feminism's focus on subjectivity and its analysis of the exclusionary practices employed in male discourses have resulted in a struggle of an epistemological and political nature which aims to comprehend and reposition the 'woman' from her construction as object of knowledge to “the woman as subject of knowledge, and of inscribing these changes into a new social and historical reality for women” (Braidotti, 1991: 210). The feminist subject is in juxtaposition to the position originally held by 'woman', that is the position of woman as object, “the idealized projection of male expectations . . . the ideologically dominant form of representation to which women are subjected” (Braidotti, 1991: 272).
The power of the subject to engage in the positive definition of becoming is the crux of the epistemological project which aims to repossess female subjectivity and it is here that Rosi Braidotti sees its affinity with the Deleuzian advocacy of “the triumph of the intensive, libidinal, affective Dionysian spirit over Apollonian rationalism” (1991: 211). “The politics of the female feminist subject” rejects rationalism for the development of a new subjectivity based on difference rather than unity. To understand the necessity for this engagement rather than a reformist position, I shall briefly outline the representational paradigm of 'woman' as a cultural artefact.

A normative becoming: the very model of propriety

The normative control of 'woman' is documented by Jill Matthews (1992) in her account of the historical construction of the 'good woman,' the unattainable ideal which engenders neuroses in women and controls them through negative projections which portray them as sexually and morally deficient. Through the intervention of panoptic practices, a view of women is produced which presents them as lacking not a penis, but integrity as women. Becoming a 'lady' or a 'good woman' is a negative form of becoming characterized by unattainability, inconsistency, incompatibility and regulation of the female body (Matthews, 1992: 7).

Becoming a woman is a cultural process whereby women are given, learn, internalise and identify with what it is to be feminine. Matthews describes Woman as “a social being created within and by a specific society” (1992: 5). This very definition implies the instability of the category 'woman,' changing from society to society, culture to culture, period to period and within these environs, on a class, race, status and age basis. Because of this, “Feminism needs always to be challenging and refurbishing the category ‘women’ rather than strengthening it” (Johnson, 1993: 6).

Lesley Johnson (1993) and Matthews (1992) both locate the historical, cultural and ideological context informing discourses of a specific category of woman. Johnson describes growing up to be a ‘modern girl’ in the fifties and sixties. Her analysis clearly aligns the processes involved in fashioning the teenage girl with the project of modernity and the rise of consumerist society which was purportedly characterized by “a democratic world in which all could transform themselves and their appearance through the wealth of goods now available” (Johnson, 1993: 123). Consumerism was gendered, with sex used to sell products. Being sexually attractive depended on having the right products and wearing the right clothes. Everyday language reflected retail interests. A woman who did not wear the right clothes and cosmetics could, like less
saleable items, be 'left on the shelf' as "consumer culture increasingly defined a femininity absorbed in a presentation of body and self, modelled on the socially invested model of the feminine" (Johnson, 1993: 152). Modernity took advantage of technological advances which increased production and produced an endless supply of everchanging products for the home. In the acquisition and use of these products as well as those to enhance their femininity, women acquired "a new form of agency", which produced "new capacities and skills" as they learnt to become "good consumers" (Johnson, 1993: 123).

Matthews' broader focus on the social construction of femininity in twentieth century Australia, demonstrates further the socio-cultural factors which have impacted on today's older woman - the ideal of the 'good woman' which is, as she explains, unattainable and consequently, guilt-laden. Matthews deals effectively with this in her examination of the norm of a good woman and its different phases: good daughter, wife, mother and housekeeper. She shows the social construction of these aspects of femininity, who benefits from them, the rigid enforcement of these codes and the deleterious effects on many women. The women in her case studies were all committed, or had themselves admitted to a psychiatric hospital, because their departures from the normative ideal of womanhood were judged to be symptoms of mental illness. In the case notes to which Matthews was given access, the normative function of both representation, and committal as confinement and sanction, becomes evident when psychiatrists detailed failures as a mother or housekeeper rather than clinical symptoms, as reasons for admission. Factors over which the individual woman sometimes had no control were seen as failures on her part to be a good mother. An instance of this was a child's illness or lack of success at school. What induces a woman to internalize these restrictive, exterior models? How is this accomplished? As it is not my intention to focus on subjectivity and technologies of self in this Chapter, the present treatment will be pursued in greater depth in Chapter Four later in the thesis.

A production or assembly 'line' in a factory produces particular components and implies a knowledge or expertise of the operation. Similarly, women's embodied subjectivity is produced by a social production 'line'. I am using 'line' in a metaphorical sense to signify the social production of similar bodies, in this case female bodies. Who pulls the strings or what are the investments in the construction of these bodies? Foucault demonstrated that relations of power "have a directly productive role, wherever they come into play" (1990: 94). Judith Butler maintains that this productive role involves the formation of subjects who are "formed, defined, and reproduced in accordance with the requirements of those structures" (1990: 2).
Society ensures its continuity through biological reproduction which guarantees the provision of bodies to fulfil the need for replication. It is quite logical, then, that cultural anxieties surrounding fertility result in regulatory practices within a society where practices such as abortion, homosexuality and birth control exist. Control of the means of production has always been a strategic practice in capitalist society. The regulation and control of the woman's body is a logical next step to rid society of its neuroses about succeeding generations. What better way to ensure population than an ideal of maternity to which women should aspire and by which they are judged?

In inscribing bodies as maternal, feminine, old or pathological, particularist identities are produced, which in turn are internalized and adopted. While there are varying forms of both surveillance and self-surveillance for women, dictated by fashion, sexual mores and norms for the good daughter, wife and mother, those involving health practices are among the most invasive with their ability to examine both the interior and exterior of the body. It is the woman's reproductive functions that appear to be the site for the greatest exertion of control, and predictably it is the older woman's 'failed reproductive system' that is the target of biomedicine, which aims to maintain control over her body. Foucault explains that it is biopower which made capitalism possible "by the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes" (1990: 141).

Bodies themselves can literally be sculpted to replicate the desired images of femininity, the commodity 'line'. In the forefront of these practices is cosmetic surgery which realigns features which are considered unfashionable. Again, cosmetic surgeons can erase the signs of age with facelifts and the removal of sagging skin. Through the expertise of cosmetic surgeons, women can have the faces they want or pay for, but again it is an assembly line production slavishly reproducing current fashion. Breasts which are considered too small, too big, too saggy are homogenized to again reproduce breasts which replicate the ideal. Further moulding of the body is undertaken in exercise regimes, weightlifting and dieting. No detail escapes the 'makeover': hair styled and dyed, finger nails and toes manicured and painted, skin tanned, the right make-up applied, in order to resemble the other products of femininity's production line.

Taking Deleuze and Guattari's statement that "The face is a politics" (1994: 181), Camilla Griggers argues that "the public face of white femininity is a highly regulated, mass-produced organization of signifiers and interpretations" which marks
racial privilege, class, femininity and fashion. It makes visible a force which organizes signification and subjectification primarily through the face (Griggers, 1997: 1). But it is not only the face which becomes a signifier and subjectified but the whole body which is facialized by an assemblage of power which Deleuze and Guattari describe as a faciality machine “because it is the social production of face” which “performs the facialization of the entire body” (1994: 181). This is demonstrated in a woman who wishes to signify that she is truly feminine, indulging in beauty routines which pay attention not only to her face but her entire body.

It's a girl!

So how are particular bodies coded and produced? Bodies are produced through sex which, Butler argues, is both a norm and a regulatory practice (1993: 1). Sex is not prediscursive but is materialized through gender performativity, the result of reiterative, citational practices. Materiality is defined by Butler as “the effect of power” (1993: 2). It is through sex that bodies become viable within the sphere of cultural intelligibility (1993: 2). The materialization of a sex as an effect of power is then linked to identification and through discourse to heterosexuality which allows of some sexed identifications and disallows others for, as Butler argues, bodies are only viable “within the productive constraints of highly gendered regulatory schemas” (1993: xi). Those bodies which are disallowed by the heterosexual matrix become abject bodies whose exclusion delineates the domain of the subject. But while abject bodies are outside the subject due, to their non-conformity, they also remain inside through their constitution of the subject which is formed by the repudiation of the abject body (Butler, 1993: 3).

When the delivery room reverberates to ‘It's a girl’, a culturally intelligible gender is assumed not through choice but through imposition. Through this imposition of power, the baby will be dressed and addressed in a particular manner in accordance with gendered expectations. She will be entered as female on birth registration papers and on many forms throughout her life, and at death will be officially identified as female. As Butler states:

‘Sex’ is, thus, not simply what one has, or a static description of what one is: it will be one of the norms by which the ‘one’ becomes viable at all, that which qualifies a body for life within the domain of cultural intelligibility. (1993: 2)

Already, there is evidence of the enabling of a particular gender identification and the exclusion of others. The refusal of this identification marks the abject body’s
resistance to the male subject's domain. Just as Foucault sees the body creating its own resistances, Butler sees the state of abjection "as a critical resource in the struggle to rearticulate the very terms of symbolic legitimacy and intelligibility" through the exposition of the foundational character of sex as being based on the exclusion of bodies which are beyond its control (1993: 3).

The materiality of sex, which is used as a signifier of gender identity, does not indicate the cancellation of the natural by the social because both are social. Rather it involves the imbrication of the social with the natural. Because the material body is seen as natural and pregiven, the assumption is that it is outside discourse and power. It is at this juncture, Butler argues, that discourse/power is most effectively dissimulated (Butler, 1993: 35). According to Butler, the question remains, given the power of discourse to produce specific bodies, whether there is "a domain of radical unintelligibility that resists materialization altogether or that remains radically dematerialized" (Butler, 1993: 35). Butler makes the point that it is necessary not only to nominate the subjects who are excluded from the domain of cultural intelligibility but that these exclusions constitute an essential component for the successful functioning of these "self-sustaining systems" (1993: 35).

The definition of the intelligible as referent or norm constitutes an unintelligible which departs from this norm. This proposition of a definition of the one through the exclusion of the other, the outsider, the 'feminine', is Irigaray's project. She argues that the exclusion of the feminine by the masculine simultaneously produces the feminine. At this point it may be useful to consider the transition from being a woman which could be considered as stasis, to becoming a woman through the process of constant transformation.

Not being, becoming - a transformation

Heidegger's account of the concepts of being and becoming are useful to provide a contextual framework for the study of becoming-woman. Heidegger (1961) described becoming as a state in opposition to being, in that while being 'is', becoming is not yet and once it 'is', there is no need to become: "What 'is' in the authentic sense also resists every onsurge of becoming" (1961: 81). There is a resistance between being and becoming in that being resists change. There is an implicit notion of agency and engagement on the part of the one who becomes. There is a relationship between being and representation. Representation, being as idea, usurps the neutrality of being with the concept of being as idea privileged over being itself, thus creating an ideal (Heidegger, 1961: 154).
Philosophical discourse has privileged thought and reason portrayed as a disembodied masculinity ("I think therefore I am") and identified embodiment, materiality, with the feminine. The feminine becomes symptomatic of what 'is' not, and moreover, what should never be because of its incapacity to resemble or even approximate the 'idea' which has now metamorphosed into the 'ideal' of masculinity. The image which materializes from the idea is not the being, the masculine, but the essential other, the feminine, by which masculinity is defined.

Heidegger describes being as meaning "really present, permanently there, takes place, comes from, belongs to, is made of, stays, succumbs to, stands for, has entered upon, has appeared" (1961: 76). Becoming both opposes and restricts being:

What becomes is not yet. What is need no longer become. What 'is', the essent, has left all becoming behind it if indeed it ever became or could become. What 'is' in the authentic sense also resists every onsurge of becoming. (1967: 81)

Racevskis maintains that for power to be effective "there has to be a 'being' serving as an alibi if the process of subjection is to be effective" (1991: 23). As 'woman' cannot assimilate to the male model or accommodate the masculine idea, her difference is portrayed negatively as inferior being and therefore subordinate to the pure ideal. Disembodied, masculinity is represented as reason; embodied, femininity is portrayed as affect. In Western culture this assimilation of ideas produces a monosexual monopoly where male desire, pleasure and satisfaction define sexuality and where women's sexuality is subsumed under a heterosexual banner. The frigid, non-orgasmic woman is considered sexually flawed. It is never considered that the ideal of male sexuality may not even bear a poor resemblance to, let alone 'be' her feminine sexuality.

The being-woman has been cancelled out by the authority of an ideal. For her, becoming-man is an impossibility. At best her subjectivity is constitutive of a parody of the ideal. How could 'woman' adopt male sexuality as her own? As with the unified idea of sexuality, any alternative conceptions of materiality are ruled out; in fact materiality, because of its links with 'woman' is devalued. This indication of the normative function of Western philosophy leads us to query woman's being except as chimera, impersonator, phantasm; a deficiency by which the masculine is defined. How can the completeness of the masculine as signifier be defined against the lack of the feminine?
The ideal of philosophy is “a singular model of subjectivity, one which is historically masculine” (Irigaray, 1995: 11). Philosophy’s concept of conformity to the phallic model and the misconceptions engendered by being-woman, cause Irigaray to address women on the subject of their representation: “[. . .] you believe that you are a reality, a singular truth, but you are only a relatively good copy of a perfect idea of yourself situated outside of yourself” (1995: 11). She sees women as creations of the twin forces of nature and culture. Irigaray explains cultural construction this way: “Now, children of culture signifies children of the idea, incarnations that conform, more or less, to the ideal model” (1995: 11). In other words the definition of ‘woman’ is always outside herself as befits an abject being. With the abandonment of the singular subject of philosophy, man, the way is open for the becoming of woman.

It is now possible to consider the question of becoming woman from the perspective of texts which are already engaged in this project. The main emphasis will be on Irigaray’s and Deleuze’s differing models of ‘becoming-woman’. Philosophy’s phallogocentric orientation excludes women and this is of concern to some feminist critical thinkers because women have been reduced because of this to a textual device.

Deleuze and becoming-woman

Deleuze’s notion of becoming-woman is decorporealized and gender free. Deleuze and Guattari seek a gender neutral becoming-woman which is subversive in that it undermines power relationships. They propose to negate power through an emphasis on affect which is aligned to the feminine. Their project is consistent with the type of thinking which Heidegger asserts should characterize philosophy; a thinking that expands knowledge by kindling and necessitating “all inquiries” and threatening “all values” (1961: 9).

Whereas sexual difference has traditionally been represented as lack and negation of the feminine, Deleuze and Guattari embrace difference as a positive analytic tool with multiple, nomadic thought as agent. Multiple, in the Deleuzean sense is a concept that “ceases to have any relation to the One as subject or object, natural or spiritual reality, image and world” (Deleuze and Guattari, 1994: 8). Multiplicity as used by Deleuze and Guattari, conveys “a certain status of the unconscious” (1994: 30) and is characterized by ceaseless variations at a relational level. Multiplicity therefore opposes dualism. It is libidinal, affective, composed of intensities and flows which provide “lines of flight or deterritorialization” (Deleuze and Guattari, 1994: 32). Lines of flight not only refer to means of escape but can also refer to “flowing, leaking, and disappearing into the distance” (Massumi, 1994: xvi) thereby transgressing boundaries.
It is these aspects of multiplicity which allow for a positive interpretation of the feminine which is liberated from the otherness of the unitary notion of the Same.

Multiplicity's libidinal nature divides it into "distinct qualitative and variable flows" (1994: 31). Deleuze states that the unconscious knows nothing of negation and multiplicity consequently does not "express lack but rather the positivity of the full body as support and prop" (1994: 31). This has important implications for the feminine defined as lack.

This concept of "difference without negation" ushers in the idea of positive difference which intensity, an element of difference, affirms (Deleuze, 1994: 234). Deleuze states that the negative aspect of difference is an inversion "which appears only with extensity and quality" (1994: 235). Extensity is two dimensional, possessing "the power of limitation" and "the power of opposition" (1994: 235). Furthermore, Deleuze sees extensity and quality as forms of generality and as such, elements of representation whose task "is to relate difference to the identical" (1994: 235). Representation inverts difference, making it negative, and subordinates it to identity (Deleuze, 1994: 235).

Deleuze perceives the feminine to be allied to language in so far as language can be considered the 'other' of thought. Just as the feminine is a precondition of the masculine, language is a precondition of thought. Deleuze develops a deliberate strategy of undermining normative thought. He maintains that thought which is innovative, diverse and multiple leads by way of multiple subjectivity to the death of the subject and the subsequent dissolution of identity. Throughout his critique of the subject, Deleuze puts forward a materialist view of human consciousness which sees the text as upholding the authority of the One thereby perpetuating hierarchy and power relationships. Deleuze, together with Guattari, maintains that the speaker is always a plurality; that a plurality of speaking subjects displaces the singular subject, and produces and recognizes positive difference (1994:3). Importantly for women, the cancellation of the hierarchical form of representation means that the masculine is no longer the privileged norm.

This decentres the phallic symbolic system, with the body no longer the support of the metaphysical phallus. The woman's body cannot then be seen as the symbolic lack in a phallocratic society, where difference has negative connotations which occlude women's libidinal desire.

Deleuze's conception of desire is that it is constructed: "Desire only exists when assembled or machined" (1993: 136). The assemblage which is composed of the
elements of multiplicity-intensity is the “integral process of desire” (1993: 140). Deleuze and Guattari describe the occurrence of desire as a multi-faceted assemblage which produces each time “continuums of intensities, combinations of fluxes, emissions of particles at variable speeds” (1993: 138).

Subject formation incapacitates desire and this is well illustrated in the denial of women’s right to enunciate their own libidinal desire but Deleuze maintains that each group or individual should construct their own desire from outside elements. Desire is a revolutionary process which provides resistance through its capacity to subvert subject formation. It is the creature of bodily components (oral, anal, genital etc.) in combination with assemblages and outside elements composed of blocks of present becoming, of childhood, of femininity and animality and “nothing of the memorial, the imaginary or the symbolic” (1993: 137).

For Deleuze and Guattari sexuality is not the infrastructure for desire nor is it constitutive of transformation, neutralization and sublimation. It is just one flux among many (Deleuze, 1993: 140), combining with other fluxes and energies according to the assemblage and coloured by the multiplicity of energies and fluxes involved (Deleuze, 1993: 141). It does not involve a binary formation of man and woman but a molecular becoming (1993: 141). A molecular becoming is the result of such intensity of feeling that there is a connection, a correspondence and a quality, which is not imitative of the subject (1993: 124): “A becoming is neither one nor two, nor the relation of the two; it is the in-between, the border or line of flight or descent running perpendicular to both” (Deleuze and Guattari, 1994: 293). It is a shared deterritorialization. Becoming is a paradox of infinite identity which “eludes the present” and “does not tolerate the separation or the distinction of before and after, or of past or future” (Deleuze, 1993: 39). It eludes the imposition of the Idea in that it contests simultaneously both the model and copy and enables “unlimited becoming” (Deleuze, 1993: 40).

Deleuze's social field has several organizing lines. Within this social field minority, regardless of the number represented, signifies marginalization. Deleuze distinguishes between a molar, sedentary majority system which is homogeneous and constant, and a molecular, nomadic, minority system, which is composed of a series of sub-systems. These sub-systems set in train a process which is compatible with becoming as defined by a series of transformations triggered by desire. Women are a minoritarian sub-system in Deleuze's social field. The molar entity of a woman is her form, organs and their functions and her reassignment as a subject: “Becoming-woman is not imitating this entity or even transforming oneself into it” (Deleuze, 1993: 124).
The problematic nature of becoming-woman appears to be that for Deleuze and Guattari, entry into culture is still through the appropriation and anonymity of women—or rather, in this case, women's consciousness, while at the same time recoding and de-essentializing the biological and gender inscriptions identifying 'woman'. This has the effect of maintaining the erasure of sexual difference. There is a presumption that desire and embodiment are symmetrical in male and female bodies. However Deleuze does concede that it is "indispensable for women to conduct a molar politics, with a view to winning back their own organism, their own history, their own subjectivity" (1993: 125).

Could it be that Deleuze and Guattari’s advocacy of polysexuality might not in fact be a differently formatted monosexuality, imbricated by becoming-woman? Is the price for the abolition of the sexual hierarchy which is implicit in a phallocentric culture too high? Woman qua woman is completely submerged in a sea of desire which abrogates the various experiences of embodiment marked by biological sex, race, class, age and disability.

Entry into the social field via becoming-woman means that an individual first inhabits the multiple, molecular ways of being. Molar and molecular are used in the Nietzschean sense of molar ideas being logocentric and molecular being defined as transgressive. Becoming-woman, in its alignment as molecular or transgressive, is considered to have revolutionary potential in that it is a way of exceeding the dialectical positions of majority/minority, majority being used by Deleuze in the sense of a standard with which to judge other quantities.

Deleuze’s appropriation of the feminine facilitates a redefinition of human consciousness which will destroy the power-base of dialectical thought which structures women’s 'otherness'. I think it is appropriate here, in view of Deleuze and Guattari’s appropriation of the feminine, to refer to a comment on the increasing metaphorization of women in philosophy. Braidotti sees this masculine penchant for the ‘feminine’ as having “no immediate or direct relationship to real life women as an effect of the crisis of modernity. It is a typically masculine attitude, which turns male disorders into feminine values” (1994: 124).

Deleuze exemplifies this in becoming-woman, as his intention is to theorize states of becoming rather than women. The becoming-woman is not specific to women but is all inclusive. Instead of a unisex position, Deleuze favours a multisexual structure by which women can adopt all the sexualities, “all manner of becomings” (1993: 36).
that have been denied them. This influences Deleuze's attitude towards feminism which, while positive, is critical of its espousal of a specifically feminine sexuality. This raises the question of whether there is such a thing as a specifically feminine sexuality - surely a universalizing notion.

In its emphasis on sexual difference, feminism does not exclude free positive desire; rather it subverts the normative function of heterosexuality which represents a monosexual model of male desire. Braidotti (1991) and Grosz (1994) find Deleuze's becoming-woman a source of both problematic and valuable strategies. Grosz challenges the indeterminacy of the body without organs which can in effect obliterate the embodiment and the difference of being a woman in a woman's body as opposed to being a woman in a man's body (1994: 173). She comments that it “is politically dangerous ground to walk on” but that it is worth the risk if new possibilities are to be discovered which will lead to the transformation of global “oppositions and macroscopic hierarchies” (1994: 173). There occurs a transformation from one form or state to another. These transitions from one state to another are the vehicles of desire (1994: 173) which for Deleuze and Guattari must be mediated by a third term to effect a connection with what is desired (Grosz, 1994: 174). It involves becoming the desired whether libidinal or otherwise. It is not unlike Zen Buddhism's becoming-arrow of the archer. The arrow traverses the intervening space, the in-between of the archer and the target and is the connection between the two. A particular transformation or becoming is that of becoming-woman.

The body without organs opposes the particular misuse of the female body in the definition of the male subject, using the materiality of the body “to fabricate opposable organisms” (Deleuze, 1993: 125). What is at stake is that the body without organs, through its molecular becomings, disrupts the organization of the molar body and, through its destabilization, deconstructs power's control of the disciplined, dichotomized body.

Deleuze cites the girl's body as the origin of this misappropriation of the body because it is the first to be stolen by her instrumental use as an object of desire. Furthermore, the boy is privileged in his possession of an organ which she lacks. It is because the girl's body has been used to provide the boy with a privileged position that Deleuze proposes becoming-girl as the mediating factor for becoming-woman:

The girl is like the block of becoming that remains contemporaneous to each opposable term, man, woman, child, adult. It is not the girl who becomes
woman; it is becoming-woman that produces the universal girl. (Deleuze, 1993: 126)

Grosz reads this passage as once again robbing the girl of her body, becoming for Deleuze and Guattari a metaphor for “a generalized and indeterminate in-betweenness, a transgressive movement in itself” (Grosz, 1994: 175). Becoming-woman effects the departicularizing of the girl’s body into energies, sexes, emissions, particles by inhabiting the spaces between dualisms of young, old, man and woman.

However, while it may obliterate sexual difference, the body without organs is of value in that it decorporealizes, departicularizes and interconnects bodies, thereby providing an exit or line of flight from dichotomous otherness. It presents opportunities for resistance in that the transformation which characterizes becoming-woman, renders the colonization of the body impossible. Equally impossible is the control exercised by normativity and the restrictive nature of a singular identity based on biological sex. While it enables the freedom for becomings not yet in fruition or even imagined, there is a price for women in that there is still no place of enunciation for her in the medley of becomings. It is important to remember Deleuze’s caveat that women must first exercise the political prerogative to articulate their specific corporeality.

**Irigaray and becoming-woman**

From this utopian vision of unfettered becomings begotten by a decorporealized body, I now move to encounters with a becoming-woman whose specificity is rooted in the materiality of the body and its subsequent sexual difference. It is through their bodies that women experience the world, their history, their sexuality and the irreducible difference of specific sexual organs which have been enlisted to mediate superior/inferior positioning in Western culture. It is their experience of embodiment which informs women’s response to their social milieu most particularly as it relates to the effects of sexual difference: “Whatever identifications are possible, one will never exactly fill the place of the other - the one is irreducible to the other” (Irigaray, 1994d: 171). So, while Braidotti acknowledges the Deleuzean concept of human consciousness “moving beyond gender dichotomies” as a new and remarkable concept, she wonders whether one of the consequences could be women’s erasure as agents of history (Braidotti, 1991: 119).

Irigaray, on the other hand, asserts that it is essential that gender be retained so that in their becoming, women are not enthralled by representations of the Same yet again, allowing others to represent them and name their future - if indeed it may be said
embodiment and subjectivity specific to woman would be submerged in the wave of becomings activated by the desiring-production of the body without organs, so too would be the masculine subject.

Irigaray is concerned that "women gain recognition for their difference" (1993: 46). If this process of women defining their feminine being is by-passed, the necessary conditions for becoming are absent. Whitford comments that Irigaray has articulated a warning "against displacing the male/female binary before the female side has acceded to identity and subjectivity" (Whitford, 1994: 13). Like Deleuze, Irigaray recognizes the necessity for revolution in thought but in her becoming-subject, Irigaray does not seek an alternative to a patriarchal symbolic system but acknowledgment that patriarchal and matriarchal symbolic systems should coexist in a non hierarchical duality. While I have already voiced my disquiet about the coercion inherent in universal symbolic systems and the negation of difference earlier in this Chapter, I understand Braidotti’s contention that subjectivity cannot be deconstructed unless it has been developed.

While it is possible to assert that becoming is gender specific, it is more. Embodiment encompasses more than gender specificity. It accommodates difference even within the same genders, encompassing as it does, and affected and influenced by, variables such as race, class, culture, age and disability. Each body has its specific history which diverges widely from others in the group. As Braidotti points out, woman is not “a monolithic essence . . . but rather the site of multiple, complex, and potentially contradictory sets of experience” (Braidotti, 1994: 123).

Irigaray employs “mimesis” as a subversive strategy which enables ‘woman’ “to recover the place of her exploitation by discourse” rather than reduce herself to her representation in discourse (1994c: 124). It thus makes deconstruction possible allowing a reversal of the phallic order and the disruption of “the self-representation of phallic desire in discourse” (Irigaray, 1994c: 125). Irigaray describes the disparate processes which engage the masculine and feminine within phallic desire where the feminine is erased by its reduction to copies of, or pretense to having the phallus (1992: 60).

If for phallic desire we read heterosexual desire, Irigaray demonstrates that women’s desires are subsumed under what is really masculine desire. Psychoanalysis would have it that desire is only made possible through a relationship with the father. This leaves women in a position of objects of desire and, accordingly, ignorant of both their desire and identity (Irigaray, 1994b: 52). As objects of desire, women acquire a
male-constructed identity wherein the universal, rational masculine subject becomes the basis of identity for both sexes.

This would indicate that an a priori female identity already exists which is the product of the masculine imaginary and as such, socially produced. Even though it is socially constructed, identity has become internalized as subjectivity and as such ‘naturalized’, to the extent that women experience difficulty in its subversion.

Irigaray sees the feminine world as qualitatively different from the masculine, with women's sexual difference evidenced in language, morphology, health and maternity-reproduction. Women also experience “more pronounced physical stages (puberty, loss of virginity, maternity, menopause) and require a subjective becoming which is far more complex than men's” (Irigaray, 1995: 13). Because of this complexity, Irigaray's political and ontological model would, of necessity, be the first strategical stage of becoming-woman, given women's historical position.

Irigaray's embodied concept of becoming-woman, which could more rightly be considered as a being-woman, might then be extended to adopt Deleuze's political transformation into a non-material becoming-woman. Both Irigaray and Deleuze agree that women articulate their sexual difference, desire and subjectivity as a matter of priority. It is only then that the espousal of the non-hierarchical, molecular, Deleuzian model could be considered appropriate.

Deleuze's gender neutral becoming-woman has the potential to erase women and produce, as a variation of the 'same', an indifference cultivated by the production of a multiplicity of sexualities. By disembodying sexual difference, the non-being of women in philosophical discourse would continue. In Braidotti’s view, Deleuze's error is the result of a failure to take into account “the historical and epistemological specificity of the female condition” (1994: 118). But then, according to Deleuze, extensity does not only operate as limitation but also as opposition so that the extension of becoming-woman to all sexes, ages and sexualities becomes, in turn, transgressive.

Braidotti reads Deleuze’s desire for the dissolution of the phallus as coming from a gender specific position. His model of becoming-woman can be seen as a male projection which has ignored the fact that, while it may be opportune to disempower the structures of masculine identification, it may be equally untimely to terminate or bypass the contemporary feminist project of redefining a subjectivity and sexuality specific to women (1994: 125).
Irigaray recognizes that sexual difference should reject a sexual difference that is predicated on an oppositional binary where the other is defined in relation to the masculine same. Rather she advocates the invention of woman as a new, alternative sex rather than the position woman has held as not-man. This project involves:

[... ] making the other stand out from the same, to the other (man or woman) of the one, not by becoming him or becoming like him, but by inventing myself as an autonomous and different subject. (Irigaray, 1995: 12)

What Irigaray advocates is to be considered not as other but as “an/other woman”, one that is not reducible to the masculine same. Irigaray believes that in the acknowledgment of two genders, each must be given equal validity. Woman’s oppression, domination and subjection can, according to Irigaray, only be solved within the acknowledgment of a sexual difference which does not equate with the same. Irigaray privileges two distinctly different genders seeing it as a way to escape the tyranny of the ideal, masculine same and to control what she calls the hierarchy of multiplicity or the many, ideas and practices which, though multiple, still conform to, and are facets of, “the ideal model” (Irigaray, 1995: 11).

Irigaray appears to have overlooked or ignored, in her insistence on binary sexual difference which sees each sex, though different, as the equal of the other, the inherent propensity for a normalising effect of two ideal models. Then, too, modernity has witnessed the undermining of rigid gender identities by such movements as Gay/Lesbian and Queer politics, although some interpretations of Queer as referring exclusively to gay/lesbian appears to replicate a yearning for the gender binary. Is it not possible that the establishment of two ontologically distinct genders might nevertheless continue the normative, disciplinary effect already applied through the use of sexuality in the control of bodies? Moira Gatens expresses a concern to “theorize human embodiment without losing the sexual, political or ethical particularity of different bodies”, and concludes that, while representation offers a unitary model, the human body is unrepresentable, contrary to popular belief and anatomy books, and any “particular image will be a selection from a continuum of differences” (1996a: vii).

While Irigaray can be read as essentialist, this has been disputed by feminists such as Grosz (1992) and Margaret Whitford (1994). Grosz explains that perceptions of Irigaray’s apparent essentialism are due to a misunderstanding of the sense in which Irigaray uses morphology. If morphology is read as biology then the charge of essentialism would be well grounded (1992: 113). However, Grosz maintains that
Irigaray does not conceive of bodies as biologically or anatomically driven but "the products of social inscription, always inherently social" (1992:112). Whitford, for her part, argues that the complexity of Irigaray's work is such that interpretations should be dynamic rather than fixed in single meanings. Whitford elaborates that essentialism itself can be regarded as a strategic position (1994:16). For my part, I interpret Irigaray's 'essentialism' as a textual device to counteract the positionality of the masculine same which sees the subject as essentially masculine and to locate the feminine body as a subject. Her propositions can be taken as counter readings to male theorists' readings of the feminine.

Deleuze advocates deterritorialization of the body through blocks of becoming - becoming-woman, becoming-child, becoming-animal - as a tactic to subvert the same. He is concerned that the binary machine may be internalized by women. In his endeavour to find modes of being which can resist power rather than produce it, Deleuze resorts to a model based on "the infinity of the modifications that are part of one another on this unique plane of life" rather than the repression of the multiple through the one and the suppression of difference through being (Deleuze and Guattari, 1994: 254). In this, Irigaray and Deleuze are in agreement, though they have chosen different modes of escape from the One. Compare Irigaray's statement "To get out from this all-powerful model of the one and the many, we must move on to the model of the two" (1995: 11) to Deleuze's: "The One expresses in a single meaning all of the multiple" (1994: 254). It allows the possibility of using Irigaray and Deleuze in conjunction, again with Deleuze's qualification, as I have suggested earlier in this Chapter, that the first priority is a place of enunciation for women (1994: 276).

Transformation of the material body

The possible transformation of the material body may be addressed by raising the question of the status of a body from which some organs have literally been removed. I am referring to women's bodies which have undergone surgical procedures which involve the removal of reproductive organs (womb, ovaries, fallopian tubes) and mammary glands (breasts). The medical profession has combined a preoccupation with women's sexual and reproductive organs with the function of gatekeepers and moral guardians of women's sexuality. As recently as the nineteenth century, lesbians were subjected to clitoridectomies and women who masturbated were cauterized (Shuttleworth, 1991; Matthews, 1992).
My concern with this issue is provoked by a cultural conflation of women with their reproductive functionality and/or their value as icons of male desire. What I would like to interrogate is how women who have undergone these procedures are positioned as ‘women’ vis-a-vis their representation in Western culture, for example, whether this positioning is responsible for the circulation of the myths which classify radically hysterectomized women as incapable of orgasm and post-menopausal women as asexual? In addition, how does this positioning influence the advice given to women who have undergone mastectomies, who are counselled that out of consideration for their partners, they should have prosthetic surgery to retain their femininity and desirability?

The majority of women who have undergone these procedures are older women. As they are no longer reproductive, the medical profession perceives them as lacking a need to retain these organs. At the same time there is an unwillingness to perform these procedures on younger women. A rating scale based on age appears to inform the medical profession. My question is what status as women do these women possess? Is not this a case of a corporeal deconstruction of the signifier ‘woman’? Is this not an example of the instability of the sign? If young, white, heterosexual, thin, middleclass women with bodily integrity are the ideal, the ‘real’ women, how is the minoritarian majority of women who do not fill this ideal to be classified? As the other of the other?

Desire is an attribute of the unconscious and a characteristic of Deleuze's dematerialized body without organs. Because desire in a Deleuzean sense is decorporealized, it is impossible to represent. Therefore there can be no representation of the ideal woman. This delegitimizes the lack of desire attributed to women who have had sexual organs surgically removed, because desire, in a Deleuzean sense, is not contingent on bodily organs. In Deleuzean terms, their bodies could be considered deterritorialized, no longer marked as other. Furthermore, as Deleuze does not privilege sexual desire, the control over the woman's body exercised through a prescriptive sexuality focused on the material body without (some) organs, is nullified in Deleuze’s decorporealized model.

Again a comparison can be made between women who have undergone the surgical excision of their reproductive and sexual organs with transsexuals who have undergone realignment surgery to remove genitalia. In the case of transsexuals, the procedure is undergone with gender performativity in mind, that gender being aligned with a prescribed biologically sexed body. They have felt trapped in a ‘wrong’ body. In
contrast the hysterectomized woman is considered sexually neutral, if not a neuter sex, but expected through her acculturation as a woman to continue to ‘pass’ as a woman. Although her body has been deterritorialized by the ‘dis-organization’ of her body, she is again reterritorialized by the social expectations of her habitus as woman. I would argue that in the case of the male to female transsexual, the production of a normative, physical becoming-woman has been the tendency through the internalization of gender norms. There has been a faithful replication of the gender criteria rather than a disruption of it, as is now proposed by some transsexual theorists such as Sandy Stone (1991). Many male to female transsexuals have adopted feminine identities which are submissive, subordinate and dependent, in an attempt to replicate ‘pure’ gender identity. Stone interprets this type of gender performance as "the image and the real mutually defining each other through the inscriptions and reading practices of late capitalism" (1991: 284). In discussing transsexuals' accounts of sex change, Stone has this to say:

All these authors replicate the stereotypical male account of the constitution of woman: Dress, makeup, and delicate fainting at the sight of blood. Each of these adventurers passes directly from one pole of sexual experience to the other. If there is any intervening space in the continuum of sexuality, it is invisible. (Stone, 1991: 289)

The experience of ‘becoming-woman’ for male to female transsexuals illustrates the constructed nature of criteria for a coherent sex, one which does not disrupt the legend of the right sex for the right body. As with ‘genetic’ or ‘true’ women, Stone finds the body of the transsexual “[a] hotly contested site of cultural inscription, a meaning machine for the production of the ideal type” (Stone, 1991 : 294).

While transsexuals have the potential to subvert the inscription of gender on specifically sexed bodies, that potential is foregone when they undergo gender realignment surgery to excise male genitalia and produce female characteristics. By doing so, the norms of sex and gender are reinforced. However, as a political act, some transsexuals are refusing to remodel their bodies thus destabilizing gender norms. Stone claims this refusal to be “implicated in physical norms” allows a diversity of embodied subjects to be “spread across a rich and complex structuration of identity and desire” (1991: 298).

Through surgery, it is possible to create the bodies that are desired, as in the case of the transsexual, or bodies that are deemed abject, as evidenced in often unnecessary surgical procedures carried out on older women, who are considered
'asexual' and unreproductive. To escape the totalization of the norms of gender identity, the individual needs to resist the identity of being a woman and explore the possibilities of a multiplicity of becomings that are possible.

Conclusion

According to Braidotti, the female subject has become ‘the site of political struggle’ at the moment of history which pinpoints the representation of Woman as "de-essentialized" and

[... ] available as a cultural construct that needs deconstructing. Woman therefore ceases to be the culturally dominant and prescriptive model of female subjectivity and turns instead into an identifiable topos of analysis. (1994b: 134)

The epigraph to this Chapter flagged the cultural construction of woman. This Chapter analyses the role of nature and culture in fashioning the normative ‘becoming-woman’ referred to by Simone de Beauvoir and described and critiqued by Matthews. It has made a comparison between Irigaray's corporeal becoming-woman and the ontology of sexual difference, and the politically decorporealized becoming-woman of Deleuze. It has also canvassed the intervening and transforming factors such as desire and subjectivity which account for the difference in being-woman and becoming-woman. Being-woman is aligned with normativity and the unattainability of the ideal, the Same, which stands for masculinity and monosexuality. Woman is associated with lack: of a masculine organ, of self-definition, of a specific sexuality, of desire, of a subject position. Becoming-woman is associated, in the Irigarayan and Deleuzian models, with change and challenge to the power of representation. It is to disrupt the symbolic system which represents the monosexual ideal and the otherness of ‘woman’.

A subject of investigation has been the meaning of ‘woman’ in the context of white, Western society. The Chapter has looked at models of becoming-woman which resist the state of being woman as not-man. Deleuze's decorporealized, 'free spirit' becoming-woman of all ages and sexes and the gender specific, embodied, Irigarayan becoming-woman have been considered, both for their strengths and weaknesses, as subversive models. The choice of transsexuals to become woman has been examined from the viewpoint that there is the potential to disrupt gender criteria. The conclusion is that this opportunity has largely been foregone by transsexuals who have shown a preference for conformity to cultural models of the normative being-woman. This choice precludes "the possibility of analyzing desire and motivational complexity in a
manner which adequately describes the multiple contradictions of individual lived experience" (Stone, 1991: 297). While the subject of transsexuality is not central to this thesis, transsexuals as representative of a conscious choice to become-woman, to become other, provide an illustration of the cultural overtones of being-woman and the manner in which society marginalizes and pathologizes contradictory identities. This is evidenced in overemphasis on some transsexuals' adherence to normative gender roles and their supervision by the medical profession.

Becoming-woman, depending on which model is adopted, normative or transgressive, has different outcomes for women. Both Braidotti and Grosz have emphasized that a change in consciousness is critical now that woman as cultural artefact is established. Deleuze's becoming-woman resists psychoanalytic theories of subjectivity and rejects the male/female binary, keeping in mind the reservations I have already expressed about Deleuze's gendered location as speaker.

While Irigaray's desire for a self-defined woman is valuable, there is a risk of the (re)production of an ideal woman which might replicate the power effects of the ideal man and perpetuate the gender binary and a different form of the same. Would this result in the creation of 'real' women on the basis of which non-conforming women could still be excluded and oppressed, this time by women? The potential is there. Who is to mediate the difference, how is it to be represented and by and for whom? If it is decided that sexual difference is the difference that will make the difference, will all sexual differences be included and have equal validity? Will it only apply to 'real' men and 'real' women and who is to measure this category?

The question is, according to Deleuze, "to know whether, under all these reflexive aspects, difference does not lose both its own concept and its own reality" (1994: 35). It is considerations such as these which recommend to me the Deleuzean becoming-woman in her/his/its nomadic existence.
Three

Maternal Bodies

Sure, I love the dear silver that shines in your hair
And the brow that's all furrowed and wrinkled with care,
I kiss the dear fingers so toil-worn for me
Oh, God bless you and keep you, Mother machree.

(Popular song in the 1930s-40s)

Whether intentionally or not this song, sung by an Irish tenor popular in the Irish-Australian household in which I grew up, described a cultural representation of motherhood and the maternal body as devoted and worn out. It imparted simultaneously the clear-cut message of dedication and self-sacrifice that is germane to the role of mother and the rewards of this devotion: to be loved by children, to be blessed and protected by God, to be socially approved. This elevation and representation of the maternal to an altruistic state of self-abnegation, naturalized and privileged the fulfilment of others' needs at the expense of women's own needs and desires. When internalized, the culturally constructed image of the maternal moulded women's subjectivity. What were the political implications of women's accommodation to this model and the resultant effects on subjectivity? The effect was a territorialization of women's bodies conflating women with the maternal which was controlled through the medical sciences, constructing a subjectivity that identified primarily with fulfilment of the maternal function. In this process, infertile bodies became marginalized bodies subject to abjection. Older women's bodies, through their inability to reproduce, were excluded from the sexual economy.

The political dimension of subjectivity is best investigated through the body because it is through the mediation of the body that experiences are perceived, senses aroused, desires realised, pleasures enjoyed, knowledges gained, pain endured. Bodies in this text embrace both the physiological, social and symbolic body and so
some effects of reproductive ideology in the control, commercialization, and ‘subjectivation’ of women’s bodies will be touched upon in this Chapter. Chapters One and Two have dealt with the body as cultural product and this production is integral to the process of subjectivation.

The connection between corporeality, representation and subjectivity is the basis for the examination of the maternal body in this Chapter and as such will feature Irigaray’s work as it relates to the maternal. The choice of Irigaray is based on her radical critique of the patriarchal position which conflates woman with the maternal. In a deconstruction of this position, she advocates a position of excess in which all women identify as maternal thus providing a displacement and disruption of the maternal.

The main argument of this Chapter is that the conflation of woman and the maternal has a negative impact on older women. Society perceives their unproductive bodies to be undesirable and asexual. I argue that the construction of older women as asexual results in an attitude which sees their sexual body parts (uterus, breasts) as a bodily excess and hence disposable. This asexual construction of older women also incites the desire to extend youth through interventions such as Hormone Replacement Therapy and cosmetic surgery. Normative constructions of the maternal are analysed for their regulatory effect on women’s bodies and subjectivities. Irigaray’s political project of using strategic essentialism to displace and denaturalize the maternal process is assessed as a liberatory process for all women. I suggest that Irigaray’s proposition of Woman as subject based on a model of sexual difference establishes a place of articulation for Woman while, at the same time, this proposition draws attention to universalism as an exclusionary practice. I make comparisons between Irigaray’s mimetic maternal and Deleuze and Guattari’s becomings and indicate their respective transgressive value as emancipatory practices for older women.

The normative conflation of woman with mother (Irigaray, 1992) is an important aspect in the formation of older women’s subjectivity. Whether or not they have actually experienced motherhood, they would have been affected by the normative equation of woman with the maternal. Older women’s bodies are distinguished by their departure from the Ideal of what it is to be a woman. How does this position older women in configurations of the feminine as maternal? Where in the spectrum of femininity is she situated? Biologically, symbolically and socially, older women are unrepresentative of ‘woman’. They are no longer fertile, are deemed to be asexual and are mostly not maidens. The inbuilt corporeal failure implicit in normative models of the
feminine are exemplified in the older woman's body. What effect has this on older women who are no longer fertile? Are they considered dysfunctional? What is the interrelationship between the older woman and society?

Older women's bodies disrupt the given symbolic systems that locate the feminine in the maternal. As they can no longer conceive, their status as 'real' women is questioned. No longer productive or reproductive, they are marginalized by these discursive frameworks. Theoretical pathways such as Luce Irigaray's disrupt the normative model of maternity and enable a renarration of modes of becoming for women. This separation of the maternal/feminine from 'woman' would allow older women space as women.

Some insight into the coding of the older woman's body as asexual is gained in the analogous attribution of asexuality to the maternal body. Both older women and pregnant women are generally perceived as asexual. Some understanding of the construction of the older woman as asexual may be gained by comparing the pregnant body with the older body. Irigaray's insistence on a renarration of women's bodies which separates them from the maternal/feminine suggests an equal urgency for recoding older women's bodies through a reinscription of their bodies as productive of desire. The feminist position of sexual difference as a place of enunciation of women as sexual beings, denied them in their conflation as maternal, impacts on older women in that recognition of difference allows them to attain a position from which to redefine themselves as desiring subjects.

Normative constructions of womanhood constitute many of the apparent deficiencies attributed to older women. Her departure from the normative model causes the older woman to be a transgressive, culturally unintelligible figure. The valorization of the maternal excludes older women as excessive to the feminine. Older women demonstrate their alienation by a denial of age because of the tension and lack of fit between representations of 'woman' and the physical realities of ageing. As a 'woman', an older woman becomes more alienated from her physiological body. Culturally, the norm, 'woman' is represented as young, white, thin, attractive, fertile. The older woman's body contests some, but not necessarily all of these designations of what a 'woman' 'is', which again may result in a desire to defer ageing through the use of drugs, exercise, cosmetic surgery and denial. Irigaray, in describing the consequences for women of the cultural imaginary of 'woman', unintentionally describes how an older woman is doubly absent, even less able to articulate her difference from this imaginary, let alone her deviation from the Ideal of the Same. The
impact this location 'elsewhere' has on older women is that she is absent because of her departure from the imaginary and is consequently "unable to articulate her difference. Thus she allows herself to be consumed again for new speculations, or thrown away as unfit for consumption" (Irigaray, 1992: 228). The older woman is both subject to new social speculations with her body being deemed undesirable and pathological and considered as unfit for sexual consumption. So while she is deterriorialized as an object of sex, the older woman is reterritorialized as an asexual, unproductive body.

Anatomy fails as a stable signifier of woman in more than one instance and menopause, where the older female body ceases menstruation and loses its reproductive capacity, constitutes her body as abnormal through the social significance of menstruation as a privileged site of "(normal) female bodies" (Gatens, 1996: 9). The cultural correlation of menstruation with the biological normality of women's bodies has the effect of confirming the alienation, the older woman, as a woman, may feel from her body. Menopause inscribes older women's bodies as doubly deficient because of their loss of desirability and fertility. It also contributes to a belief of the medical profession that wombs and breasts are excessive bodily parts not integral to older women's bodies, a belief which has contributed to high rates of unnecessary hysterectomies and mastectomies when alternative traditional and non-traditional therapies may be more appropriate. In a continuation of the control which biotechnology has already established over the maternal body, older women's bodies are seen as in need of intervention in the form of Hormone Replacement Therapy and screening programs for breast and uterine cancer and osteoporosis. While there are times when these interventions are both necessary, useful and life-saving, the tendency for non-discrimination in their exercise, and the unwanted and harmful side-effects that can eventuate, continue medicine's gate-keeping function in relation to women's bodies.

In the appropriation of the maternal/feminine body, desire for motherhood is manipulated in order to fulfil the state's need for citizens in the future. Although the period in which a woman is fertile may span a period of some thirty years, she may only bear children for a short period of that time, and sometimes not at all, but, having given birth, her primary definition is as a mother and grandmother - not nurse, professor, office worker, engineer, even though she may be qualified in any of these or other occupations.

However, the cultural representation of the maternal body is unstable, slipping between images of the Virgin Mother and images of the possessive and castrating
mother. On the one hand, the maternal body may be conceived as the sentimentalized Mother’s Day mother who is seen as self-sacrificing and devoted. On the other hand there is a cultural image of the tension-arousing possessive mother, a castrating mother, and in this image the mother’s body is not only the ‘dark continent’ but the forbidden territory.

Appropriation of the maternal

The reproductive functions of women are managed and supervised mainly through the medical profession and to a lesser degree, by the legal profession. In both professions, there is an over-representation of men. Margaret Mead comments that there is an investment for men in the appropriation of the reproductive function in that “men become men only by . . . taking over - as a collective group - the functions that women perform naturally” (Mead cited in Keller, 1990: 183). Mead continues that: “Man has hit upon a method of compensating himself for his basic inferiority . . . Women, it is true, make human beings, but only men can make men”.

There is no clear cut distinction between cultural and biological representations of the maternal, as biological phenomena are interpreted through a cultural overlay. This imbrication of the cultural and biological may become evident in an example from outside Western culture. Alphonso Lingis’ (1994) account of the Sambia in Foreign Bodies, referred to in Chapter One, illustrates how so-called natural processes can be overlaid with the culturally constructed. The Sambian interpretation of procreation is located at a distance from Western society’s culturally influenced approach to what is seen as a ‘natural’ event. The anthropological reading is gendered and doubtless culturally-loaded, with the male anthropologist, Gilbert Herdt, unable, because of taboo, to interview the Sambian women. Nevertheless, this account remains interesting in its articulation of a different construction of reproduction. The practices of the male Sambia are interpreted as a trope for childbirth. The penis substitutes for the breast, semen for breast milk. The semen is the nourishment necessary to produce strong bodies which grow into manhood and is considered necessary to ensure a plentiful supply of nourishing breast milk for the nursing mother. The need in Sambian culture is to produce, as in Western society, a particular type of body which meets societal needs, in this case the need for brave hunter-warriors.

The male appropriation of the reproductive role in Sambian society, while different, is however, no more constricting and controlling than Western society’s medicalization of childbirth and other biotechnological developments such as In Vitro Fertilization. While Sambian women are presented as shadow figures by male
anthropologists, partly because of taboos which preclude interviewing them, it is
arguable that another aspect of the Sambian women’s exclusion from the research could
be the male anthropologist’s fascination with the male appropriation of the maternal
function in Sambian culture.

The masculine appropriation of the maternal is evident in Western society in the
endeavour to ensure impregnation in the case of infertility through the use of new
reproductive technologies. This apparent ability to use technology to improve on
nature, to fill nature’s lack and to plumb nature’s secrets and the secret of life itself, has
made biotechnology and the biological sciences a powerful figure of male authority in
undermining “the revolutionary potential” of the “hystericized” woman “who would be
more than a reproductive body in the pay of the polis” (Irigaray, 1994a: 47).
Hystericization has been used to justify the analysis of the female body which has
resulted in the taking-in-charge of that same body by the medical profession. The
primary example of this hystericization, according to Foucault, was the mother “with
her negative image of ‘nervous woman’” (1990: 104). In this way, the domain of
reproduction underwent a phallocentric appropriation, with women occupying a
diminished role in relation to the male expert.

Cultural anxiety manifest as a preoccupation with reproduction has given rise to
an obsession with biotechnological interventions in pregnancy, childbirth and
infertility. Braidotti comments that women have been displaced by modern
biotechnology constructing procreation as a “high-tech affair” (1994a: 79). Though
termed “natural,” intervention still takes place in the form of episiotomies, inductions
and forcep deliveries and the occasional practice similar to bondage in the delivery
room, where a woman about to give birth is positioned on her back, her legs
spreadeagled and harnessed in stirrups by strangers she does not know. The term
confinement in relation to childbirth, indicates the reality of the woman taken in charge,
usually by a male obstetrician.

The gendered nature of Western society’s cultural preoccupation with, and
ambivalence to, maternal bodies is displayed by taking childbirth from the domain of
midwives and creating medical specialties, obstetrics and gynaecology, both dominated
by male doctors. These specialities concentrate on the health of women’s reproductive
organs during pregnancy, childbirth and throughout their lives. For older women, this
supervision and control by the medical profession continues in screening programs for
breasts, bones and hormonal levels, further alienating them from their bodies which are
marked unfit and liable to disease.
Within science-fiction, there are metaphorical representations of male pregnancy, in which male bodies have acted as hosts for alien life-forms which, when developed, gnaw their way out of the male body and in the process devour the host body. In a culture which privileges the specular and its use as an objectifying agent, it is logical that film and film makers should represent cultural attitudes, anxieties and neuroses. According to Mary Ann Doane (1986) the tenor of such science fiction films illustrates that it is not production that is at stake in our society but reproduction. This genre of films seeks to rework connections between “the maternal, history and representation” (1986: 175). Doane comments that the films obsessively circulate around the trauma attached to reproductive technologies and their power to destabilize maternal and paternal positions while they simultaneously deny this disruptive power (1986: 175).

The colonization of women’s bodies by the biological sciences and the law is currently being contested by feminists working in many disciplines. The sexually specific organs, such as the womb and ovaries, which relate to reproductive functioning were seen to ‘belong’ to husbands until comparatively recently. In the sixties and seventies, husbands still had to give permission for any medical intervention related to their wife’s reproductive organs and bodies. Resistance to the maternal imperative is reflected in the reluctance many women now have to experience motherhood, whether for political, environmental or personal reasons. But with resistance has come increased pressure for motherhood, both through the moral pressure of pro-life campaigners, the repeal in some countries of abortion rights and, more subtly, the promise of feeling ‘fulfilled’ as a woman, as if womanhood was reducible to motherhood.

A desire for male reproductive power, ‘womb-envy’, has resulted in an appropriation of the maternal in various areas. This is evident, for example, in medicine’s taking in charge of the maternal body; in the sciences, particularly those related to reproductive technology; in the replication of goods in factories, and of images in art, films and photography.

While the maternal body’s capacity to harbour another which lives and grows within it might be labelled monstrous because of this unique capacity, when man mimics reproduction, the products of his excess may be truly monstrous. Evelyn Fox Keller (1990) analyses the language used by scientists involved with the production of war weapons. This language, far from being a neutral scientific terminology, co-opts birth, sexual allusion and gender as scientific metaphors. Scientists, officials, and the public informed by the media described the A-bomb as ‘Oppenheimer’s baby’ and the
H-Bomb as 'Teller's Baby'. The weapons produced in secrecy followed the sexed metaphor of the product with reference to bombs with 'thrust' as boy bombs and the duds as girl bombs. Commenting on the significance of this cooption of language which normally refers to aspects of life, Keller notes that, when referring to death, it is not flesh and blood people who are the apparent object of concern but on the contrary, vulnerability, survival and fratricide refer to weapon systems while strategic advantage is gauged by "the number of 'surviving' warheads, independent of whether or not there are any human survivors" (Keller, 1990: 188-189).

The travesty which displaces life-affirming maternity with a death-dealing parody of that process, is less manifest in biomedical appropriations of maternity. Continued biotechnological advances, however, may allow birth in the future to take place without the woman's body being involved. The meaning of reproductive technologies must be considered in the light of the political and social context in which they are embedded (Sawicki, 1991: 73).

Christine Ewing remarks that reproductive technologies "reinforce a view that women must try everything in order to have a child and that biological parenthood is the only real way to parent" (1992: 11). But while reproductive technology is changing the current meanings of childbirth through new developments, I would now like to examine some of the originary maternal narratives which have influenced Western society.

Irigaray's use of mythology is based on the belief that it reflects dominant, cultural and historical concepts. Irigaray argues that religious mythology is an active force in representational thinking, particularly as it affects sexual difference. For Irigaray, myths are not secondary representations but, on the contrary, are "one of the principal expressions of what orders society at any given time" (1993: 24). To ignore myths is to ignore the cultural aspects of sexual difference. Irigaray concludes that regarding myths as incidental to history "leads to a partial, reductive, and fruitless conception of History" (Irigaray, 1993: 24).

In Irigaray's opinion male discourse is "structured in accordance with civil and religious norms that drastically reduce and transform reality" (1993: 28). The story of Adam and Eve has transformed the reality of evolution into creation in Western society. It constructs Eve as the prototypical woman and mother. Formed from Adam's rib, Eve gives the imprimatur of religious belief to 'woman' conceptualized as inferior man in
Freudian psychoanalysis. More importantly, through Eve, ‘woman’ has been constituted as part of, but not identical to the same.

Eve, who is portrayed in the Bible as morally weaker than Adam succumbs to the devil’s temptation in the Garden of Eden. It is Eve who makes the pact with Satan and then acts as mediatrix, persuading Adam to eat of the fruit of the Tree of Knowledge of Good and Evil. Thus we have a mythological origin for knowledge and its binary nature as good or evil. This transgression leads to Adam and Eve’s expulsion from Paradise and exposure to disease and death. This also constructs Woman as the cause of disease, death and suffering. Overlooked in the selective interpretation of the creation myth is the observation that God had found Adam lacking - it was “not good for man to be alone” (Genesis 2, verse 7) - and so created Eve. The story of Adam and Eve thus perpetuates and legitimizes Woman as destined to supply Man’s needs. This myth charts an authorized version of how the first man and woman acquired knowledge of sexuality; the legitimation of the binary model of knowledge, and the origin of disease and death. Because of her transgression, Eve, the first mother, endowed her daughters with a legacy of pain and suffering in childbirth. God’s words were: “I will greatly increase your pains in childbearing; with pain you will give birth to children” (Genesis 3, verse 16: 6).

Eve presents a transgressive model of womanhood in that she ate the forbidden fruit and was the agent for Adam's transgression. As such, Eve is an active participant rather than passive, docile and subordinate. A representation is needed to provide a model of docility as a counter to Eve, the sinner. This model is the redeeming figure of womanhood, the Virgin Mother, Mater Dolorosa, Mother of Sorrows, who is the receptacle for the divine Word made flesh. Motherhood is allied to divinity. In contrast to Eve, source of original sin, the Virgin Mary is stainless. The Immaculate Conception became a dogma of the Catholic Church in the nineteenth century: “The age that gave birth to modern feminism and psychoanalysis also officially consecrated femininity under the sign of a sacred Mother” (Jacobus, 1990: 21). Abel and Cain, the sons of Eve, personify good and evil whereas Christ, Mary’s Son, triumphs over death bestowing eternal life, a reversal of birth being the harbinger of death.

Mary was conceived without original sin and her virginal conception of Christ has led to an idealisation of the maternal as asexual. Mary as Mother of God is a sacred mother and so an asexual model of motherhood for women to emulate became idealized in culture. Irigaray speaks of how this ideal of purity affects a woman, robbing her of
her sexuality. Motherhood grants her social power to the extent that she is complicitous with her reduction to sexual impotence (Irigaray, 1991: 209).

In the garden of Eden, it was Satan who tempted Eve, the cause of man's downfall. At the Annunciation, the androgynous Angel Gabriel announces that Mary is to become the Mother of God, who will save all mankind, a case of what Mary Jacobus terms "apostrophic conception" (1990: 21), when the Divine Word became flesh. Mary without stain of sin provides a foil to Eve, the sinner, and as such is the basis on which to elevate motherhood.

However, the elevation of maternity finds the ultimate exemplification in the construction of Christ as lover and metaphorical mother (Ash, 1990: 83). Christ as metaphorical mother provides an example of the masculine appropriation of motherhood which is currently manifest in the medicalized childbirth. It is Christ's crucified body that has been interpreted as a metaphor for motherhood. His arms extended on the cross are likened to a mother's arms open to embrace and comfort her child (Ash, 1990: 84-85).

The intensity of suffering, compassion and love which devout Christians attribute to the crucified Christ appear to encapsulate Christ as becoming-mother. His body is not representative of the molar or actual body of a mother but the molecular body, the body without organs, from which flows an intensity of suffering, self-immolation, passion and love. The wounds on Christ's body are recoded as breast and womb. The becoming-mother of Christ maps the role for the ideal mother. Just as Christ's body provides spiritual nourishment for the faithful so does the body of the mother for her child. While Eve is created from Adam's rib, Christ's body is conceived of woman alone. To construct Christ as mother is to feminize Him but it is also to give an example of motherhood as one of total self-abnegation for the good of others. It is the ultimate appropriation of the maternal by the masculine, relegating Mary's role to a subordinate one. Christ's becoming-mother has the further effect of disrupting and destabilizing the distinction between maternity and paternity. Jennifer Ash explains that paternity had primacy in procreation according to Aristotle but that the Divine incarnation was wholly feminine from the mother, Mary, so that the Divine met with woman without masculine participation, so that "in its bleeding and its feeding the male body of Christ participated in the bodily functioning of the feminine and the maternal" (Ash, 1990: 90).
It has been Irigaray’s aim to dismantle the Aristotelian theory of procreation and within Western culture there already exists in the maternal body of Christ a powerful basis for its subversion. Mythology has links to representational thinking and serves as an indication of the lines of organization in society. The political dimensions of the becoming-mother of Christ reinforces the becoming-woman/becoming-mother, Christ being the transcendent maternal through whom individuals are ‘born again’. While this is a disruption of discourses of maternity/paternity, it privileges a male-defined maternal and withholds from women the right to articulate a maternal narrative of their own.

There is a lack in acknowledging the influence of religion on culture, according to Irigaray, who asserts that consequently it is possible to perpetuate these myths in everyday living (1993: 23). The projection of the maternal body in society is accompanied by anxieties which revolve around motherhood. Doubtless societal anxiety is aroused by the necessity for society to replicate itself but Irigaray sees a generalized masculinist anxiety projected in relations with the mother through disavowal of ‘the origin in the womb’, life and death, oedipal desire and entry into culture contingent on matricide (Irigaray, 1994d: 49).

**Horror of the maternal**

Irigaray maintains that the masculine dread of the mother’s body is manifested in a fear of her bodily fluids which ooze from the maternal body’s interior to its surface. The mother’s body instead of being a reassuring volume, exhibits a fluidity, “the flow of some shameful liquid” which resists containment (1992: 237) and is therefore uncontrollable. These fluids are also properties of the reproductive capacities of the maternal body.

Having escaped from the amniotic fluid which surrounded him in the womb, ‘man’ fears being again encapsulated in fluids and displaces that fear onto woman and contact with her leakages, “that shapeless flux that dampens, soaks, floods” (Irigaray, 1992: 238). Perhaps there is an association of mortality with post-partum bleeding because leakage of blood from the body often signifies imminent death while mortality is contingent on entry into life.

The question of difference from the same evokes attitudes which sanction any departure from the norm. When this occurs in bodily functions, shapes and sizes, people displaying unusual characteristics are treated as freaks and monsters. In a chapter which explores the theme, Mothers, Monsters and Machines, Braidotti argues that because difference is conceptualized as negative and is referred to pejoratively in
nature, a similarity can be construed between the monstrous and the feminine. Braidotti reasons that this logic is not an irrational aberration but a tightly constructed system that requires a negative view of difference to order to promote a positive opinion of the norm (Braidotti, 1994a: 80).

It is in the sense of feminine difference that Rosi Braidotti describes the maternal as monstrous. Braidotti uses the work of Georges Canguilhem and Foucault to study the manner in which the normal, the pathological, the normative and the transgressive interact in western philosophy (1994a: 83). Canguilhem sees the theory of monstrosity as having epistemological roots in reproduction and origins. This allows Braidotti to link woman/mother with the monstrous designated by her excess to the masculine, her phallic lack and her displacement by the Law of the Father. The Latin root of monster is monstrare, to show, and during pregnancy the changes in bodily shape are referred to in everyday language as ‘beginning to show’. Then again at the commencement of labour, there is often a ‘show’ of blood, sometimes followed by the breaking of the waters. Both of these occurrences are radically different from anything experienced by the male body, as is the pregnant body itself: “Woman/mother is monstrous by excess; she transcends established norms and transgresses boundaries” (Braidotti, 1994a: 83).

The capacity of the mother’s body to bear life, change shape and again resume its original shape, transgresses the boundaries of the ‘normal’ (male) body and raises anxiety, says Irigaray, by the property of fluidity in the female body. One of the fluids, blood, shed both in menstrual and post-partum bleeding, has significance in that it departs from the norm (the male body). Culturally, blood has been prized because of what it signifies, and feared when it is shed because it can be a source of contagion, weakness and death. Foucault mentions that blood and sex were closely aligned in the mid-eighteenth century (1990: 148; 149). The nobility asserted that their blue blood was a special characteristic of their bodies. This blue blood was protected by matrimonial alliances. The nineteenth century bourgeoisie on the other hand adopted the theme of blood lines but through the use of biological, medical and eugenic principles in a "society of ‘sanguinity’ - where power spoke through blood" (Foucault, 1990: 147). Foucault speaks about the analytics of sexuality and the symbolics of blood which, through an obsession with its purity, gave rise to racism and resulted in terms such as bad blood, mixed blood and bloodbath. There were rituals based on commingling of blood where men became blood brothers, close relatives were known as blood relations and virility was described as red-blooded. The outcome of this preoccupation with sanguinity was a disciplinary power wielded over sexuality in order
to protect the purity of blood which was enveloped “by a long series of permanent interventions at the level of the body, conduct, health and everyday life” (Foucault, 1990: 149). What must then appear in the woman as an uncontrolled shedding of a precious substance is a radical bodily departure from the social standard which sets such significance on blood.

In contrast to this obsession with racial purity based on ‘fantasies of blood,’ the bleeding which accompanies menstruation and childbirth is considered contaminated and contaminating. It signifies a breakdown of the solid, unified object and a mortal threat. In Europe and Australia, mothers were once required to undergo a purification ceremony called ‘churching,’ after giving birth, before they were allowed into a church and there is the cross-cultural phenomenon of menstrual women being banned from places of worship. Irigaray sees the male subject’s identification with volume as resulting in a perception of everything “flowing” as abhorrent because he feels that bodily fluids “threaten to deform, propagate, evaporate, consume him, to flow out of him and into another who cannot be easily held on to” (Irigaray, 1992: 237).

It is a cessation of menstrual blood that heralds the maternal body’s ability to tolerate “the other’s growth within itself without incurring illness or death for either one of the living organisms” (Irigaray, 1993: 45). On the other hand, the cessation of menstruation can signal the end of a woman’s reproductive years. The effects of these cessations of menstruation differ widely. Providing it is within institutional parameters, the first instance which heralds pregnancy, generally meets with social approval, while the second instance has a culturally negative interpretation which is not necessarily the specific view of the event held by the individual older woman.

Commodification of the maternal

Currently, the meaning and definition of maternity, itself a contested area, is further destabilized by the advent of surrogacy, in vitro fertilization, the storage of ova, sperm donation and the associated economic and legal practices which arise as a result. The historically contingent nature of maternity is illustrated by looking at the emergence in the last two centuries of the politicization of the maternal.

Foucault identified the emergence of a discourse about the growth and control of population in the eighteenth century as an economic and political problem which gave rise to a technique of power that targeted the regulation of sex as a means to provide wealth, manpower, growth and the utilization of resources (1990: 25). One result of sexual politics was that four strategic processes were formed which provided
“specific mechanisms of knowledge and power centering on sex” (1990: 103). Despite Foucault’s observation that there is no one encompassing strategy, that sex as a strategy has heterogeneous forms and that it is impossible to reduce it to its reproductive and adult function, he identified two strategies which were specific to women and the maternal function. These two strategies which ensured women’s compliance and usefulness in the supply and control of populations, were the “hysterization of women’s bodies” and “a socialization of procreative behaviour” (Foucault, 1990: 104-105). At the same time as women occupied an essential position of supply and production in the economy of population, a politics of population in which men dominated the public arena of government, administration, industry, and science and medicine undermined any power which might accrue to women from their vital role as childbearers. Yet mothers were still seen fit to be entrusted with the socialisation of offspring.

The “hysterization of women’s bodies” constructed the feminine body as characterised by an excessive sexuality which necessitated its integration into the medical field by virtue of its pathological nature. Woman as mother had the responsibility to ensure a regulated fertility, the functioning of the family as a social unit and its well-being (Foucault, 1990: 104). To this was added a “socialization of procreative behavior” which involved economic, political and medical socialization. Economic socialization aimed to normalize fertility through pleasures and prohibitions, for instance, the belief in the joy and fulfilment that motherhood brings but the social sanction against bearing children outside of marriage. At the same time political socialization of procreative behavior ensured a responsibility to respond to the social body’s need to either increase or decrease family size as simultaneously, medical practices were involved in birth control, pregnancy and delivery of infants (Foucault, 1990: 104-105). In this manner, women’s bodies and sexuality became thoroughly controlled by regulatory practices.

The control of bodies through sexuality was to see the development in the nineteenth century of two branches of knowledge in regard to sex: one dealt with the scientific control of reproductive biology and the second, “a medicine of sex conforming to quite different rules of formation” (Foucault, 1990: 54). In this way, sexuality was produced. Sexuality, in a Foucauldian context is a heterogeneous assemblage of desires, pleasures, discourses, knowledges, interdictions and resistances which are socially produced (Foucault, 1990: 106).
Foucault and Irigaray would agree that in modern societies, reproduction has been reduced to a function. Irigaray sees women as having a twofold economic function: one of exchange value between men and the other the very foundation of the economy, the unit of trade being the child (Irigaray, 1992: 237). In a culture marked by production/consumption, it is the woman who provides the raw materials, the bodies of the producer/consumer, the perfect machine. A capitalist society is characterized by control over the means of production and it is through the biological sciences that women are controlled and a regimen instituted by which their value is appropriated. Irigaray and Foucault both note that subordination is crucial to the economic value of the body as a source of labour. Need becomes a skillfully manipulated political tool. The body’s usefulness to society is judged by its productivity and subjection (Foucault, 1979: 25-26).

The recent commodification of babies and motherhood as contractual reproductive labour heralds a baby market. There coexists a situation of paid and unpaid reproduction, both exploitative: underpaid in the case of surrogacy and unpaid in the case of ‘normal’ maternity. In her Marxist analysis of the politics of reproduction, Weinbaum comments that reproductive labour in the present historical context is perceived as social labour and as such women worldwide are producing babies for the market economy “alongside other domestic products and imports” (1994: 99).

An industry has arisen through a commodification of eggs, wombs, embryos. In an age of effective and accessible contraception, there is a corresponding pressure for women to reproduce “within the ideological rubric of the nuclear family”. Fertility clinics and IVF programs are responsible for a renewed incitement to embrace motherhood and the accompanying consumption. The medical industry incites infertile women to pay for the use of fertility technologies by the use of the essentialist argument of “woman’s maternal essence” (Weinbaum, 1994: 99). This argument places infertile women in a position where they cannot conscientiously choose not to pay for the scientific expertise and medical procedures that will transform them into mothers (Weinbaum, 1994: 99). It is this heavy emphasis on the social and commercial value of the maternal body which impacts on the older woman’s unproductive body, apparently robbing that body of its ‘inherent’ value and social usefulness.
"But if mothers could be women . . ."

Motherhood has so far been described as a function, a market commodity, a metaphor, as asexual, as a war weapon. It has been conflated with womanhood, thereby excluding women who are not mothers either by choice or infertility. Irigaray raises the pertinent suggestion: "But if mothers could be women . . ." (1994c:52). If a reversal were to take place where, instead of women being mothers, mothers could be women and women could be autonomous, the existing cultural values which disallow the recognition of sexual difference would be nullified. If the representation of femininity as a reflection of alterity to masculinity is recognised not as "logically or biologically given" but as "an effect of patriarchal power relations" (Gross, 1986: 4), then women could become women. I will begin with Irigaray's analysis of the maternal as the first step in her understanding of how women might become women.

Irigaray asks what is a mother. She describes a mother as conformist, without a language of her own and lacking in identity. Irigaray queries whether the possibility exists for daughters to relate to someone who has been reduced to a function in the phallic economy (Irigaray, 1994c: 50). The maternal function is first of all normative in that it complies with the masculine imaginary of the feminine and serves as a regulatory practice. It is for this reason that daughters find difficulty relating to their mothers and the mode of femininity which mothers represent. This mode requires that women be docile, sexually passive, reproductive, asexual and at the same time nurturing and self-abnegating. In this role women satisfy the desires of others while denied access to their own desire (Irigaray, 1994c: 51). Compliance with this representation results in the metaphorical death of the mother. Irigaray draws a dramatic picture of woman, torn apart, fragmented in the service of a phallic economy which aims to "spawn more and more offspring to occupy, saturate, and exploit to its own profit the productiveness of this gap, this nothing" (Irigaray, 1992: 240).

For Irigaray, the conflation of woman as mother excludes woman qua woman and is tantamount to death because of the lack of a woman-defined sexuality and subjectivity. She concludes that an exact adherence by women to the normative ideal of the maternal body reproduces a sex which is fetishized and phallomorphic (Irigaray, 1992: 229).

Irigaray concludes that Freud's assessment of the woman's sexual function supports the phallic order in its reduction of the feminine to sexual passivity and reproduction (Irigaray, 1992: 18). Irigaray criticizes the absence of a female imaginary
and critiques the maternal role as one in which the woman competes with men for power in the phallic economy. Irigaray utilizes philosophy, religion and Greek mythology in her search for the basis of societal attitudes which conflate women with maternity. She declares that “The man-god-father killed the mother in order to take power” and that the social order depends on women’s compliance (Irigaray, 1994c: 47).

Irigaray signals here that while maternity may be the foundation of the social order, it also has a gatekeeping function for women. It provides a rationale for the application of power in the control of the woman’s body. This appropriation of the woman’s body is judged necessary to ensure and perpetuate the social order’s reproduction. The transcendence of the masculine is unchallenged by the absence and silence of a feminine imaginary (Irigaray, 1992: 265).

**Irigaray’s revalorization of the maternal**

Irigaray canvasses the maternal as a potential site for resistance and urges a strategy of critical mime in which all women adopt this coding of their bodies as maternal. She stipulates a separation of the maternal from maternity. Because it embraces and encodes all women’s bodies, this strategy recodes the maternal through an excess which removes it from the field of biologism to the psycho-social field of morphology. Irigaray’s use of the maternal is as mimetic matrix. Weinbaum interprets this strategy as concerned with the alteration of subjectivity and ensuing relationships between subjects rather than an essentialist device (1994: 106-107).

Irigaray uses women’s biology to undermine the solidity of their bodies by the introduction of a fluid economy of menstrual blood, colostrum and breast milk. If this fluidity replaces the solid surface of the body, it is impossible to maintain bodily control, for liquids such as menstrual flow, breast milk, vaginal secretions ooze from apertures in the body and overflow its boundaries. These flows are impossible to inscribe for they have no surface and cannot be contained. Moreover fluids respond to intensities of feeling evoked by passion, pleasure, fear and grief, and the ebb and flow of natural cycles rather than bodily control. The sound of a baby’s cry causes milk to flow through the nipples even though the mother is not breast feeding. The maternal body through its fluid properties signals bodily resistance to the masculine representation of the body as volume. Irigaray comments that this resistance of the maternal body through its bodily functions is still subject to masculinity’s investment in "indifference" (Irigaray, 1992: 228).
Irigaray has already signalled a "flood that could shake the social order" (1994c: 47). It is her way of suggesting that another symbolic order, a more fluid approach, rather than the metaphysical 'hard-on' of the phallic symbolic, might disrupt the present social order; a new order in which there would be no need for the daughter to deny the mother and where there would be a possibility of a maternal genealogy and a different subjectivity. Irigaray contends that under the present social order there is a rift between mothers and daughters occasioned by the difficulty experienced by daughters in relating to their mothers who have embraced, as a condition of holding power, the masculine-defined maternal. With a change to a maternal genealogy, and a corresponding shift in subjectivity, Irigaray argues that the tension between mothers and daughters would dissolve. The mother-daughter relationship which is a derivative of the phallic maternal is of its 'ideal' nature, pathological. To renarrativize this relationship requires a shift from an objectified position to a relationship between two subjects, a relationship of reciprocity between mother and daughter, rather than a power relationship (Irigaray, 1994c: 50).

The necessity for change is signalled by young women who refuse, in Irigaray's terms, "an exclusive subjection to motherhood" or "being reduced to male identity" (1993: 135). The model of the phallic mother is unacceptable to young women who, rather than being reduced to a function, may prefer, instead, to explore the potential expressed in the hysterical's desire to exceed the maternal and become living, loving women (Irigaray, 1994c: 47-48).

Weinbaum maintains that Irigaray sees science as "an important and powerful coding system, one that allows women to stake a claim in the highly politicized struggle to define the body" (1994: 118). Irigaray explains the relation between the biology/culture divide and judges it a shortcoming of feminism to deny the interrelationship, maintaining that the divide is ill thought out. Because biology has been used to exploit women, there is a need, in Irigaray's view, to explore the relation between biology and culture. (1993: 46).

Irigaray demonstrates how biology provides an example of how two separate beings can exist in a relationship which is respectful of the life of each other. She uses the placenta as a metaphor for the negotiation between self and other. The placenta is produced as a result of the mother's recognition of the other, the non-self, the embryo in her womb. Irigaray expands on this to illustrate how this recognition of the other demonstrates the limitations of relationships between the sexes where the emphasis is on fusion into the one and same. Irigaray concludes from the feminist biologist, Helene
Rouch's study of the placenta that, through the mediation of the placenta which separates two lives, a mutually beneficial relationship is established. In this way the debt to the mother, the enveloping other who nurtures another life, can be acknowledged rather than denied.

While Irigaray concentrates on morphology as a strategic device to deterritorialize women's bodies, there is no trace of the specifically maternal flows in older women's bodies. Instead there is a bodily resistance in the drying-up of menstrual flows and vaginal secretions which, in turn, evokes changes in subjectivity. I would argue that, for the older woman, deterritorialization of her body would correspond more to the affective flows of the body without organs. The older woman's subversion consists in slipping between the lines of rigid stratification occasioned by dualistic thinking. The older woman is in a position to replace the molar ideal model of the maternal by experimentation with Irigaray's mimetic model. It is possible then for the older woman to participate in a subversive molecular becoming-maternal using more supple lines of segmentarity which "trace out modifications" and make detours (Deleuze, 1993: 225). In these detours the line of escape detaches itself from both the rigid and molecular lines of segmentarity (Deleuze, 1993: 226). It is the line which ruptures both the normative and Irigarayan model of the maternal. The older woman's decorporealized becoming-maternal subverts the power of the normative model and succeeds in disrupting the maternal/feminine.

Critique of Irigaray

The current feminist debate on maternity is mostly concerned with medico-legal issues surrounding surrogacy, baby brokerage (agencies which for a price arrange a surrogate mother), IVF interventions and multiple births, test-tube babies, the cottage industry arising out of the rent-a-womb boom, abortion and home births. Added to this is the issue of surrogate mothers who receive monetary compensation (often totally inadequate) for producing babies on demand vis-à-vis mothers who produce babies within or, in the case of single mothers, outside the family unit, whose compensation is in the social field of relationship to and interaction with the baby.

For maternity within the phallic mode there is the power, approval and status for those who produce a valued product. However it is evident that not all mothers enjoy the same status. For example single, lesbian and surrogate mothers, and mothers judged 'unfit' because of a perceived lack of mothering skills, do not receive the same approval rating as women who become mothers within the institution of marriage. The
status of working mothers, who were once socially disapproved, has changed with a market economy which necessitates double income families. Working mothers occupy an in-between area in a maternal hierarchy somewhere between social approval and disapproval, a position they share with mothers of large families. These issues are complex and deserve attention; however, my intention is to note rather than deal with these issues as my focus is on the effects of maternal embodiment.

I have indicated already that inequality exists within the maternal paradigm, and I have not touched on issues of race, class, age (as in teenage pregnancies or pregnancies in women over forty) and disability. What effect would Irigaray’s strategy of maternal mimesis have upon Aboriginal mothers whose children were forcibly placed in government and religious institutions? The ideal mother is, of course, the middle class mother. Working-class mothers who were the sole breadwinners or needed to supplement the family income by working were deemed to produce delinquent children because the children were sometimes left unsupervised. Childcare centres in the fifties and sixties were practically non-existent and were unaffordable for many mothers who needed to work but the mothers were nevertheless held to blame for their children’s lack of supervision. The social connotations can be gauged with changing economic times bringing with them changing attitudes to working mothers.

The political import of these normative issues located in the field of social relations makes Irigaray’s textual strategy of mimetic representation of woman as maternal a problem and while it may be reductive to compare physical social conditions with theoretical strategies, I am convinced that it is important to test the viability of such strategies, particularly as Irigaray uses ‘strategic essentialism’ in her advocacy of the adoption of the maternal as a figuration of the feminine. Should feminists engage in practices which, themselves, might be construed as exclusionary? On the other hand, is this Irigaray’s intention? Could it be that Irigaray, by urging all women to embrace the maternal, is in fact demonstrating the absurdity of the phallocentric conflation of woman with the maternal? Then again, is it a strategy which focuses on the universal as an impossible position?

Irigaray uses the maternal as a subversive strategy, urging that all women rethink the maternal, not as separate from the mother’s body but connected, in that all women are daughters, making it immaterial whether or not they have given birth. She is looking at the effects of connections, at connections between mothers and daughters, which result in an intensity of feeling — what Deleuze would label an event. Irigaray defends her alliance of biology and theory on the grounds that difficulty in obtaining
women's rights results from a poorly thought out connection between biology and culture. However, the list of maternal bodies which I have used to indicate differences specific to maternal bodies raises the doubt as to whether this strategy might be constitutive of a power which itself has the potential to become exclusionary.

But maternal mimesis is only one of Irigaray's strategies. Irigaray's concept of two sexes with each sex equal, autonomous, self-defined, non-oppositional and with no hint of master/servant relationship is a project intended to undermine the current mono-sexual culture (1995: 19) Woman as other has been the other of the masculine Same but, Irigaray's seeks to create an/other subject who is "irreducible to the masculine subject and sharing equivalent dignity" (1995: 8). Irigaray's advocacy is predicated on difference and is not an adoption of "a masculine choice of subject -object relations" but "a feminine choice of subject-subject relations" (1995: 16). Uppermost is Irigaray's desire to focus on the difference rather than the sameness of the other which marks the irreducibility of the one to the other (1995: 18). I see this project as compatible with Deleuze and Guattari's advice for women to establish a political position as subject before engaging in a subsversive becoming-woman

Irigaray's attempt to create a new sex emphasizes positive difference and is in opposition to a monosexual culture (Whitford, 1994: 17). In her earlier writing, Irigaray acknowledges difference between male and female desire and pleasure when she comments on woman's "dazzling multifaceted difference" (Irigaray, 1992: 239). Again, it has been argued by Naomi Schor, that Irigaray's work theorizes difference as positivity not a difference which results in the objectification of the other. (1994: 65). Schor continues that both the universalism of the Same and negative difference are oppressive to women and that Irigaray undertakes to provide both a positive model of difference and undermine universalism (1994: 65). The shortcomings of a universal model of the feminine is a problem arising from identity politics, which has already received attention from feminists, particularly those of colour.

Irigaray's project to provide a feminine subject appears to conflict with Butler's reservations about the concept of Woman as the subject of feminism. Butler's point is that the strategic position of feminists who endeavour to provide a universal model of woman is itself a product and effect "of a given version of representational politics" (1990: 2). She argues that the subject is being constituted by the very political movement which is supposed to emancipate women. Woman as subject is self-defeating if the framework of these emancipatory strategies in turn, produce subjects that are "gendered along a differential axis of domination" (Butler, 1990: 2). However,
Irigaray’s proposition is not representational but emancipatory. It is based on the recognition of a qualitative difference from the masculine other. Irigaray calls this a relinquishment of a “singular or plural being” in favour of “dual being” which she sees as an ontology for a new politics which recognizes the other as not the same (1995: 19). While difference among and between women may appear to be contained within the model of woman as different to the same, again the recognition of positive difference does not lead to the exclusion of differing forms of feminine being in which there is a subsumption of the other, but to a subject to subject relationship.

In her earlier work, Irigaray asserts that woman and mother are represented differently and attributes desire to both. However, she has also argued that the mother relinquishes desire when she positions herself as a phallic mother who reproduces copies of the Same. Irigaray wishes to replace the phallic maternal with a positive model of woman experiencing herself as both woman and mother with neither collapsed into the other. Her pleasure then can be experienced in many of her bodily parts. However, if a woman succumbs to being “collected into one volume”, she will experience merely the pleasure of conformity rather than that of heterogeneity (Irigaray, 1992: 239).

While woman-as-mother has a predominant role in western culture, it is not a singular model even within this culture. In popular culture there are depictions of women which conform to an idealized maternal; the hystericalized woman "saturated with sex", a totally unreliable figure; woman as fetish; woman as lack; woman of colour; the liberated woman; the career woman; the housewife. According to Butler, what emerges is a doubt as to the liberatory practice which a representation of woman provides because “it becomes impossible to separate out ‘gender’ from the political and cultural intersections in which it is invariably produced and maintained” (Butler, 1990: 3). However, Irigaray has engaged in a radical critique of representational politics with Woman as unrepresentable already recognised (Butler, 1990: 9).

Irigaray's articulation of the mimetic maternal is a morphological rather than a biological interpretation. Her morphological interpretation of the body subverts the biological body, dealing as it does with the creation of woman as a subject with agency, self-definition and desire. But if women masquerade as the maternal, might not the mimicry of the representational appropriation of women's bodies reinforce rather than subvert the phallic maternal? Would all women accept the superimposed maternal? So while feminist politics contests women's lack of self-representation, feminism may,
once it has provided the legitimacy of a speaking position look for ‘lines of escape’, which will obviate a replication of the phallic model.

Lines of flight - The witch’s broom

What would it mean to interpret Irigaray’s notion of the maternal as a molecular becoming-maternal? In that it would be an anorganic maternal, which it already is, and would exceed the molar, organic maternal body, which it already does, it would have an affinity with Deleuzean becomings which, through their molecular composition, are unrepresentable. Apart from obviating the problems associated with representation such as misrepresentation, co-optation and exclusion, it would add a new dimension to Irigaray’s work with which it is compatible, in that it would fulfil her aspirations for woman as subject and for women to access their multi-faceted desires and pleasures. Becoming-maternal might be extended to becoming-woman through serial becomings where molecular women slip through, under and between the cultural perception of Woman as maternal. Irigaray’s description of the impossibility of confining woman to a unitary notion closely approximates Deleuze/Guattari’s concept of the body without organs which desire invests. Her morphology allows her “continually to become something else” for nothing “can complete the development of woman's desire” (Irigaray, 1992: 229).

While it might be argued that women are imperceptible through the present lack and impossibility of self-representation, this strategy of adopting a becoming-maternal, an affective ‘body’ composed of fluxes and intensities of desire is a strategy which resists a reversion to the colonization and/or exclusion of women which stable representations might allow. It is still, however, governed by the prior necessity for a position of articulation for women and a recognition of sexual difference both of which are consistent with Irigaray’s project.

Irigaray’s mimetic maternal would appear to be politically unviable in that it ignores the possibility of the refusal of the maternal model on behalf of some individuals but if the mimetic maternal is transformed into a molecular becoming-maternal in a Deleuzean sense, it becomes an inclusive position. If it is true that “every identification, precisely because it has a phantasm as its ideal, is bound to fail” (Butler, 1990: 55), could not Irigaray’s phantasmatic maternal be subject to the same failure? Butler maintains that the symbolic’s claim to cultural intelligibility, predicated on the injunction to become sexed in specific ways, is characterized by inbuilt failure and demonstrates the phantasmatic nature of sexual identity. However, though Irigaray
apparently has engaged in a molar confrontation which has reduced the complexity of women's subjectivity, she states her project as being:

To reintroduce the values of desire, pain, joy, the body. Living values. Not discourses of mastery, which are in a way dead discourses, a dead grid imposed upon the living. (1994: 51)

In this we see her intentions are not to produce a dominant inscription of womanhood but to espouse instead living values, molecular becomings which through their fluidity and intensity are responsible for both bodily and consequently subjective changes.

**Becoming-woman as an extension of Irigaray**

So how might an application of Deleuze and Guattari's becoming-woman extend Irigaray's project? Initially, it might be interpreted as a continued submersion and appropriation of the feminine by the masculine but Deleuze and Guattari make a distinction between corporeal woman "endowed with organs and functions" (molar woman), and becoming-woman (molecular woman) who "is not imitating this entity or even transforming oneself into it" (1994: 275).

They acknowledge the importance of the feminist political project of reclaiming the female body as the site of articulation but warn that it is dangerous to confine oneself to such a project; that to do so would result in an arid duality which would see liberation still mired in the masculine paradigm (Deleuze and Guattari, 1994: 276).

Deleuze and Guattari warn that to downplay the "binary machine", to overlook its power, will not extricate us from it. The strategy they use to counter the deliberate use of the body as a locus of power is the body without organs. According to Deleuze and Guattari, the body has been subjugated by setting body against body, organ against organ. In describing the rationale for their series of becomings, Deleuze and Guattari cite the girl as the first victim, her subjectivity constituted by the imposition of a prehistory upon her. She is followed by the boy who has his desire already mapped for him (Deleuze and Guattari, 1994: 276). With the roles assigned to bodies comes the immobility of being, the imprisonment in gender roles which pacify the body. It is this pacification of the body which makes it an unsuitable site for insurrection.

Deleuze and Guattari bypass the organic for the anorganic body because it is on the surface of these organic bodies that gender roles have been inscribed. On a
continuum characterized by a series of becomings, transformations whose activation is through becoming-woman, identity and signification succumb to the becoming-imperceptible. In the slipperiness of an anorganic body, there are no surfaces available to imprint, only intensities and flows which, saturated with desire, are formless and elusive in their fluidity. It is for this reason that Deleuze and Guattari describe the body without organs as a desiring-machine. As the anorganic body, the body without organs "is desire; it is that which one desires and by which one desires" (1994: 165).

While Irigaray's project relates to the articulation of women as actively desiring, Deleuze and Guattari interpret desire as an active force in becoming. In a rejection of the conscious/unconscious binary, Deleuze and Guattari state that the conscious and unconscious are interrelated "because the unconscious is, or rather is produced, there where conscious goes" (Deleuze and Guattari, 1994: 284).

The telling point here is the reference to the constructed nature of the unconscious which psychoanalysis has perceived as the plane of transcendence. If the unconscious is of a constructed nature, what are the implications for psychoanalytic theory? Where is the basis or justification for the representation of the libidinal desire of only one sex? If the unconscious is a construction, it is mutable. What effect has the denial of women's desire had on their unconscious? A naturalization of subordination? Deleuze and Guattari map 'lines of flight' which will free the subject by becoming-imperceptible. This can occur because "desire directly invests the field of perception, where the imperceptible appears as the object of desire itself, 'the nonfigurative of desire'" (Deleuze and Guattari, 1994: 284).

A relationship is established between perception and desire, perception being inseparable from desire: "A whole rhizomatic labor of perception, the moment when desire and perception meld" (Deleuze and Guattari, 1994: 283). From perception and desire, they see a correspondence between movement and the imperceptible. It is Deleuze and Guattari's contention that movement can be perceived only in two ways as displacement of "a moving body" or "the development of form." Movement is imperceptible in becomings, in relations of speed and slowness and as affect (Deleuze and Guattari, 1994: 281).

As a consequence, perception's inability to establish a relation between subject and object will be limited by the movement between subject and object. Movements because of their imperceptibility become "the process of absolute deterritorialization" (Deleuze and Guattari, 1994: 282). This links "becomings" or movements with a
liberation of the object which cannot be perceived, hence desired. Through their becoming-woman, women's status as object of man's desire is impossible because their “becomings,” being anorganic, are imperceptible and, as such, not liable to desire which Deleuze and Guattari deem to be related to perception. This process involves a different way of thinking which they describe as rhizomatic. Rhizomatic thinking “establishes connections between semiotic chains, organizations of power, and circumstances relative to the arts, sciences and social struggles” (Deleuze and Guattari, 1994: 7). On a psychological level, rhizomatic thinking may be liberating but entrenched modes of rational thought and the position of the organic body in society remain a barrier to liberation in this form. On this level the biological body's interaction with the psyche appears to be overlooked or dismissed - which is not to deny that perception does have its roots in the sensible body.

It is difficult to reconcile Deleuze and Guattari's statement “A woman has to become-woman but in a becoming-woman of all man” (Deleuze and Guattari, 1994: 292) - which appears to be the appropriation of the feminine in yet another form - with their statement of the political imperative for women's self-representation, although they have cautioned that women should establish the position for themselves as subjects before they proceed with molecular becomings. Braidotti voices her reservations about the notion of becoming-woman through man, as does Grosz who comments that “what this means for women remains disturbingly unclear” (1994:177). I would interpret “all man” as a variation of the universal subject position which excludes women for whom it is essential to first establish a place of articulation. Again, Deleuze and Guattari may have obscured the meaning by their contrary use of majority and minority. There is an interrelation between becoming-minoritarian, that is becoming-woman, which can only occur through the medium of the majority, the majority being equated with dominance and by association, with man. Deleuze and Guattari assert that there is no such state as becoming-man (1994: 292), so man, the medium, must first become-woman, which in itself is minoritarian and therefore a deterritorialized variable of the majority. Deleuze and Guattari state that there is no subject of becoming except “as a deterritorialized variable of the majority” but more importantly that no medium exists “except as a deterritorialized variable of a minority” (Deleuze and Guattari, 1994: 292). Man, as a majoritarian stabilized concept, would consequently appear unable to be the medium for becoming-woman.

For man, this implies a deterritorialization of his position of dominance. It means that man must relinquish power. Unless this occurs, it would mean political self-annihilation for women for, if phallocentric power persists, becoming-woman is
itself impossible. While the “surfaces that stratify” the body without organs still exist, “the plane that sets it free” (desire) is inoperative. Deleuze and Guattari give a reminder that becoming-minoritarian is a political process, an exercise of power which requires active participation at the micropolitical level (1994: 292). The process of destratification, however, should proceed with caution. The creation of a body without organs is not a dismantling of the organic body but a willingness to connect with all the heterogeneous aspects of the assemblage such as desires, flows, intensities and deterritorializations (1994: 161). If care is not taken, this destratification of the organism can be counter-productive. It is the disruption of subjectivity rather than the dismantling of the organs which is Deleuze and Guattari’s goal (1994: 161).

The purpose of Deleuze and Guattari’s strategies is to denaturalize internalized structures of subordination and furthermore to render impossible a continued naturalization of marginalized positions. Irigaray has engaged in a denaturalization and displacement of the maternal symbolic. The natural progression which can maintain this continued deconstruction may be the becoming-woman of Deleuze and Guattari who speak of the corresponding difficulties of signification and the organism where “significance clings to the soul just as the organism clings to the body, and it is not easy to get rid of either” (1994: 160). Deleuze and Guattari’s query is how can we “unhook ourselves from the points of subjectification that secure us, nail us down to a dominant reality?” (1994: 160).

It never had to be like this

So what relevance has this Chapter to older women? The conflation of woman and mother impacts on older women’s subjectivity and identity as women. While they may be mothers, they cannot become mothers in the organic sense, and while reactions to this infertility may be mixed, infertility strikes at what they may have come to believe to be the ‘essence’ of womanhood. Irigaray speaks of the maternal as a function to which women are reduced in a phallocentric society. The extent to which this has been internalized is evident in a recurring theme of older women who perceive themselves to be lacking a function or purpose: ‘I don’t feel of use any more’ or ‘I feel I should do something useful’. In order to compensate for this lack, older women recoup their lost role of mother by reasserting a broader maternal role: a mothering or caring for the whole community. To the community at large this is a boon and older women’s services on a volunteer basis are much sought after as volunteer carers, deliverers of meals-on-wheels, reading aides in schools, child-minders and fund-raisers. They assist at Neighbourhood Centres in a voluntary capacity providing receptionist, information
and clerical services, teach English to migrants and care for sick spouses and relatives. This is not an exhaustive list of volunteer activities and it is one that is overlooked when the economic burden of the aged is brought to the attention of the community. In these roles older women are economically useful, supplying a demand for workers, particularly in the caring areas, which would otherwise need to be met by paid workers.

Older women's relationships with their mothers and their daughters have also been affected by the portrayal of maternity as asexual and by its gatekeeping function which dictates that mothers socialize their children, particularly their daughters, into a societal matrix of heterosexuality. Irigaray maintains that changing the mother-daughter relationship would shake the foundations of society. How? By women refusing the phallic maternal, themselves, and encouraging their daughters to become with them "living, loving women."

Older women have had a life time of being nailed down by the 'dominant reality' of being a woman. Their subjectivity is affected by their corporeality which can become a cause of confusion if the feminine is used as referent. Conformity to the 'phantasm of the ideal' of femininity - young, thin, desirable - is no longer possible. Here is an example of the Foucauldian notion of the body building its own resistances. The reproductive organs of the older woman, if they exist, are reproductively functionless. This casts doubt on her status as woman, if one accepts the paradigm which conflates women with the maternal. Some older women have never been mothers but this actuality is not reflected in society's diminutive term 'grannies', which has become almost a universal appellation in the press and TV, particularly when coupled with incidents involving older women such as granny bashing, granny dumping, granny killers.

So is Irigaray's suggested coding of all women as maternal a suitable strategy for older women? Her vision of becoming an older woman as another stage of feminine development both spiritually, socially and politically, is a more liberating concept, a becoming rather than a metaphorical reproduction. Irigaray has expressed as a positive attribute of the feminine that women "due to having a female body, [are] in perpetual growth, and that includes during the final part of their life" (1993: 115-116). So while, for some, older women are a metaphor for death and decay, for Irigaray older women participate in the freedom generated by a new phase of feminine becomings marked by the menopause. It is an opportunity to enter another phase of life in which, she, the older woman, may be free to participate more fully in social, cultural and political
activities (Irigaray, 1993: 115). One of these political strategies which I have already suggested, is older woman’s becoming-maternal.

Irigaray has expressed a positive view of what menopause can mean for older women but in the dominant social view, the dismantling process has begun for the body. Should older women themselves join in the dismantling process? Yes, if the dismantling process undertaken by older women subverts the dominant cultural view of women and its stratifications, bearing in mind Deleuze and Guattari’s caveat that the response to the dominant reality should be a process of disruption rather than a dismantling (Deleuze and Guattari, 1994: 160).

Like Irigaray, Deleuze and Guattari advise a mimicry of the dominant reality. The body without organs is not a case of emptying the body of organs but disrupting the organization of the organs, in particular those related to reproduction, which have been perverted to use as a tool to subjectify women.
Four

Melancholy, Memory and Alzheimic Resistances

This chapter examines the practices, knowledges and techniques of self which are implicated in the abjectification of the older woman as well as the bodily resistances occasioned by these assemblages. I argue that the older woman's departure from the ideal of woman created by gender norms, deconstructs the notion of 'woman' and the gendered phantasms that have conjured her. In addition I argue that the destabilizing effect the older woman has on the category woman is the cause of her marginalization and that her being challenges the 'truth' of femininity's 'essence' because the older woman is no longer young, the object of desire, or reproductive.

In this Chapter I propose an alternate reading of Alzheimer's disease, as a bodily resistance by some older women to the trauma undergone in their marginalization and rejection by society. If, as Elspeth Probyn asserts, there is a dynamic interaction between the body, mind and the social (Probyn, 1996: 50), the force or power of the social and psychological recodings of the older woman's body would then combine with the actual physical recodings of ageing to form an assemblage which causes movements of destratification which, when accelerated, cause asignifying ruptures (Deleuze and Guattari, 1994: 9). But asignifying ruptures have the ability to either start again on new lines or recommence on one of its old lines (ibid).

Consequently, I suggest that the Alzheimic existence experienced by some older women might be an experiment with a completely new mode of being for the older woman and that the radical nature of that being is subverted by cultural attitudes which portray Alzheimer's as a devolution rather than an evolution of becoming. In contrast, there is social approval for the older woman who complies with the remapping of her body as 'docile/useful' and returns to the reterritorialization of her subjectivity. The function of memory facilitates this remapping in that it blocks becomings, change and challenge, thereby effecting a colonization of consciousness.

For older women, the effect of this assemblage of the social, psychical and physical on subjectivity manifests as the dissolution of the known body. Responses by
older women to their alien bodies differ in degree and intensity. The intensity of this alienation from their bodies may be, for some older women, a complete destratification of consciousness as typified by the Alzhemimic body manifesting as the loss of memory, language, and what is socially determined as ‘normal’ behaviour. Culturally, the Alzhemimic body has been interpreted as a ‘foreign’ body, transgressive and defective. The apparent failing of memory, which is a culturally privileged cognitive trait, may be partially responsible for the negative social identification of the Alzhemimic woman.

If, as discussed in Chapter Two, Deleuze and Guattari can interpret the girl’s body as the first body to be appropriated in the fabrication of “opposable organisms” (1994: 276), then it may be deduced that the older woman’s body provides the final appropriation for the fabrication of oppositional bodies: those of young/old bodies, feminine/unfeminine bodies, desirable/undesirable bodies. The older woman’s first point of resistance, then, is to challenge the normalizing stereotypes which circulate in society.

What is entailed in becoming an older woman? Feminists and poststructuralists challenge the view that the process of becoming for the individual is the realisation of innate capacities. Rather than innate, these capacities are seen by these theorists as normative processes constructed within specific cultural and historical contexts (Johnson, 1993, Butler, 1990, Foucault, 1988). In assuming an identity these capacities “are produced through a range of institutional practices and associated forms of expertise. Participating in these institutional practices accustoms and trains individuals to act, think and desire according to particular sets of rules or norms” (Johnson, 1993: 17). This Chapter will focus particularly on the capacity of memory and on memory’s function in the colonization of individual consciousness.

Subjectivation, subjectivity and subjection

Memory affects the older woman’s subjectivity in that it blocks new becomings. Cultural stereotypes, normative discourses and institutional controls aim to inscribe, inform and regulate the older woman who would then, ideally, internalize the standards imposed from outside, which are adopted by individual women in varying degrees. The older woman is considered to be asexual, due no doubt to the conflation of the maternal with Woman but while she may ‘be’ a mother, she can no longer become a mother. As a woman she does not have the phallus and because she is deemed undesirable, she can no longer ‘be’ the phallus or object of desire. This radical departure from the recognized standards of gender intelligibility puts her beyond the
borders of an Oedipalized sexuality (Grosz, 1990: 71). Because of this, the older woman is the unthought of a phallic sexual economy.

What relationship exists between subjectivation, and subjectivity and the role played by memory, melancholia and mourning in relations of self to the self? While coherence and continuity of identity are due to socially instituted and maintained norms of intelligibility, judged by these norms, the older woman becomes an incoherent and discontinuous model of the feminine, potentially able to destabilize the very notion of woman. The older woman is considered a failed model of femininity in her departure from the ideal but in her difference from this ideal, she is representative of the instability of woman as a signifier. If it is accepted that there is a need for particular types of bodies in the social field, the older woman's corporeal deviance necessitates her reconversion into an intelligible and productive individual. But how is this to be accomplished? Because she deviates from the norm, the older woman becomes a non-person and the object of disciplinary practices which marginalize her.

The very fact that the older woman has departed unwittingly but radically from the normative model of woman, threatens the gender order, strongly signifying the duplicity and inbuilt failure of the ideal, the ‘truth’ about being a woman. The older woman's discontinuity as an object of libidinal desire, coupled with her ageing body demonstrates the incoherence and instability of feminine discourses so that these discourses become contested sites. The history of the older woman's body is necessarily bound up in that of woman, and, like her, has been affected by what Grosz refers to as the “mire of biologism” (1994: 188). The older woman's body is inscribed as disordered, for while the woman's body itself has been perceived as disordered, the older woman's body is evidence of an even more marked chaotic corporeality in that it lacks reproductive capacity, menstrual flow, has a nonfunctional uterus, breasts that no longer produce milk, a body that loses shape and is no longer marked as an object of desire. Susan Bordo’s observation that in Western culture the body is interpreted as a marker for internal order/disorder seems particularly apposite for the older woman's body. (1990:94).

If body shape can represent disorder, older women's bodies whose shape departs with ageing from the ‘slim, trim’ and sometimes anorexic models of normative femininity, represent disorder or, in Judith Butler's terms, a lack of “cultural intelligibility.” This normative model ignores the fact that, throughout life, the body constantly engages in shape-shifting. But it is the non-reproductive body of the older
woman which departs most radically from the concept of woman and its conflation with the maternal.

The disorder of the older woman's body is countered by knowledge systems which reintegrate her as a 'fit' subject, one that is controllable and economically useful, under constant surveillance by the knowledge/power systems of the biological sciences and the welfare industry. Her body's gender code is reinscribed as asexual and anomalous as a woman on the margins. Her destabilization of the signifier, woman, is neutralized and defused by her designation as a defective body, one to be known, supervised, treated and normalized. In other words, the older woman is expected to internalize the standards imposed from outside.

But there are other bodily changes which differ on a gender and attitudinal basis which affect the subjectivity of the older woman. A cultural preoccupation with biopower, the science of living, has resulted in a fear of death and an prolongation of life through biotechnology. The cultural discomfort experienced with ageing is associated with death and manifests itself through the association of death with the feminine. Celtic mythology's banshee and cailleach dhu are two such feminine figures who foretell death. This fear of death is generalized to a fear of older women, who are seen as harbingers of death. In an analysis of Cecelia Condit's videotape, Not a jealous bone, which deals with an ageing daughter's relationship with her mother whom she has internalized negatively, Patricia Mellencamp interprets the fear of death as related to the ageing mother because the ageing daughter has experienced a "failure to come to terms with that position of subjectivity and identity and meaning" (1992: 258). This linking of older women with death and the loss of their feminine identity can result in a denial of ageing. The denial of ageing is expressed in individual women with the attempted erasure of an aged appearance through facelifts, use of cosmetic procedures (facial peels and collagen implants), dieting, body sculpting, exercise regimes and hair dyeing. Kathleen Woodward refers to these practices as "the aging body-in-masquerade", the masquerade, of course, being one of femininity and youth (1991: 151).

According to Woodward, there are "two currently circulating notions of masquerade - as submission to dominant social codes and as resistance to them" (1991:153). Woodward uses Joan Riviere's analysis of femininity as masquerade to investigate youthfulness as masquerade. If older women masquerade as both feminine and youthful, because of their corporeal departure from both models and the desire to occupy both positions, would these positions constitute becomings in the Deleuzean
sense because of the desire involved? The older woman is located on the outside of both femininity and youthfulness but, through her desire to become both feminine and young, incited by her desire for feminine belonging, she experiments with and experiences the becoming-woman and the becoming-young of her age.

The older woman’s loss of femininity and youth accounts for her social construction as lacking desire and therefore as incapable of desiring or belonging, terms which Elspeth Probyn uses to describe belonging as a “tenacious and fragile desire” (1996:8) Probyn speaks of the desire to belong as placing one on the outside of belonging. I relate this to the older woman’s desire to belong which places her as woman on the outside of gender, and facing “the knowledge of ever really and truly belonging (Probyn, 1996: 8). Butler has described how the rigid application of gender identity has rendered deviant identities apparently incapable of being incorporated in the cultural matrix. While it was not Butler’s intention to apply this proposition to older women, nevertheless it serves to explain the sense in which older women have been considered asexual, unbecoming, not belonging. Their gender identity is unintelligible due to their failure to conform to gender norms and so older women appear as “logical impossibilities from within that domain” (Butler, 1990: 17).

With ageing, women experience changes in body image, sometimes with almost imperceptible thickenings and differences in mass and shape. Older women may feel that they inhabit an alien body which fails the criteria of femininity and its concomitant sexual attractiveness and reproductive ability. It is this discontinuity of the body, with its resultant deconstruction of the internalised discourses of normative femininity, that is often a contributing factor to a pervasive depression which sometimes characterises post-menopausal women. But it is also this excess of discontinuity that exists between the body and dominant discourses of femininity which can give rise to resistance. While older women may have internalised the role of woman, there is a realisation of the instability of that category, an awareness that gives rise to questioning and, in some older women, a sense of freedom.

As a result of this resistance, discourses of ageing may become a contested site. It appears feasible that the element of usefulness and docility that discourses of femininity produced in the younger woman’s body could and would also be extended to the older woman. Jill Matthews recognizes that women are self-aware and cognizant of the social prescriptions of gender normativity. The instability of woman is characterized in the slippage “between self-perception and others’ recognition, between actuality and expectation, between behaviour and prescription” (1992: 16).
Belonging is dependent on others’ recognition. In women, this identification is based on sex leading to “a conflation of the category of women with the ostensibly sexualised features of their bodies” (Butler, 1990: 19). But apart from the use of this conflation to trivialize and dominate women, does it not also serve to exclude women, particularly older women who are deemed asexual? Is this loss of a supposed identity one of the reasons why women have dreaded age? Why many, even to-day, remain secretive about their age and why they submit their bodies to rigorous diet, beauty and exercise routines and have facelifts to deny their age?

Simultaneously with the changes in body image and function, other tensions may arise and are experienced as a feeling of uselessness and futility. Many, but not all, older women have been employed and face a further erosion of identity, the loss of a public persona, so that the identity crisis is not only of gender and self-identification, but one that is also familiar to many men, the loss of that aspect of identity which is synonymous with paid work.

Many older women experience a third loss, that of an intimate relationship, through death or divorce. The loss of children has to be accommodated and the older woman may experience a sense of isolation. The destabilization of the biological, psychological and social factors which constitute identity as a woman serves to make identity problematic rather than reinforce and legitimate it. Women, moreover, have the ability to critically appraise and often determine the degree to which socially acceptable roles are adopted. However, these factors may facilitate, in turn, the assumption of a ready-made identity at a time of vulnerability when many adjustments both biological and psychological impinge on the process of becoming an older woman. It is not surprising that the older woman may be overwhelmed by these changes so that it becomes impossible to to again ‘reinvent the self’.

What motivates the older woman to cooperate with her reinvention by yet another normative process? Is it the sense of belonging when met by social approval? Probyn speaks of desire producing modes of subjectification at the “level of the body” (1996: 30). The older woman cooperates because she has memorised and internalised the discursive knowledges which know the ‘truth’ of her being and are accepted and approved in the community. Her acceptance of these truths gives her a space within which she can exercise power. There are two aspects here: first, the reward and approval the older woman receives for conforming to the stereotype which infantilizes older women, depicting them as childish and dependent (it is often much easier not to
‘rock the boat’) and second, that by adopting this position the older woman can actually exercise a modicum of control over her own life. It can be a strategic use of mimesis.

The infantilizing of the older woman is seen as a continuation of a lifetime of disciplinary practices which produce a subjected, female body commencing with the body of the girl. As discussed in Chapter Two, Deleuze and Guattari see the girl’s body as the first to be appropriated by society in order to fabricate opposable organisms. This allows dualism and domination of one organism over the other. It fosters societal conceptions that a woman remains not fully responsible, a ‘girl’, who never achieves adulthood or maturity in society’s eyes. As such, a woman is no more entitled to autonomy and an assumption of a place in society than a child. The older woman’s representation as dependent and in need of care reflects underlying attitudes to women. Women and older women do not imitate, identify or resemble a child but become girl through the societal appropriation of their bodies. It is the facility with which power appropriates the organic body that leads Deleuze and Guattari to argue that the body should become a body without organs which correlates with becoming-woman. The process of becoming-woman involves a transition from an organic to an inorganic woman (Deleuze and Guattari, 1994: 276).

But again it is through becoming-woman which is synonymous with the girl herself, that a line of flight, a deterritorialization of the woman's colonized body can occur because the girl is not subdued by the organism nor subjectivity. The girl is not a woman but is in the process of becoming-woman in a molar sense, whereas the woman is not a girl but can be a molecular becoming-girl in the same manner that “the child is the becoming-young of every age” (Deleuze and Guattari, 1994: 277). It is a case of beginner’s mind, a mind which continuously embraces new beginnings, new becomings.

So a liberatory practice for older women, if they so choose, might be the becoming-young of old age which is characterised by the interconnections and movements of desire because:

Knowing how to age does not mean remaining young; it means extracting from one's age the particles, the speeds and slownesses, the flows that constitute the youth of that age. (Deleuze and Guattari, 1994: 277)

According to Deleuze and Guattari, old age itself is a desire and an important part of desire is that an assemblage - of particles, movements, fluxes - the plan of which is not pre-existent, is constructed by the individual (1993:136). No woman
actively desires to become an older woman but this apparent contradiction may be explained in terms of Probyn’s perception that the becoming involved in belonging is a desire, which propels one towards the “being-such,” of belonging (Probyn, 1996: 24). ‘Being-called’ older woman is circumscribed by the limits of ‘being-called’ asexual. Because ‘being-called’ is a performative act, it constitutes “a possibility for belonging”, a desire to be (Probyn, 1996: 25). It is in this manner that an older woman’s desire to belong is productive of her being an older woman.

A perceived lack in older women’s present becoming is the flow of sexual desire but this is only so if present-becomings are suspended by internalizing cultural predeterminations of age because, according to Deleuze and Guattari: “It is Age itself that is a becoming-child, just as Sexuality, any sexuality, is a becoming-woman, in other words, a girl” (Deleuze and Guattari, 1994: 277).

Melancholy and Alzheimic memory

The ‘being-called’ asexual marks the older woman’s shift from the objectification of the woman’s body to the abjectification of the older woman’s embodiment. In the preceding Chapters, the intention has been to provide a genealogical background through a history of the gendered identity of woman, prior to the older woman’s assumption of an identity which results in her continued subjection as a woman. The individual’s identity is presumed to be fixed which excludes difference and the capacity for change. Deleuze reads this stasis as antithetical to “[t]he struggle for subjectivity”, which “presents itself, therefore, as the right to difference, variation and metamorphosis” (Deleuze, 1992: 106). The displacement of an objectified mode of being for an abjectified mode occasions the tensions, contradictions and melancholia which impact, through memory, on the older woman’s subjectivity.

Deleuze reflects that modern subjectivity’s rediscovery of bodies and pleasures is the result of the intensity of regulatory practices which target the body. This results in the production of a desiring subject, itself an interesting proposition from a feminist viewpoint, because Woman has traditionally been denied an identity as a subject and presumed to lack a desire of her own.

While power-knowledge contributes to subjectivation and subjection, memory plays a vital role in the formation of subjectivity and as such is of particular relevance to older women, who have a lifetime of incorporated memories. Deleuze proposes that memory is "the relation to oneself, or the affect on self by self" (1992: 107). How does the memory of being a woman affect the older woman? An effect of memory is that
there is a retention of old beliefs and past learning which may no longer be relevant. In
the case of the older woman, past events which are now irrelevant may be the
performative acts which constituted her as a gendered being, a woman. In accessing
bodies and desires, corporeality affects reactions and responses. These memories
inhibit change and so block new becomings. In other words, the technologies of self
instrumental in the constitution of the older woman may inhibit changes in her
subjectivity which would constitute her an older woman.

Psychoanalytic accounts of melancholia see it as a psychological state brought
about by the loss of a love-object which involves both an identification with and an
incorporation of the other (Grosz, 1990: 128). Butler, in her discussion of Lacan's
work on melancholy provides a framework for analysing how memory and melancholy
are intertwined and so affect the older woman's subjectivity. Her being the love-object,
the phallus, is revoked and her memory of being this love-object may cause the older
woman to mourn the loss of love-relations.

The affect of melancholy on the older woman's subjectivity is explained by the
internalization of gender norms allocated by culture to her sex and her adoption of the
phallic mask but, as an older woman, she is considered asexual because of her
development from the feminine norm and so the status of phallus is refused her.
Consequently, the older woman is expected to divest herself of her former identity as a
woman and as an object of desire. She is rediagrammed, meaning that her former
gender incorporation, while internalized as memory, must be renounced and forgotten.
However, the older woman's identity still remains as woman and is still part of her life
story as the term, older woman, betokens. As Woodward observes: "The subject is not
identical to itself through time" (1991: 157). If the older woman is subsequently unable
to incorporate or experiences difficulty in the incorporation of her subsequent non-
phallic identity, melancholia may result as an affect of memory, a mourning for her past
identities of femininity and youthfulness. It is only if the older woman refuses her new
identity, as Foucault suggests, that she resists a melancholic identification. I am
speaking about the refusal, not the denial of her new identity, a denial in which some
older women engage in an attempt to maintain the masquerade as the phallus, which is
more a submissive than a subversive engagement. When the older woman masquerades
as the younger woman, it can be almost a literal transformation, aided by facelifts,
collagen implants and cosmetics. Butler describes masquerade as having a double
function which is identical to melancholy. It is a mode of inscription of melancholy,
both in and on the body, and incorporates the other who has been refused. A fusion of
identity then occurs between the refuser and the refused, locating gender incorporation within the field of melancholy (Butler, 1990: 50).

Although Butler is referring here to Lacan's proposition that the way the feminine masquerades as the phallus is consequently always aligned with melancholy, I wish to reinterpret this passage in the light of the double refusal which the older woman undergoes. For the older woman, gender incorporation is a double masquerade in that she has already adopted the feminine masquerade as phallus and, now that she is refused as the phallus, she must masquerade as woman trying to incorporate two contradictory identities. This signals what Butler terms "identificatory failures" (1990: 56). These identificatory failures furthermore demonstrate that the Symbolic "guarantees the failure of the tasks it commands" and in doing so exposes "the permanent impossibility of the realization of identity" (Butler, 1990: 57). If the older woman internalizes the taboo imposed on her as the phallus or appropriated feminine, then she will be able to assume a culturally intelligible identity as an older woman. Butler comments that "the interior psychic space in which identifications are said to be preserved makes sense only if we can understand that interior space as a phantasized locale that serves yet another psychic function" (1990: 67). This psychic space appears to have much in common with memory. Butler suggests that psychoanalytic accounts of identification should be replaced by "multiple and coexisting identifications". These identifications produce oppositions, assemblages and discords which destabilize the position of masculine and feminine as defined by paternal law (1990: 67). It is my argument that older women's identity produces both an internal conflict for the woman who has internalized the feminine and an external conflict within culture because her very corporeality lacks conformity to this gender configuration, demonstrating that woman has multiple meanings.

The older woman is regulated through gender identifications which are contingent upon cultural intelligibility. Butler maintains that the deregulation of body margins is disruptive of what even constitutes a body (1990: 133). If the surface of the body is accepted as one of the body's boundaries, the older woman's ageing body with its breakdown of bodily shape and elasticity of the skin is disruptive of bodies which, according to Western cultural norms, envisage bodies as young, thin and white. What is disruptive is liable to marginalization or expulsion. In this way an older woman's body becomes an 'uncanny' body, an other, even, of the feminine. The cultural response is that the older woman's ageing body is seen as grotesque and repulsive and declared to be asexual and pathological. The older woman's response to this is an alienation from her body and an internalization of society's values, while psychically,
she may still have a relation to an imaginary body with which she identified in earlier life. This idealized memory of her body results in the rejection of her current body and in melancholy.

This is why time, memory and subjectivity figure as an important aspect of the older woman's relation to herself. Experiences throughout the duration of her life-span are stored as memories of what she has been, has done and the knowledge she has accumulated of what it is to be a woman, of assumed identities, of what was expected of her and her expectations: of maternity, of sexuality, of moulding and being moulded through conformity to idealizations. This has been experienced as memories and forgettings, foldings and unfoldings - the outside absorbed in the foldings, unfolded by forgetting and folded again in memory.

Among the affects associated with memory, other than forgetting, is the melancholia generated by losses of loved ones, whether partners, children, relatives, friends, accompanied by mourning and internalization of these Others. There is regret for the happy times past, the opportunities missed, anxiety for the future or there may be contentment at the way life has unfolded and a sense of liberation from responsibility, a sense of at last being able to be oneself. There may be joy, sorrow or tension about relationships in the family. There may be isolation, fear of losing independence and often physical pain. These are all affects or forces which impact on the subjectivity of the older woman, and in the case of negative affects, may be responsible for what is often termed depression.

If time and memory facilitate the internalization of the outside in the form of events and affects, is this internalization then a reflection of an inside? Deleuze describes it as merely an interiorization of the outside accomplished through doubling which is "never a projection of the interior" (1992: 98). It is a doubling or the folding of a fold again which according to Deleuze, does not reproduce the same but repeats the different (ibid). While reminiscing repeats the memories, each memory is subject to changes in the repetition (ibid). It is in this process of mourning that the other is internalized and possibly heroicized.

The older woman's rejection as the phallus signals a loss which results in melancholy. But this loss of identity is only one loss among many. Most older women have experienced constant losses - of friends, relatives, lovers, status, income and physical well-being. What effect do these constant losses have on the older woman? Linnell Secomb proposes that "interiorizing memory is founded on an organic and vital
inscription of instants and events into the articulations of a life” (1996). This appears a particularly viable concept in relation to older women in their reflection on their lives. On the other hand, Secomb sees the forgotten as incorporated but erased from the life story, being ”instead anorganically encrypted within an indecipherable psychocorporeal topography” (1996). “The forgotten”, according to Secomb, “can be understood as another lifestory recorded in a foreign, or archaic language. The forgotten, or the impossible memory, is not lost but is inaccessible or untranslatable” (1996).

Like Deleuze, Secomb maintains that a relationship exists between memory and forgetting. Secomb calls forgetting “the impossible memory” while Deleuze believes memory and forgetting are coextensive and that “It is this coextensive nature which is life, a long period of time” (Deleuze, 1992: 108). Deleuze indicates a doubling can occur in which the forgetting of the forgotten can be likened to death. Using Secomb’s definition of forgetting as an anorganic lifestory which is already inaccessible, would not the forgetting of this forgotten then constitute a metaphorical death? What significance does this hold for community attitudes to Alzheimer’s, a disease which evokes fear among older people and distress in their relatives? With the loss of immediate memory, the older woman’s present life, which may be ”impossible” or traumatic due to her abjectification, appears to have the element of loss associated with death through lack of recognition of her loved ones. While the sufferer appears to experience the loss of short-term memory, its very inaccessibility may provide a safety valve. The privileging of memory amounts to an affirmation of life but could there not be a positive aspect to memory loss if regarded as an anorganic life story which incorporates the present, not through the conscious but through the relationship of the unconscious in its interaction with the body?

The older woman’s subjectivity and memory is crucially affected by cultural interpretations of Alzheimer’s Disease as apocalyptic. In re-evaluating and re-interpreting Alzheimer’s Disease, I take a heterotopic approach, a Foucauldian concept, described by Probyn as “the coexistence of different orders of space, the materiality of different forms of social relations and modes of belonging” (Probyn, 1996: 10). The emphasis is on the different mode of belonging characteristic of an older woman who suffers from Alzheimer’s. While culturally the older woman’s body is inscribed as a diseased, transgressive body, a cause of suffering to herself and to those to whom she ‘belongs’, I reread the Alzheimic body as constituting a deterritorialized and resistant body which inhabits a different social space and mode of being that is occasioned by continuous becomings. The aim is to make connections which may seem incompatible
with the medical and cultural interpretations of this disease. The connections which I make are irreducible one to the other and cannot be superimposed one on the other, which is why I have termed the approach heterotopic. I argue that the outside belonging of the Alzhemic body is foreign to the ‘normal’ body and so invokes cultural exclusion. Furthermore, the alienation of the Alzhemic body, precipitated by the impossibility of ‘belonging’, leaves the individual bereft of a language which expresses their mode of being. The language of belonging therefore becomes, for the Alzhemic woman, a foreign language and consequently inaccessible. Behaviour considered culturally inappropriate follows as well as separation from those to whom she has formerly ‘belonged’ as a result of this disorientation and inability to communicate.

Secomb (1996) identifies repressed memory as failed mourning where traumatic memory is fixed in the mind and not altered. Its integration raises problems for survival, which is circumscribed by forgetting. It is this last statement which interests me in relation to Alzheimer’s, which is possibly all too readily diagnosed when memory loss occurs. As Ann Robertson has indicated: “The social construction of AD [Alzheimer’s Disease] as a major disease of old age has succeeded in expanding the diagnostic boundaries of this disease category” (1991: 144). In her article, Robertson makes the point that diagnosis is difficult and can only be confirmed through a post mortem (1991: 140). She cites K. A. Lyman (1989) who says that many of the symptoms such as hopelessness and depression are the results of “a self-fulfilling prophecy of impairment” (Robertson, 1991: 142). Impairment is, of course, of memory and involves behavioural, thought and mood disturbances “in the population of over sixty-fives, eighty percent of whom were women” (Robertson, 1991: 145). In interventions where the sufferers’ accounts of the present are accepted as their reality, the negative effects of behavioural, thought and mood disturbances are diminished.

Secomb raises the point that the integration of “traumatic memory raises problems for survival.” It is possible that the accommodation of forgetting or memory loss may be a survival technique for older women who have been traumatized by an inability to adapt to their abjection and marginalization. The impossible needs to be rendered possible. The suggestion here is not that Alzheimer's does not exist nor a denial that the disease causes distress to sufferers and relatives, but that there is a possible oversight of factors other than organic disease which might include the role of the unconscious if one accepts Deleuze’s contention that the conscious, itself, is a source of illusion (Deleuze, 1993: 70). In commenting on the role of the mind and body in Spinoza’s theory of parallelism, Deleuze explains that neither the mind nor the body is superior one to the other and neither has primacy over the other. What eventuates is
that the body exceeds knowledge of it just as the mind exceeds consciousness of it (1993: 70). The aim in using the body as a model is not to assert its superiority over the mind because there is a parallel in the unknown powers each possesses but to plumb the nature of the powers of the body and mind in order to compare these powers (Deleuze, 1993: 70). It would appear, then, quite arguable that the body and mind act upon each other and that the effects of the older woman's alienation from her own body and her marginalisation in society may be contributing factors in Alzheimer's Disease. Sometimes the powers of the body and mind act in unison, other times one decomposes the other, destroying its cohesion (Deleuze, 1993: 70-71).

Deleuze maintains that only the effects of “these compositions and decompositions” are comprehended, not the causes. The effects, such as memory loss in Alzheimer's, are taken as the causes. The older woman's encounter with her ageing body destroys its cohesion for her and consequently the ageing body in its interactions with the mind, through thought, brings on a mutual decomposition. Is it feasible that the unconscious dimension of thought operates in this way? Deleuze sees consciousness as a transitive state, a passage or “rather an awareness of a passage” which “has only an informational value” which “is necessarily confused and distorted” (1993: 72). The very fact that a resistance such as this can be suggested indicates a recognition that the individual plays an active part in the constitution of self and is not merely a passive actor waiting for societal inscription. Deleuze nominates force as the active agent which creates a Self within the individual (1992: 114). Force or power he sees as possessing the dual qualities of being able to affect or be affected struggles to dominate bodies through knowledges formed by the visible and the articulable (1992: 83). As such power-knowledge can be folded “so as to be self-action the affect of self by self, such that the outside in itself constitutes a coextensive inside” (Deleuze, 1992: 113). Thus there is a third dimension of self created in addition to knowledge and power, i.e. thought.

Deleuze says that new modes of subjectivation, with their tendency to bypass identity, are contained in three questions: “What can I do, What do I know, What am I?” (1992: 115). Foucault's history is one of thought which problematizes knowledge, power and the self (Deleuze, 1992: 116). Thinking is carried out in the disjunction which occurs between seeing and speaking, which are both characteristics of knowledge. When it comes to power, thinking is a ‘dice-throw’ in that it always comes from the outside (1992: 117).
Deleuze maintains that thought affects itself and that the outside is "its own unthought element" (Deleuze, 1992: 118). To think the present "means to be embedded in the present time stratum that serves as a limit: what can I see and what can I say today?" (Deleuze, 1992: 119). Reactive forces or memory inhibit "the flow of present conscious excitations" (Olkowski, 1994:133). If memory is too strong, an individual will stop reacting to present excitations. This affects the older woman who has memories, especially those which involve gender incorporation, which conflict with her present subjectivity because the reactive unconscious is constituted by the memory traces which are inescapable on account of their perceptual nature (Olkowski, 1994: 133).

Reflection on the role of experience in the older woman's life will foreground what and how she has been affected by it. If these memories are strong, they obliterate present excitations and presumably immediate memories and recognition. Would it be possible to continue a reading of Alzheimer's in a Deleuzean framework based on the assertion that "Becoming is an antimemory" (Deleuze and Guattari, 1994: 294) and that becoming an older woman militates against present memory? This is a radical proposition in a society where memory is privileged and a poor memory is considered a liability. This affects both the older woman who is suffering from Alzheimer's and those supporting her because, for them, memory blocks the possibility of viewing Alzheimer's as other than its unitary biomedical construction with its concomitant labelling of loss of memory and language as an adversity. I contend that prevailing cultural attitudes contribute in part to the suffering endured by both sufferers and family. Robertson in her critique, The Politics of Alzheimer's Disease, observes that there has been scant attention paid "to the ways in which AD may be socially produced and reproduced by the unequal power relations which exist between the person with Alzheimer's and family, service providers and "the entire public culture that has grown up around AD" (1991: 143).

Could it be that the Alzhemian woman experiences a series of becomings which obliterate present events, rather than memory failure? The biomedical and cultural view of Alzheimer's disease is of loss: of memory, intellectual function, language, bodily control and "connectedness to other people" (ibid). What implications do the fluidity and freedom of continuous becomings have for the individual? Is the individual experiencing and experimenting with a new type of reality with which Western culture is unfamiliar and hence dismissive. Deleuzean becomings are deterritorializations which provide lines of escape for the individual (1994: 294). These becomings challenge and construct a new 'reality' foreign to the normative mainstream. The
Alzheimer's woman's body can be viewed as a free body in that reterritorialization or reappropriation can only take place as a function of memory (Deleuze and Guattari, 1994: 296).

However, there are types of becomings about which Deleuze and Guattari issue a warning, as they threaten the disintegration of the organism, for instance, those in which signification is entirely abandoned and consciousness becomes prey to hallucination (Deleuze and Guattari, 1994:160). The need for caution hinges on the fact that dismantling the organism can lead to death but, in abandoning signification and subjection, there is the possibility of "falsehood, illusion and hallucination and psychic death" (ibid). This is explicitly where danger lies in the social construction of the older woman. She is dismantled as a woman with no caution as to the consequences. Deleuze and Guattari's warning that signification, subjectification and subjectivity need to be retained to a small degree is unheeded. This needs to be retained in order to counteract in order to make possible an appropriate response to normative values (ibid).

In her dismantling as a culturally intelligible figure of woman, there is a too sudden destratification of the older woman. Life, work and language, according to Deleuze, are forces which compose the individual in combination with other forces which bring about change (1992: 88). Through the combination of these forces, a history is communicated to the individual which is made one's own. The ability to constantly change demonstrates fluidity and allows the possibility of resistance (Deleuze, 1992: 88). Olkowski explains how for Deleuze the term 'body' replicates this fluidity in that it embraces not simply "the psychophysiological bodies of human beings" but "may be chemical, biological, social, or political" (1994: 120).

Furthermore, the body for Deleuze is "not a medium and does not designate substance: it expresses the relationships between forces" (Olkowski, 1994: 120). This means the body is never complete but constantly in a state of formation. So the body is not a singularity but multiply "implicated in a variety of possible sign systems" (Olkowski, 1994: 120). The body, then, for Deleuze and Guattari is semiological and "can only be articulated in each system of signs, semiotics informed by pragmatics" (Olkowski, 1994: 120). This has important implications for older women because, culturally, the body is represented as a static and finished product. If the body was treated as a system of signs then the departure of the older woman's body from the sign of the feminine would not be considered deviant but a legitimate and culturally intelligible expression of corporeality. Deleuze and Guattari advise that social
formations are stratified both for and within the individual placing that individual within a particular social formation (1994: 161).

What is the social formation that is constructed for and within older women? I have endeavoured both earlier in this Chapter and in preceding Chapters to present the forces of generativity which are productive of the older woman. Of these universalization, gender roles and representation are at the forefront.

In Deleuzean terms, forces represent action and reaction. The body we have is the body we live. It acts and reacts according to how it is situated, the circumstances thrown up by gender, race, age and class. Thinking is affected by external circumstances of seeing and speaking and occurs in the disjunction between vision and articulation. It is non-stratified (Deleuze, 1992: 87) and because of this lack of organization, it is buffeted by external forces which lead to a belief in origins, universals and coincidences (ibid).

This cultural belief in origins leads Butler to contends that Western society has "inadvertently create[d] the possibility of its own cultural displacement" by the "articulation of a body prior to articulation" (1990: 38). In the first instance, a displacement occurs for the woman and then there occurs a second displacement for the 'older woman' whose functionality as a woman is in question because of the discrepancy between the signifier, woman, and the signified (Butler, 1990: 40-44). This results in the failure of the older woman to signify and 'embody' the phallus or even to be its other (Butler, 1990: 44).

The older woman, because of her departure from the norm of woman, is 'unfit' to carry out this role as phallus. There is no wish on the part of the masculine to be identified by nor to penetrate such a signifier. The older woman is considered an inadequate representation of the phallus and is thus rejected. However, if one is to argue that the older woman, through being female, is a woman, her dysfunction as a woman implies that woman is not a stable signifier but differs according to time and the individual. Butler contests the notion that gender can be conceived as merely a "cultural inscription of meaning on a pregiven sex (a juridical conception)" but should take into account the production of sexes themselves (1990: 7).

The older woman's disqualification as neither being nor possessing the phallus, nor being a faithful reproduction of woman, could also be her liberation from the phallic economy. If the older woman isn't the phallus, what are the implications for reciprocity? Is the older woman redundant in the Symbolic system? How is she
signified? Is this an added reason for her being termed asexual, together with her maternal attribution and failed reproductive capacity? No longer a reflection of the phallus, the older woman is truly surplus to the needs of an economy predicated on sexuality and her displacement is effected by her designation as asexual. If the older woman ceases to be a reflection of the phallus, does it mean that she is no longer required to renounce her desire and is now entitled to its access? Does it mean that the phallus ceases to be the object of desire and if so what are the implications for psychoanalysis?

According to Olkowski, Deleuze and Guattari incite the removal of inscriptions on the body assemblage. Her comment is that: “[t]he removal of these inscriptions leaves nothing - no scene, no place, no support, no interests, nothing to interpret - only the real” (Olkowski, 1994: 138). For their part, Deleuze and Guattari urge the individual to replace memory with forgetting and discover the body without organs (1994: 151). Could this be a blueprint for the older woman, her line of flight from the reterritorialization of her aged body as ‘docile/useful’?

Thinking otherwise

The Alzheimic body has been explored as a possibility of resistance. The first step in resistance is to consider the possibility of new forms of subjectivity which are viable and non-hegemonic. In his reading of Foucault, Deleuze observes that nothing remains of the subject who is created anew “on the basis of the folds which subjectivize knowledge and bend each power” (Deleuze, 1992: 105). Although he uses language which entirely overlooks specific references to the feminine, but which is nevertheless equally applicable to women, Foucault judges these struggles to be a resistance to a technique of power which in everyday life categorises and inscribes the individual with an identity which is imposed by normative values that are both recognized by the individual and evident to others (Foucault, 1983: 212). It is Foucault's contention that this is how a person is both recognized as, and becomes a subject in, the sociopolitical field.

How is the older woman remodelled so that she once again conforms to a norm which renders her a culturally intelligible subject in the sociopolitical field? The first step is to recode her body as asexual because she has deviated from the feminine norm. A body such as the older woman’s can only be culturally intelligible by being declared sexless. Next the older woman is pathologized, treated and managed, to render her body economically viable.
At one level it may be true to say that older women signal the failure of representations of femininity. How else can one explain the marginalization of older women in this culture, how explain her exclusion from the public arena? A cultural dread of ageing is not the only factor, nor does it explain the marginalization and exclusion of older women. There is a gendered difference in its application specifically because older men have more status in the community than older women and are still considered to be sexual subjects. There is a continued representation of the older woman as physically weak, giving rise to the ‘truth’ of an older woman’s body as diseased, particularly those parts of the anatomy which are associated with sexuality. As such, she is the subject of the clinical gaze with monitoring through breast screening, pap smears, bone density scans and testing of hormone levels. This is not to imply that these interventions are not useful measures but that there is a high level of pressure applied to older women to participate in these procedures. The portrayal of the older woman’s body as pathological remains consistent in an otherwise shifting, unstable discourse.

So how does the older woman come to identify with representations which give rise to an alienation from her body which, in some cases, results in a denial and rejection of that very body? The cultural-social imaginaries of womanhood are varying and contradictory and manifest a component of inbuilt failure in that these normative models are disrupted by individual differences and ageing itself. Rather than being reactive, the older woman could ask herself a series of questions in relation to her mode of life as a form of evaluation of her life experience. She could reflect on what has actually been achieved throughout her life; what experiences have affected her value system. She could assess her experiences in the light of these values. In other words, the older woman is in a position to contemplate her relation to herself.

Then, too, the body is not a passive entity which is the subject of these interventions but is actively engaged in the assumption of, resistance to, or rejection of them. The focus, then, is on the individual’s role in assuming ‘pre-existing’ models of identity. The emphasis here is on the identity of the older woman which is interconnected to Woman’s identity. Foucault studied the manner in which a human being turns itself into a subject. The individual becomes interested in what influences are brought to bear on the self and where they originate. Are they internal or external? In questioning how sexual practice became problematized in everyday experience and the resulting debates regarding morality and sexual behaviour, Foucault refers to the broad basis of morality, one of which, a “morality of behaviors”, encompasses the
individual’s compliance with or transgression of normative rules and values (Foucault, 1987: 25).

Foucault has observed that the extent to which an individual adopts or modifies the ideal is a matter of degree and identifies as specifically masculinist, the agenda which informs this morality (1987: 22-23). A morality of behaviors related specifically to men in their conduct of matters relating to the “exercise of their rights, their power, their authority, and their liberty” (1987: 23). This morality of behaviours presents an exclusively masculinist viewpoint that excludes women and as such is a male ethic which objectifies, trains, educates and monitors women who are under one’s control, or avoids them if under the control of another man (Foucault, 1987: 22).

In other words, the morality of behaviors legitimates and institutionalizes the power and authority of men while ensuring the subjection of women to authority and denies women a role as autonomous, desiring subjects. This relationship to the self involves an external standard by which to judge oneself and adjust one’s behaviour (Foucault, 1987: 28).

In other words the individual institutes a regime of voluntary conformity or resistance to society's normative rules of behaviour. As a result, subjectivation becomes a “relationship with oneself” that “is subject to a constant monitoring of thoughts, actions, and feelings in the endeavour to form oneself as an ethical subject” (Foucault, 1987: 30). But it also implies that one's use of the external standard as a measure, even when there is non-conformity, remains within the dominant paradigm.

Foucault's interest in a history of thought rather than of behaviours or representations aims to “define the conditions in which human beings ‘problematize’ what they are, what they do, and the world in which they live” (1987: 10). For Foucault it was a case of analysing “the problematizations through which being offers itself to be, necessarily, thought - and the practices on the basis of which these problematizations are formed” (1987: 11).

Deleuze reads Foucault's understanding of the manner in which power and knowledge act upon the self to be “that of a dimension of subjectivity derived from power and knowledge without being dependent on them” (1992: 101). Because the individual is the interpreter of the standards of conduct or morality, individual differences will arise where “the relation to oneself” assumes an “independent status” as power over oneself through power over others, as well as a constitution of a self through the moral code (Deleuze, 1992: 100).
The individual “is coded or recoded within a ‘moral’ knowledge, and above all he [sic] becomes the stake in a power struggle and is diagrammatized” (Deleuze, 1992: 103). Thus in daily life, the individual assumes an identity which is exterior to the person and through a folding of that external representation internalizes that identity. If power and knowledge are understood as external forces, how are they internalized? Deleuze offers the explanation that relations to oneself creates a doubling of the outside which allows “a relation to oneself to emerge, and constitute an inside which is hollowed out and develops its own unique dimension” (1992: 100). In this manner the individual’s subjectivation becomes subjection with power-knowledge as active agents in the control and dependence of the individual who at the same time conforms to the measures and controls elicited by “all the techniques of moral and human sciences that go to make up a knowledge of the subject” (Deleuze, 1992: 103).

It is in this power-knowledge regime that sexuality becomes an agent and has a pivotal role which is manifest in the construction of heterosexuality. In the past this regime has led to the pathologizing and/or criminalizing of sexualities outside the heterosexual matrix. From this last statement it is obvious that there are resistances to the imposition of this mode of power and the knowledge and institutions it gives rise to, because there is always a resistance to power as it is inscribed on the body and the origin of one of these points of resistance is the relation to the self (Deleuze, 1992: 103). In other words the power relations which involve subjectivation are operative in folds which are created by the self. Deleuze understands that in the broadest sense, the formula of the relation to oneself is what he calls “folded force” or the “affect of self by self” or, in Foucauldian terms, “techniques of the self”. In Chapter One, I described how, in the modern state, power increasingly informs the daily lives of individuals; how it has, in tandem with knowledge, codified the manner in which the individual becomes a desiring subject. The assumption is that there is a stable subject who is the object of these regulatory practices but the very totalizing nature of these strategies of power/knowledge invite resistance. The predication of a stable subject ignores changes in embodiment and invites resistance.

Foucault strongly affirms that a series of struggles takes place for the individual and for communities around identity; a struggle against “the abstractions, of economic and ideological state violence which ignore who we are individually, and also a refusal of a scientific or administrative inquisition which determines who one is” (1983: 212). Foucault prioritizes the struggle against “the forms of subjection”, seeing them as more important in the present context than “struggles against forms of domination and exploitation [which] have not disappeared” (1983: 213). This appears to me a view
predicated in relation to Western society rather than a world view and as such has luxury status. Clearly in some societies and communities, and in particular periods, struggle against domination and exploitation would be more important than struggles around subjection. However Foucault qualifies his statement by adding that: "It is certain that the mechanisms of subjection cannot be studied outside their relation to the mechanisms of exploitation and domination" (ibid).

What has made the struggle for new forms of subjectivity important has been the rise, since the sixteenth century, of a new form of power, the state. However, state power, while political and concerned predominantly with society as a whole, nevertheless is both an "individualizing and totalizing power" (1983: 213). Individualizing power is a characteristic of the modern state and can be considered "a very sophisticated structure, in which individuals can be integrated, under one condition: that this individuality would be shaped in a new form, and submitted to a set of very specific patterns" (1983: 214). What Foucault defines as a form of secularized pastoral power eventuated. It had two roles: "one, globalizing and quantitative, concerning the population; the other, analytical concerning the individual" (1983: 215). With the sophistication and refinement of these practices by the state, Foucault saw the target for resistance as involving a refusal of what we are rather than a discovery of what we are (1983: 216). Deleuze corroborates Foucault's statement that: "There will always be a relation to oneself which resists codes and powers" (1992: 103).

A constant theme in Foucault's work is the need "to promote new forms of subjectivity through the refusal of this kind of individuality which has been imposed on us for several centuries" (1983: 216). This is a project that is equally important to a substantial majority of feminists and Deleuze and has significant repercussions for older women. The importance for older women lies in the need to resist the external standards which define their bodies as deviant.

The older woman is well-placed to exemplify thinking otherwise or, to express it in Foucauldian terms, to 'get free of herself'. Her ties to cultural hegemony are more tenuous than at various ages throughout her life and, because the older woman is already considered deviant and in need of re-identification, she has less to divest. The older woman is in a prime position, with nothing to lose because of her marginalization and everything to gain by experimentation. It is a period of her life when the older woman need no longer continue the feminine masquerade because she has already been abjected and marginalized owing to her rejection as an object of desire:
Thought thinks its own history (the past), but in order to free itself from what it thinks (the present) and be able finally to 'think otherwise' (the future).
(Deleuze, 1992: 119)

Deleuze and Guattari identify successful ageing as being able to extract “from one's age the particles, the speeds and slownesses, the flows that constitute the youth of that age” (1994: 277). While freeing oneself from the identifications which have conditioned her, particularly as these identifications have related to sexuality, could constitute for the older woman the youth of that age, it is important that the older woman's body disrupts the 'plane of organization' which stratifies bodies by her departure from the gender stereotype of femininity. The older woman's departure from stereotypical identifications can be read as disjunctive but Gatens expresses the view that this is not the only possible reading because the plane of organization attempts to represent “possibles as actual - the only possible actual” (1996b: 183).

In relation to older women's molar or organic bodies, these possibles are largely thought of as grotesque, asexual, deficient bodies. Gatens continues that it is possible through “a Deleuzo-Spinozist approach” to “think in terms other than the molar” (1996:183). The unthought of older women's bodies is of their bodies as sexy, unappropriated, healthy and complete. The older woman's body has shown that “the attempt to capture bodies in stable forms” is a fallacy but that there is always another possibility of being through the “becomings of bodies” (Gatens, 1996b: 182).

**Conclusion**

The older woman's body is the unthought of contemporary culture because of her departure from the unitary model of woman except when she attempts to negate this departure in a masquerade of womanliness and youth. Judith Butler (1990) recognizes the diversity of those represented by the normative category of Woman and proposes that the impossibility of describing and defining all who pass as women is a positive aspect for resisting this categorisation. As a category of Woman, this is equally applicable to the older woman. Nobody can with surety define what constitutes an older woman although a normative model is proffered by the ‘experts' in forms of knowledge such as gerontology. As a woman, each has had a variety of differing experiences which have impacted on who she has become as an older woman. Within limits, the same older woman, depending on social class and ethnicity can choose to adopt the normative model or not. The 'contested meanings' attributed to the older woman's body demonstrate that the normative model reflects society's creation of
bodies which fit its economic needs, with the use of biopower as its rationale. Then, too, the 'defective' body serves another social purpose in inciting desire for the ideal body. Butler proposes that: "[t]he definitional incompleteness of the category [Woman] might serve as a normative ideal relieved of coercive force" (1990: 15). I have difficulty with the idea of normative ideals as divorced from coercive force and see this idea as a paradox. Even with the most idealistic intentions, I would see them as instituting new 'regimes of truth.' However, I agree that the category, Woman, is subject to definitional incompleteness as a means of incorporating the diversity of those who come under its umbrella (ibid). If it is acknowledged that any category of women due to their diversity is incomplete, it can be recognised that older women have been marginalized and excluded because they have demonstrated in their person that, as women, they differ from the normative model and so signify that Woman is not a stable signifier.

The marginalisation of the older woman is an effect of her embodiment, which is virtually a deconstruction of the trope of womanhood. Hers is a destabilising embodiment, an unintelligible and foreign body, a reversal of and departure from gendered fictions of the female body. With older women comprising the majority of Alzheimer's sufferers, it is possible to read Alzheimer's Disease as having a social component which can be read as a result of the older woman's flight from the reterritorialization of her body as gross, deficient and dreaded and a psychological component which disrupts her subjectivity. Society's sudden dismantling of the older woman's identity causes a conflict for the older woman who, in an endeavour to become what society has designated her to be, becomes disorganized by an excess of becoming, which leaves her denuded of memory and subjectivity.
Five

Breasted Existence: From Objectification to Abjectification

In the experience of breasted existence in a sexist society,
... breasts are an inherent bodily attribute subjectively lived and at the same
time function as objects, both for men and women. (Grosz, 1994: 108)

This Chapter explores the current discourses surrounding women's breasts in order to
provide a theoretical basis for the argument that a continuum exists between the
strategic practices which regulate and control women's sexuality and the production of
the 'docile/useful' body of the older woman. It is argues that there is a use of sexual
characteristics to discipline and control the older woman's body which is most
pronounced within the field of medical knowledges. In pathologising women,
predominant medical concerns are with reproductive functions and dysfunctions. There
has been a focus on menstruation and premenstrual tension and amenorrhea; pregnancy
and infertility; hospital births and homebirths; 'natural' births and forcep deliveries and
caesareans; and on menopause as the normal cessation of menstruation or as a time of
hormonal imbalance. There is a charting of the cultural attitudes, discourses and
theoretical frameworks which inform attitudes, beliefs, knowledges and practices
which relate to women's reproductive functions in Western society, with particular
emphasis on breasts.

The application of medical knowledges allows the reassertion of control over
what has become, in its disruption of feminine discourses, the unruly foreign body of
the older woman, in an effort to render her culturally intelligible. The biases, alliances
and investments of medical discourses are exposed as are the fragility and tenuousness of the supposedly scientific bases for medical interventions.

The older woman's body is rendered 'docile/useful' in a Foucauldian sense by a regime of surveillance which enlists the practice of mass mammographic screening. I offer a critique of discourses and practices surrounding mass mammographic screening from a feminist perspective, seeing mass mammographic screening as a fetishizing of the breast and a simultaneous sexualization and desexualization of the older woman. I give a reading of the mastectomized body as a transgressive body which health practitioners, the community and many women perceive to be in need of reterritorialization through breast reconstruction and the use of prostheses.

In critiquing already existing power relationships and their impact on older women, I am aware that social construction is not exclusively the province of mainstream theorists and that feminist theorists possess an equal ability to establish norms and corresponding marginalizations. The intention, therefore is not to define 'best practice' in this area or to join the ranks of the proliferating 'experts' who know what is best for older women, but to draw attention to the fact that regulation and knowledge of women's bodies entails the exercise of power. Binary thinking enables the exercise of power through obscuring and limiting the possibilities of multiple truths, practices and possibilities - the many and varied ways of being, of experiencing one's embodiment.

The aim is to reveal how the apparently benevolent practice of mass mammographic screening harbours regulatory regimes which reconstruct the older woman in a restrictive mould. Foucault believes that the presence of practices of power do not necessarily invalidate or inhibit the scientific or therapeutic value of an intervention. They neither guarantee or cancel it out (Foucault, 1991: 16).

My aim is to disclose the older woman's economic usefulness through her commodification as a pathologized body which generates jobs and income. Medicine's sexual fragmentation of the older woman's body corresponds to its emphasis on, and control of, the younger woman's reproductive health, thus producing a continuity of social control throughout a woman's lifetime through the medium of sexuality.

A range of materials on breast cancer will be evaluated in relation to their coercive and surveillance functions and with regard to their construction of the older woman as abject and degenerative. These articles, which include appraisals of mass
mammographic screening, vary in the degree to which they reinforce or refute health promotion's representation of the older woman's body as pathological.

Mass mammographic screening has been chosen for a detailed investigation of the regulation of older women's bodies because of the continuity it provides, in the emphasis in health care, on the sexualised fragmentation of women's bodies. This preoccupation has resulted in the health sciences' focus on the health of the reproductive and sexualised parts of a women's bodies. The extent and duration of the surveillance of women's bodies is prolonged in this program where the older woman is expected to present herself at two yearly intervals for a twenty year period. This regime continues access to the woman's body as spectacle, even as an older woman, and illustrates the embeddedness and privileging of reproductive ideology: "Breast cancer is not only a life-threatening condition but also a disease which affects the breast as a symbol of womanhood, motherhood, femininity, and sexuality" (Hart, Sainsbury & Short, 1995: 3).

Implicit in participation in the program for mass mammographic screening is the individual older woman's belief in the expertise of health professional sand their ability to deliver best practice. This is not an attempt to question the probity of health service delivery but an analysis of institutional practices, knowledges and investments which are complicit in the materialization of the older woman as a 'docile/useful' body.

In the section on Abjectified Breasts, I experiment with the Deleuzean concept of the facialized body whereby parts of the body are used as signifiers. In this case, breasts are seen as the facialization of the feminine. The consequences of this are canvassed in relation to the abjectified breasts, shapeless and sagging, of the older woman's body and the mastectomized body which is more likely to be an older woman's body due to both the greater incidence of breast cancer in older women (Guillory, 1994: 158) and the cultural perception of her breasts as useless. I argue that mastectomy renders the woman's body faceless and incapable therefore of an expression of the feminine. This renders the mastectomized body assignifying and asubjective. In other words the subjectification implicit in the representation of the feminine, which objectifies the breasts as sexual objects, liberates the mastectomized body from subjectification. I argue further that to refuse prosthetic surgery in the aftermath of mastectomy is to resist a recoding of the body as feminine and initiates new becomings-imperceptible which are unrepresentable and consequently free from coercion.
Fetishizing breasts

What are the values and investments that inform attitudes to women's breasts in Western society? Contemporary Western culture is characterized by differing standards, multiple meanings, interpretations, dissent and non-conformity. The emphasis on women's breasts varies with different functions such as maternal-nurturant, erotic, symbolic, medical or aesthetic Society fetishises breasts, displaying an obsession with breasts as erotic signifiers which is manifest in an emphasis on the size and shape of the female breast.

In the fashion industry, predominantly male designers have defined the dimensions and shape of the 'ideal' breast: 'well-developed' (large) and erect. Except for a short period in the sixties, when British model Twiggy made the flat-chested look a fashion statement, fashions have mainly sought to emphasise breasts. Starting in the teenage years with trainer bras and culminating in the older woman's use of support bras for drooping breasts, the fashion industry has produced a plethora of bras for all purposes: padded bras (falsies) for small breasts, sports bras, nursing bras, support bras. To attain the ideal breast shape, women resort to silicone implants, bosom enlarging creams and/or exercises to maintain firmness and increase size. Patricia Mellencamp comments on the tension which exists between the disappearance of breasts which result from diet or workouts and the popular body image of the 1990s, "muscular and big-boobed," which requires a cancellation/creation regimen. With the breasts already cancelled out by diet and exercise, the large breasts are created by surgical implants (Mellencamp, 1992: 262).

Kathy Lette, a novelist, reflects on the restrictive aspects of breast consciousness and its problematic for a woman when it reduces her to "nothing more than a life support system to a mammary gland" (Lette, 1995: 98). Lette describes the subjective experience of being breasted as conditioning women to always feel dissatisfied with their breasts which results, in many cases, in interventions such as silicone implants for women with small breasts "which leak and cause cancer," "asthma-inducing 'minimiser' bras" for women with large breasts and surgery for nipple realignments (1995: 101).

As Lette indicates, in more extreme cases, breast augmentation or reduction is a last resort. In a time when slimness has become obsessive and sometimes a disorder, "Dolly Parton big breasts" are still popular as pin-ups, in the print media, in TV 'soapies' such as Melrose Place and Baywatch, in movies and advertisements. Breasts
are eroticised, exoticised, fetishized, are subject to the male gaze, and continually the butt of jokes. Teenage girls at puberty are taunted by boys their own age and experience embarrassment either because they are flat-chested or have developing or fully developed breasts. Older women's sagging breasts are ridiculed as dysfunctional, pathological (as subject to breast cancer) and supposedly in need of support bras. Women of all ages are the subject of this specularisation and objects of both the male gaze and their own panopticism.

What is evident is that there is an economic investment in women's breasts, both manufacturing and medical. Again there is a disciplinary function which produces a literal construction of women's breasts in the latest fashion shape, gaunt but big breasted. This is accomplished by the twin regimes of exercise and surgery, both economically profitable requirements.

A woman is often depersonalised by her reduction to her accessible breasts. M. R. Miles (1986) comments on the cultural significance which this specularisation indicates as popular attraction for the people of a particular culture. This attraction may be symptomatic of the culture's expertise in addressing "the strong anxieties, interests, and longings common to all or most people of that society" (Miles, 1986: 196).

The problematisation of breasts in contemporary society indicates the complexity of existing cultural attitudes. At the same time as culture emphasises breasts as spectacle and icons of sexual desire, the maternal breast is cloistered. There is the dichotomy between the erotic and the maternal, the venereal and venerated. While the flaunting of breasts by advertising agencies is acceptable for selling newspapers, magazines and cars, breast-feeding in public is at best tolerated and at worst prohibited. In the fifties, it was considered indecent. It was not uncommon for a nursing mother to be ordered out of a restaurant and breast-feeding in public can still be met with disapproval. As recently as 1993, a woman was asked to leave a Returned Services League (RSL) Club in Northern NSW. Bruce Ruxton, the President of the Victorian Branch of the RSL, defended this action in the following terms:

She wanted to pull her boob out in public. I think that lowers her, quite frankly. No man wants to walk into his club and see a woman breast feeding. The club was right in asking her to leave. (quoted in Buttrrose, 1993: 35)

The substitution of boob for breast in the above text is indicative of the derogation of women's breasts when associated with the sexually arousing and profane function of breasts, as are the terms 'knockers', 'tits' and 'melons' which serve to
demean, degrade and objectify women. Often, in a sexual context, language reduces the woman to no more than her breasts. It is a practical example of the internalisation of tensions surrounding breasts when boundaries have been crossed or lines blurred whether they be sexual, proprietorial, functional, or regulatory. Ruxton, a military man, recognised the invasion by the maternal of a territory already marked public and sexual, and the inherent danger of its occupation by this ‘foreign’ body. This incident occurred at a time when topless waitresses were/are used to attract business in some hotels and clubs and wet T-shirt contests are common. While the exhibition of breasts and cleavages is acceptable for commercial purposes, retail enterprises closet mothers in rooms where baby can be fed away from the public gaze, and in the designated private spaces outside of the family home. This reveals an anomaly, in that the venue for breast-feeding is located within an area designated for public toilets: breast-feeding becomes associated with the elimination of waste from the body whereby the concept of contamination often associated with the flow or leakage of bodily fluids has been generalized to include breast-milk which can seep uncontained from maternal breasts.

“Cultural visual conditioning” (Miles, 1986: 204) marks the display of the maternal breast in public places as a disorder which disrupts the connotations of breasts as erotic. It flouts the understanding of the maternal body as already appropriated and, as such, rightly housed within the domain of the private. The nursing mother, by public exposure of her breasts, conflates eroticism with motherhood. She is passing as an available, sexual object when in fact she offends against propriety by exposing her breasts which might ‘rightfully’ be considered to be the property of another. Iris Young expresses the view that a phallocentric culture dispossesses women from their breasts, signalling that they belong to others: their husbands, lovers, babies (1990: 192). Nurturing is equated with asexuality, an attitude which Jane Gallop refers to in the context of nurturant teaching as “maternalized femininity, a hyper-feminine gendering of sexuality” (1994: 3), which combines “traditional ‘good’ femininity . . . with selfless, sexless nurturance” (1994: 6).

The cultural attitudes which define motherhood as sacred and virginal in the tradition of the Madonna, decree that there be a clear demarcation of the boundary between the erotic and the maternal in order to preserve the sanctity of marriage. This taboo ensures heirs their rightful inheritance. Christian religion, with its concept of the Virgin Mary as Mother of God, has aligned motherhood with the sacred, which is continually the subject of interdictions and rituals defining boundaries (Douglas, 1984: 21-22).
Breast-feeding in public is anomalous in that it crosses the boundaries between desire and maternal nurturance, between enclosed maternal space and public space; refuses to accept the ‘purdah’ of the nurturing mother; is in contravention of the accepted significations attributed to breasts; blurs internal and external bodily boundaries; signals lack of conformity to corporeal borders; and courts pollution behaviour. It confounds the designation of motherhood as divorced from desire. Even though Mary Douglas (1984) universalises the concept of pollution behaviour in Western society, her observation in relation to this behaviour is consistent with the disapproval which was once strongly held towards breast-feeding in public which contradicts and confuses the classification of the asexual maternal and the sexually available woman. Douglas observes that “boundary pollution focuses particularly on sexuality” (1984: 125). Danger lies in transitional states because they lack definition and so are easily transgressed. The ambiguity of breasts and their symbolism may cause anxiety that the symbolism may be interpreted inappropriately and property rights (where they exist) violated.

As Douglas has suggested: “we find in any culture worthy of the name various provisions for dealing with ambiguous or anomalous events” (1984: 39). Language is one such device. Miles (1986) refers to the symbolic differentiation of breasts in language - the singular, breast, indicates the maternal, the plural, breasts, indicate the erotic. Gunther Kress and Robert Hodge assert that “the modal function between singular and plural . . . affects the status of the utterance, primarily what can be termed its sharpness of focus” (1981: 88). In this way certain functions of the breast emphasize the ambiguity of breasted existence.

The demarcation between breast functions is exhibited both in language and inhabited space - areas which erotic breasts or maternal breasts (a reduction of women to their breasts) may occupy. For the majority of women, the mimesis of the high, hard and erect breast is an impossible ideal despite the ingenuity of designers who fashion brassieres to mould breasts to the desired shape. Grosz reads Lacan as describing the woman not as desiring the phallus but being the phallus or as being the object of desire (1990: 70), so that man might ‘come’. Commenting on the same Lacanian notion of being the phallus, Butler explains that ‘being’ the Phallus positions woman as the object of desire (1990: 44). Woman, in this sense, is used as “a representation, a sign and a third ‘hand’” (Irigaray, 1991: 204).
Breast cancer

How has this fetishization been translated into medicalization? This section deals with some feminist critiques of mass mammographic screening as opposed to mainstream perspectives, which depend on mass mammographic screening to reduce mortality from the disease rather than address prevention. Joyce Guilly (1994) presents the mainstream model. In her abstract to Breast Cancer: A Serious Threat to Elderly Women, Guilly states that breast cancer is the “second leading cause of cancer deaths after lung cancer in women” (1994: 151). If this statement is true, the question one asks in response to this statement is: Why isn’t there a greater emphasis on detection of lung cancer in women? Is this a continued emphasis on the sexual fragmentation of women’s bodies, the fetishization of breasts being medically appropriated? Guilly then cites cancer as the second leading cause of death for older women after heart disease. Gender bias in the treatment of heart disease is revealed in an American study by M. E. Kitler (1992) who found there was a less aggressive approach to the diagnosis and treatment of heart disease in women than in men, even though there was greater cardiac disability in women (cited in Millner and Widerman, 1994: 146).

Guilly states that the highest incidence of breast cancer occurs in women between the ages fifty to fifty-nine, with the second peak between sixty-five to sixty-nine (1994: 153). P. Kane disagrees with this opinion, asserting that the proportional incidence of breast cancer diminishes from sixty-five onwards (1991: 165). Guilly mentions that risk factors for breast cancer are multi-factorial and quotes hormones “as a major etiological factor in the development of breast cancer” (1994: 154) but adds that “[t]he major risk factor for breast cancer is gender, i.e., being female and hormonal related” (1994: 157). She notes that breast cancer in older women is less aggressive than in premenopausal women. Guilly quotes the findings of researchers Seidman et al., in a 1985 study of 570 white American women, that twenty-one per cent of the age range 30 to 54 and twenty-nine per cent of women aged 55 to 84 exhibited ‘high-risk’ factors and concluded that because of this “all women should be treated as being at appreciable risk for breast cancer” (1994: 157). While this provides a rationale for mammography for asymptomatic women, it is a perpetuation of the representation of the woman’s body as pathological and an example of a universalisation of that body in medicine. Once again, the body of the older woman is marked as an excessive body, one in whom morbidity in the form of breast cancer is in excess. While quoting a suggested decrease in mortality from breast cancer, due to a combination of physical examination and mammography, Guilly mentions without expanding that some
researchers find mammography a controversial issue (1994: 158). Yet, it would appear that her bias is in favour of breast screening and she mentions that “the efficacy of mammography improves with increasing age” (ibid). However after asserting that, with increasing age, screening is a lifelong necessity, Guillory defeats her argument by referring to the fact that ninety per cent of breast cancers are detected by women themselves or their doctor according to reports on research in this area (Carlie & Hadaway 1985; Goodman & Harte, 1990; cited in Guillery, 1994: 156).

Guillery describes breast self-examination (BSE) as a cost-effective, non-intrusive and convenient method of examination (1994: 159). Breast self-examination is also a reasonably accurate method of ensuring a breast health diagnosis for the woman, bypassing high technology. In her presentation, Guillery reinforces the mainstream view of breast cancer in a somewhat paradoxical manner.

In contrast, Sue Wilkinson and Celia Kitzinger approach the experience of breast cancer from a more critical feminist viewpoint, contending that treatment is influenced by a “cultural emphasis on breasts as objects of male sexual interest and male sexual pleasure” (1993: 230). They refer to Spence (1986) who sees the breast as a metaphor for women’s struggles against expectations that women should be the object of the male gaze while they are still struggling for “basic rights over their own bodies” (cited in Wilkinson and Kitzinger, 1993: 155).

This may explain medical practice’s concentration on breast cancer in preference to other diseases significant to women’s health, and the ability to arouse fear not only of the disease but a dread of the disfigurement of mastectomy and a willingness to undergo compensatory surgical procedures. Wives are urged to make themselves look feminine to lessen the post mastectomy trauma of husbands or partners and to maintain their own sense of identity as women. They put up with the discomfort of wearing a prosthesis or the risks involved in breast reconstruction: “[t]here is little room for accepting the loss of a breast, the wound and the scar that healing will bring” (Wilkinson and Kitzinger, 1993: 231). The emphasis appears to be on the patient’s bodily disruption of discourses of femininity rather than the trauma undergone by the patient. Wilkinson and Kitzinger point out the often disregarded risk which prosthetic surgery poses for women because of the difficulty in detecting reoccurrences of breast cancer on the chest wall (1993: 231). A mastectomy is often performed on the woman’s non-cancerous breast purely for the sake of symmetry. They comment that these practices reflect the cultural values of sexism and heterosexism found in psychological and medical literature (Wilkinson and Kitzinger, 1993: 232).
Wilkinson and Kitzinger indicate that a norm, a “man-made orthodoxy” has been created in cancer medicine which needs critiquing for its “disregard and distortion of women’s experience” (1993: 232). They also criticize alternative medicine for its tendency to lay the blame and responsibility for illness on the person suffering. This ‘blame the victim’ approach is often evident in discussions of breast cancer especially in popular discourses. For example, this attitude is evident in the documentary, Agatha’s Curse, when the facilitator of a breast cancer recovery group asked one of the women to read the group’s affirmation: “I accept myself now because I exist. I accept myself no matter how badly I have behaved in the past or will in the future.” The choice of words is indicative of an attitude of self-toleration rather than self-acceptance although the stated purpose of this group was self acceptance, and a challenge to negative thinking. While placing responsibility for disease on the individual infers that the individual is in control of his/her health, it conveniently overlooks industrial society’s contribution to ill-health through pollutants and the effects of some drug therapies.

Wilkinson and Kitzinger demonstrate that factors external to the individual are largely unaddressed. The beauty of mass mammographic screening is that matters appear to be addressed. Something is being done about women’s health. The program alleviates any pressures to examine why the incidence of breast cancer is still rising or why, in spite of increased technological know-how, survival rates have not improved significantly (Senate Standing Committee, 1994: 1).

The lines between prevention and detection are blurred, according to Lupton (1992). In fact there is no clear statement in regard to detection that once an individual is found with a tumour, that individual already has breast cancer or that breast screening is neither a cure or a prevention but a procedure which may enhance an individual’s chances of survival. Research by Kearsley (1986) indicates that survival rates have remained largely unchanged (cited in Lupton, 1992: 114). The Senate Committee of the Australian Commonwealth Parliament also states that “survival rates have remained largely unchanged in the last 50 years” (1994: 1). Women have been largely excluded from the debate about the advisability and duration of entering the breast screening program (Lupton, 1992: 115). Lupton draws attention to the strong connotations in society which equate cancer with a death sentence and, like Wilkinson and Kitzinger (1993), Hart, Sainsbury and Short (1995) and Foster (1995), to the gender factors associated with breasts as objects of male pleasure, and to the maternal function of breast-feeding. Lupton, too, comments that technology is used to give the impression that “something is being done” (1992: 116) and that there is a sometimes misplaced confidence in the efficacy of mass mammography. She cites several examples of raised
anxiety levels connected with screening and the subsequent adverse effect on some women. It is a factor which is largely if not entirely ignored by service-providers.

Lupton draws attention to the fact that, if mass mammographic screening is to be of real value to women, there must be adequate treatment and management of breast cancer. She is joined in this by Short (1995), Foster (1995) and the House of Representatives Standing Committee (1995). Lupton states: “[m]any individuals who strongly advocate such programs as mass mammography are well-intentioned and believe they are saving people’s lives” (1992: 121). This very dedication and concern can be an inhibiting factor in raising a critical voice. In a situation where the individual is concerned for the perceived well-being of the other, it is necessary to keep in perspective that the ‘naturalisation’ of medicine is internalized by those who administrate the program as well as the healthy older women who have become its objects of knowledge.

While the exercise of power has thus become invisible, Lupton highlights another significant factor, that of the invisibility of women themselves who are ‘deemed’ at risk from breast cancer: “These women, apart from their breasts, have been rendered invisible,” their rights obscured by the emphasis on the beneficial aspects of mammography (1992: 122). Lupton advocates that in discussions on women’s health initiatives, great attention should be paid to “the ethical, psychological and social implications of mass mammography” (1992: 122).

The form of health promotion which mass mammography represents corresponds with Foucault’s vision of power not as repressive but as productive, in this case by the creation of well older women as health consumers and objects to be known and placed under surveillance. Forms of resistance can be as simple as asking for more information or the individual woman making an informed choice in decisions which affect her life. There is a need to challenge the “truth” of the expert “which disqualifies alternate visions and experiences which arise from the multiple subjectivities of inhabiting women’s bodies” (Smart, 1991: 175).

The slippage between the mounting of an aggressive campaign for mass mammographic screening and the lack of access to universal effective treatment for women (particularly poor, Aboriginal and rural women) who are diagnosed as having breast cancer, indicates that medicine, far from being politically neutral, has an investment informed by a gendered, racist, class-based political economy which denies women both agency and equitable access in health matters. Shuttleworth (1990), in her
article on medical discourses in the mid-Victorian era, formed the opinion that the gender ideology of that period was the foundation of much of the alarmist 'health' practices to-day. That mass mammography has some of the features of an alarmist health practice can be gauged from an article by P. J. Klemi et al. (1992) in the British Medical Journal, which indicated that breast cancers detected by screening tended to be associated with components that suggested low levels of biological aggression and, therefore, may neither appear as symptomatic in a woman’s lifetime or threaten her life (cited in Foster, 1994: 115). However, Foster notes that there is an oversimplification in arguments that the early detection of breast cancer provides a good chance of recovery. It is a complex medical debate as to the efficacy of medical treatment of “early breast tumours” (Foster, 1994:115). She quotes a study by Skrabanek, 1988, that “thirteen out of 14 long-term follow-up studies of patients with breast cancer failed to show evidence of cure regardless of the stage at diagnosis” (1994: 115).

The suggestion that there is low a level of aggression in breast cancers detected by mass mammography in older women and the doubts raised as to the efficacy of early detection give rise to questions concerning the motivation for this practice. Judith Butler, states that while, on the one hand, women experience exclusion and erasure from the masculine system, on the other hand, “they are everywhere recirculated within that system as fetishized objects, phantasmatic sites of erotic investment” (1993: 4). Older women are, in one sense, by the system’s denial of an opportunity for them to articulate their experience, excluded from a health promotion strategy to which they are central but nevertheless are simultaneously recirculated within a sexual economy which highly sexualizes breasts. The sexuality of breasts is promoted over their functionality. The abjectified breasts of the older woman while disqualified as sexual objects are recirculated as objects of the medical gaze.

Breasts as the ‘face’ of women are one of the primary characteristics by which women are recognized. Mastectomy is liable, then, to be a traumatic experience both as a normal concern associated with surgery but also the concern that it is also a loss of womanhood. Iris Young observes that the trauma is the result not so much of the surgical excision of the breast but of cultural attitudes which induce a feeling of “becoming visually deformed, repulsive to look at” (Young, 1990: 204). Young concludes that “this primacy of the normalizing look completely silences and isolates a huge number of women” (1990: 205). Mary Bricker-Jenkins speaks of mastectomy from her personal experience as a mastectomized woman. She describes the incredulity of the nurse who discussed prosthesis with her, when this was refused (1994: 34). The nurse’s persistence in the face of Bricker-Jenkins’ refusal was not indicative of a lack
of sensitivity but a culturally-induced disbelief that one could choose to be different. Even though Bricker-Jenkins had explained her position, the nurse actually made a parting remark, that, if Bricker-Jenkins were to use the prosthesis, she would look the same as everyone else when she left hospital. Bricker-Jenkins remarks that refusing to wear a prosthesis, however, is a form of resistance which serves to isolate one from other women as well as men (1994: 36). Her experience serves to demonstrate how ingrained in women is the internalisation of male standards of beauty which are rooted in "male eroticism" (1994: 36).

Breasts as excessive signifiers of femininity in Western culture have lead to a view of women’s mastectomized bodies as transgressive because these rupture the normalizing view of femininity. An alternate view of mastectomy which can have positive connotations for women is of a deterritorialization of their colonized bodies which results in a validation of difference and a liberation from conformity and bondage to male eroticism. In this light, reconstructive surgery can be seen as not only a painful and potentially dangerous additional procedure but a reterritorialization of the woman’s subjected body.

The body, overall, is presented as an assemblage of organs some of which, particularly in regard to women’s breasts are value-laden in terms of the sexual economy. The effect produced is women’s virtual reduction to a set of breasts.

**Regulation through mammography**

The Surgeon said, 'They're only small breasts anyway. We might as well have it off eh?' No other treatment was prescribed. No inquiries as to how I was handling all of this and no explanations as to why! Just, 'Off you go, okay you've only one breast but at least you're alive!' 'At least you're alive', is a phrase that I've come to despise. (Logue, 1995)

Mass mammographic screening can be interpreted as a disciplinary regime which seeks to regulate the ‘disordered’ body of the older woman. This regulatory regime is panoptic in nature. The Panopticon, according to Foucault, was not only a disciplinary power but also a laboratory where experiments could be carried out, behaviour altered and the body moulded (1979: 203). Foucault asserts that discipline exercised through panoptic practices is able to determine the ‘truth’ of each individual. These ‘truths’ are inclusive of an individual’s ‘true’ disease (1979: 198), which in the case of older women appears to be a predisposition to breast cancer.
The 'normalizing gaze' of the medical sciences has assumed a largely unquestioned authoritative status in relation to the aged, the majority of whom are women. In the twentieth century the emphasis in public health, while still aimed at the control of bodies, has shifted to promoting the individual's responsibility for health maintenance (Lupton, 1994: 31). However, the pervasive nature of public health care is evidenced in practices in which the individual subjects him/herself to a constant self-surveillance setting in train an accompanying subjectivity which effectively produces and regulates the individual's compliant body, a body 'fit' for society's use. This is accomplished by recommendations to the general public to have regular medical check-ups; to watch diet, weight, blood pressure; to carry out examinations for skin cancer; to examine breasts monthly; test urine and blood; check bone density, hormone levels and bowel motions. In the production of 'fit' subjects, the individual is the primary regulatory body. Implicit in these health and hygiene practices is the view that ill-health is primarily a lack of control in the individual, a lack of vigilance, discipline or submission to preventative or diagnostic measures, a virtual blaming of the victim. What the individual is practising in the context of everyday life is Foucault's notion of the 'care of the self' where panoptic practices induce a mode of control over the self (1986: 68). In this way disciplinary practices are able to mould the everyday lives of individuals.

Individuals respond to self-regulation by participating in screening programs, medical check-ups and fitness tests. 'Public health discourse' which sees health as an individual right and for the public good is able, through the dispersal of regulatory measures, to render power relations invisible through subjects' voluntary participation in health promotions. In mass mammography, older women voluntarily present themselves for screening thus placing themselves in an invisible power relationship, for their own good.

Panoptic practices are hierarchical in nature and have a seer and a seen. In mammography, the seer is a special category of person, the radiographer, whose work is then examined by a specialist, a radiologist, who uses the x-ray to judge whether the older woman's breasts are normal or not. Through the medium of the mammogram, the radiologist becomes the disembodied spectator whose gaze penetrates the body of, in this case, the older woman. The radiologist neither sees nor is seen by the older woman who undergoes a mammogram. This contributes to the older woman's feeling of alienation from her body which it is only possible for a disembodied expert to really 'know'. But not only is the body of this well older woman known by this spectator, who is godlike both in invisibility and knowledge of 'good and evil' (cancerous or
not), but at two yearly intervals, until the age of sixty-nine, it is expected that she will present herself repeatedly for surveillance which not only prolongs the disciplinary regime, but imposes, in the process, the visibility of the subject while the key authority figure, the radiologist, remains invisible.

It is within the context of an invisible disciplinary power that I locate mass mammographic screening, within a world of medical technologies penetrating the space of the body - a world of x-rays, scans, ultra sounds, smears, blood tests, endoscopes, biopsies that the space of the body becomes knowable. Whereas it had previously been only the surface of the body which could be known by the physician, it is currently possible to know what lies hidden in the body's interior after boundaries had been renegotiated between anatomy and clinical practice and the exterior and interior of the body. The records kept by doctors and by breast screening units include the older woman in what Foucault described as a 'new economy' where documents computerize the individual (Foucault, 1979: 192).

In regard to the healthy body, these techniques of normalization whereby the individual body is disciplined, controlled and fashioned are adopted in health promotion. The individual’s response is mediated by agency with the practice modified by the degree that the older woman internalizes the health imperative. In the case of mass mammographic screening, the individual older woman’s response may be one of total resistance, complete compliance, or of some degree of conformity to the program. Some older women may elect to choose mammography through a private agency; some may elect only breast self-examination; others may elect a combination of breast self-examination and regular yearly check-ups by either a doctor or a women’s health nurse; others may join the breast screening program and then drop out.

When there is resistance to autonomous modes of self-government brought about by governmentality, this resistance may be overcome through incitement, usually of pleasures and desires. In the case of mass mammographic screening, the received wisdom is that early detection of breast cancer may enable preservation of the breast through conservative rather than radical surgery and lessen the likelihood of death due to the disease. Power is exercised in mammography through incitement using the desire for health but also the fear of a disfigured body, with the intention of persuading asymptomatic older women to attend screening programs. This allows continuation of regulation of women's bodies and the continued role of women as “eroticized commodities” (Singer, 1993: 44) exemplified in the concern for the effect that mastectomies will have on women’s partners and the masking of the excision(s) by
prophylactic surgery or prostheses so that one may again appear ‘sexy’, a somewhat paradoxical representation when older women are universalized as asexual.

Panoptic practices give rise to the observation of the individual, allow an analysis of knowledge gained through that observation and enables the refinement of that knowledge to exhibit as ‘best practice’. This demonstrates that, even when aged, women’s bodies are subjected by assemblages of power exercised in this case, by health practitioners who overcode older women’s bodies as specifically prone to the disease of breast cancer. An authoritarian assemblage is compiled of aged body, medical technology, expert intervention, which conspires to reterritorialize the deterritorialized body of the older woman through the social production of facialized breasts which no longer signify erotic desire or maternal nurturance but disease and death.

The quote at the beginning of this section demonstrates the lack of sensitivity on behalf of a doctor to a woman with breast cancer undergoing a traumatic experience in which not only her life is at threat but also aspects of what she may perceive as her identity as a woman. As Logue says so aptly “I know they are doing their job but the interaction with me, Jill, human being, someone’s daughter, sister, wife and mother, someone feeling anxious and vulnerable is non existent” (Logue, 1995: 4).

Medicalized docile/useful breasts

Medical research and accompanying technologies are funded by both government and private enterprise and the results of such research bring economic benefit to the pharmaceutical firms and associated health industries, both mainstream and alternative, which utilise them. Foster mentions manufacturers of medical equipment who benefit from the sale of x-ray machines and ultrasounds as well as medical supply companies who advertise mobile mammographic vans (1995: 124). Mass mammography creates an industry which incorporates both well older women and those who are found to have breast cancer. Its economic utility is evidenced in the professional employment opportunities for doctors, radiologists, radiographers, researchers, women’s health nurses, social workers, counsellors, recruitment officers, education officers, receptionists, administrators; and in the provision of housing and equipment including sites, units, clinics, laboratories, x-ray machines, ultra sounds, surgical equipment and mobile vans. It produces subjects for research. In this way women’s breasts “become relevant factors for economic management” and the organization of a health apparatus
which will ensure not only the subjection of women “but the constant increase of their utility” (Foucault, 1986: 279).

To regard “the biological traits of a population” as economically useful is not foreign to contemporary society, a marked characteristic of which is consumerism. Short argues that “‘community’ needs are easily manipulated or distorted by powerful interest groups” (1995: 103). Groups such as the medical profession, medical technology and drug companies each have vested interests in breast cancer and for the latter two, there is a greater interest in treatment rather than prevention.

Economic investments have resulted in an excessive fervour in the pursuit of a healthy body. Health promotion strategies whose aim is to ensure a healthy body use fear as a motivational factor: fear of sickness, overweight, degeneration, death. In turn, the population becomes prone to an ‘epidemic mentality’ (Singer, 1993). Public health promotion, in tandem with clinical medicine’s ‘scientific’ view of bodies and advances made in the field of modern medical technology, has given rise to an increase in longevity, a greater rate of cures and a deferential view of the medical profession. The combating of epidemics has seen the enlistment of more and more technology in the prevention of disease. Medicine not only sees its clients as the ill in need of a cure but people as potentially ill, in other words potential customers. Lupton notes that public health discourse projects the body as dangerous, problematic, potentially uncontrollable, attracting disease and posing a threat to the rest of society (1994: 30). The media, both newsprint and TV news, supports such a view with reports of diverse ‘epidemics’ such as whooping cough, teenage pregnancy, youth suicide and breast cancer. This often induces ‘panic theories’ which leads to ‘Body McCarthyism’ where a population is forever on the alert for the invasion of the body by disease (Kroker and Kroker, cited in Lupton, 1994: 35). Butler refers to ‘panic logic’ invoking a disciplinary response (1993: 10).

The dread of breast cancer has spilt over into motivational factors used in breast screening campaigns. The fear of cancer is prevalent with many people believing it to be a death sentence. It is this anxiety provoking tendency amongst the health discourses which, Lupton observes, “presents an ethical difference between offering screening to symptomless individuals and providing medical care to someone who is ill” (1992: 120). In other words, the use of fear in health promotion has led to excess, an excess of self-regulation which is now beginning to be met with resistance, for example, in reaction to AIDS campaigns where gay lobby groups campaigned against mass AIDS testing (Bartos, 1994).
In recruitment for the screening program, willing allies are found in the media, women’s magazines, newspapers and older women’s organisations. On TV, breast cancer is described as the silent epidemic. Fear is a major component in some documentaries, with an element of added stress and confusion due to the haphazard introduction of oppositional discourses, where a mix of lifestyle and physiological factors, are attributed as causes of breast cancer. These causal factors appear to be wide ranging and include women who are childless, celibate, lesbian and heterosexual. No category of woman has been omitted. The normalising gaze which scrutinises women’s breasts returns us to earlier discourses of the family in a new guise. It may be seen as an attempt to discipline women who are non-heterosexual, career-minded or who choose not to have children. But what of the woman who is infertile? How does breast cancer, a disease, differentiate between ‘natural’ and ‘unnatural’ infertility? There appears to be evidence that these factors rather than being scientifically-based are culturally-based normative values.

Hart, Sainsbury and Short note that Lupton’s (1994) analysis of portrayals of breast cancer in the popular press indicate a privileging of discourses which advocate medical and technological dominance, emphasise women as being responsible for their illness and “powerfully link breast cancer with notions of femininity and sexuality” (1995: 4). While it could be argued that the high profile of the breast screening campaign and the visibility of sites such as mobile vans provide easy access, which is of benefit to older women, there is the spectacle of women’s bodies as unreliable being publicly paraded. Aggressive campaigns advocating mass mammography have enlisted older women with high profiles such as Ita Buttrose and Sarah Henderson in TV and magazine advertisements; banners have been hung from bridges spanning highway; and neon advertising signs emblazon motorways. Though the program is voluntary, names of women over fifty who have not presented for a mammogram are culled from electoral rolls and letters are sent urging these women to participate in this program. A further notice is sent to women who still have not complied. This monitoring from electoral rolls involves a large-scale surveillance of older women. That this is a disciplinary regime, not readily perceived as such, can be gauged from allegations of discrimination which have been levelled by older men in relation to the introduction of mass screening procedures for prostrate cancer. This exercise of power is legitimated by a positive goal, the early detection and restraint of invasive breast cancers, and so receives support from the public and either compliance or anxiety and guilt from older women when not acted upon (Lupton, 1994: 32). As older women’s infertile bodies are deterritorialized from the territorialization which marks women’s bodies as maternal,
the inscription of older women’s reproductive functions as diseased by the medical sciences is a reterritorialization of those functions and organs.

The fear of what lies hidden in the body ready to erupt, has led to the practice of prophylactic mastectomy being offered to, and in some cases undergone by, women who appear to have a strong genetic predisposition to breast cancer. The reason given for this choice is the constant stress induced by anxiety about developing the disease. What is not emphasised is the fact that genetic factors indicate a predisposition to, not a certainty that one will succumb to, the disease.

After a lifetime of indoctrination that ‘eternal vigilance’ is the price of good health, coupled with the valorization of the medical profession, it is an easy matter to persuade older women that, for their own good, they should continue that vigilance by presenting themselves for a procedure “which combines the techniques of an observing hierarchy with those of a normalizing judgement” (Flynn, 1993: 282). Screening programs abound. Pathology tests, check ups, Pap smears, x-ray screenings are routinely carried out. Nothing is left to chance or the individual’s judgement. Health promotion and education programs have created a hostile body rather than a healthy body, an enemy within, forever ready to produce or succumb, within its space, to diseases which are ready to destroy the unwary.

Medical expertise overrides the personal experience of one’s own body. Foucault comments that the origins of modern clinical practice and subsequent medical orientations were derived when palpation or touch was added to the clinical gaze and privileged over the patient’s account of symptoms. Clinical experience then saw “a new space opening up before it: the tangible space of the body, which . . . is that opaque mass in which secrets, invisible lesions, and the very mystery of origins lie hidden” (Foucault, 1986: 122). Foucault reasoned that a “medicine of organs, sites, causes” would replace the medicine of symptoms which was based on the patient’s account of disease (Foucault, 1986: 122).

The elision of the individual’s knowledge of his/her illness by the medical expert who ‘knows’ the body gives rise to the question of funding: for research to increase that knowledge; for remuneration for the expert’s services; for clinics and hospitals to provide a site; for industry to provide equipment and drugs together with personnel as service deliverers, technicians and support staff. In a transcript of evidence to the Commonwealth Report on the Treatment and Management of Breast Cancer, Alan Rodger, Director and Professor of Radiation Oncology, warns of
problems which can arise out of funding in the area of research into the treatment of breast cancer:

In a randomised trial, for instance, the non-invasive trial of radiotherapy versus no radiotherapy, every patient that is randomised to no radiotherapy loses my department money... It does not persuade me at all, because my staff and I work on the basis that patients are offered radiotherapy when it is appropriate... But if... you get extra funding for treating patients, then there is a disincentive not to treat them. (House of Representatives Standing Committee on Community Affairs, 1995: 33)

This statement warns against possible misuse of randomised trials based on financial incentives and alerts the community to problems that can arise from the desire to gain further knowledge and expertise. The commodification of medicine can lead to unethical decisions based on a financial situation where the health consumer also becomes a source of revenue and, as such, is subjected to inappropriate treatments. More importantly, in the extension of knowledge through randomised trials, appropriate treatment may be withheld or inappropriate treatment given. The health consumer again becomes a resource, this time in terms of knowledge. In both cases the health of the individual is jeopardised for the well-being of others. While clinical trials bring benefit in the form of knowledge of the efficacy of treatment, it is a form of human experimentation. Clinical trials are strictly controlled through the Commonwealth “Department of Human Services and Health, by the ethics committees of individual institutions and the Guidelines on Human Experimentation which have been established by the National Health and Medical Research Council” (House of Representatives Standing Committee on Community Affairs, 1995: 103). However, this does not eliminate the element of risk in the procedures for the women involved.

The House of Representatives Committee believes that the mass mammographic program is outside the “dominant ‘illness’ model” of health and that women who have participated will consider themselves as well women (House of Representatives Standing Committee on Community Affairs, 1995: 55). Short, on the other hand, raises concerns that:

...women are being channelled into a national screening program and then they are left to cope with the much greater challenges of the anxiety of a possible diagnosis of breast cancer, the added stress of diagnostic assessment
for a definitive diagnosis, the mental and physical treatment of trauma and the constant fear of dying from breast cancer. (1995:104)

My emphasis is not on the individual medical or health practitioner who is affected by a particular work ethos but on the heterogeneous assemblages which seek to maintain a continuity of control over women's bodies. The institution of medicine which applies its power as a disciplinary as well as a therapeutic process, is problematic, particularly when it becomes an adjunct of government and the health care industry.

**Abjectified breasts**

Grosz notes that, with the alignment of men with the mind and women with the body, there are "particular bodily zones that serve to emphasise both women's difference from and otherness to men" (Grosz, 1994: 203). She continues that at puberty the secondary sexual characteristics occur and that these become one of the sites of differentiation. For women, there are constant reminders of their biological specificity - menstruation each month from menarche, to menopause is a reminder of the womb, while there is attention, both personal and cultural, centred on the breasts. The visibility of bodily changes, whether solid or fluid, their onset variable from woman to woman, mark the body as feminine. The observable differences in male/female bodies lead to the control of the different body, the one which departs from the normativity of the male body, the 'master signifier'. The female body becomes the abject body, described because of its difference as inferior, lacking, even though it possesses characteristics and organs which are lacking in the male body - the ability to bear life in the womb and to nourish that life. A constructed duality presents the sexuality of the male body as the active, privileged position of he who desires, as opposed to the passive position of she who is desired, and so she is denied a position as a desiring subject. As Deleuze has commented, it is not only a question of enunciation that is the source of binary opposition of masculine/feminine but the fundamental question is "that of the body - the body they steal from us in order to fabricate opposable organisms" (Deleuze and Guattari, 1993: 125).

The network of bio-power and somato-power is institutionalized through the sexuality of the hysterical and pathological female body as evident in psychoanalytic theory, gynaecology and obstetrics. In the conflation of the female body with the maternal body, there is no recognition of that different embodiment begets different desires. As female desire does not correlate with desire aroused by male embodiment, it
has been declared non-existent or synonymous with male desire. Lacan's psychoanalytic mirror stage sees the male fixated in a 'dream of a symmetry' which the female body does not reflect. Foucault has expressed the constructed nature of sexuality as body-power forming a network of sexuality which is historical and cultural and in which we simultaneously seem “to recognise and lose ourselves” (1980: 186).

How did sexuality evolve as a prominent strategy for disciplining women's bodies? Foucault remarked that the constructs of sexuality and sex dated from the eighteenth and nineteenth century respectively. The latter period saw the emergence from the church confessional to “the machinery of the confession, within which psychoanalysis and Freud figure as episodes” (1980: 211). Medicine inscribed sexuality as it related to women's sexual characteristics, practices, and reproductive functions as marked predominantly by pathology and hysteria. Foucault attributes this outcome to Freud having taken Charcot's pronouncement literally that: "It is indeed all a question of sexuality" (1980: 212). With the body as locus for sexuality and sex, health became gendered. Commenting on gender differences in health care, Shuttleworth indicates that a belief existed in the mid-Victorian era that the health of the masculine body depended on the exercise of self-control and correspondingly, a woman's health “depended on her very inability to control her body” (1990: 57).

Woman's perceived inability to control her body established a 'need' for external control over a body which was characterized by excess. This excess was linked to women's bodily fluids, again perceived as 'pollutants'. In turn, these fluids, particularly those associated with blood, regulated the health and emotional stability of women (Shuttleworth, 1990). While the idea of bodily fluids as pollutants was particularly strong in the case of menstruation as discussed earlier, the siting of rooms for breast-feeding in or adjacent to women's toilets, though contradictory to health promotion and sanitary ideas, indicates a generalized but contradictory association of female bodily fluids with pollution. This is expressed in another manner in the paradox contained in attitudes to women in the Victorian era which, on the one hand, envisioned the woman as the 'angel in the house' but, on the other, considered the woman to have concealed within her, polluted bodily fluids as in a sewer and, as such, women were "the breeding ground of social disease" (Shuttleworth, 1990: 56).

Shuttleworth attributes the growth of medical specialities to deal with women and children to the desire in Victorian England to regulate "the female uterine economy" which was seen as responsible for women's projected emotional instability (1990: 56). The concept of bodily functions as unclean and pathological served to engender in
women an uneasy relationship with their bodies which positioned them as adversarial to these same bodies and their desires and pleasures. Irigaray states that what became acceptable were reproductive functions: “the culturally, socially, economically valorized female characteristics . . . correlated with maternity and motherhood: with breast-feeding the child, restoring the man” (Irigaray, 1992: 25).

Irigaray remarks that the game, rules and outcomes governing sexuality are decided well before puberty. Deleuze, likewise, asserts that it is the little girl's body which is the first to be stolen to meet society's needs. By womanhood, the inscription of their bodies as imperfect results, according to Irigaray, in women's sexual development being a struggle for the “woman's own constitution” to adapt to its sexual function as required by “social custom” (1992: 24). Consequently, many women spend their lives in a constant effort to live up to the expectations of “social custom” as it relates to a sexuality which has already excluded their desires and pleasures. Irigaray describes how the social construction of women's desires and their separation and exclusion from women-identified sexualities results in women's lack of self-knowledge except as “phallic proxies” (Irigaray, 1992: 231).

The compatibility between the ideal of femininity and one's own subjective reality is never quite right, never quite achieved. An illustration of the extent to which the discourses centring on the feminine body are embedded within feminine subjectivity and identification is revealed in the manner in which some women have defined themselves as having imperfect bodies. Incited by the desire to have ideal breasts, many women are willing to put their health at risk by resorting to breast implants, in spite of adverse publicity as to the risks involved. These women have internalised the correlation of breast volume and shape with desirability and chosen to adapt to the masculine phantasy which fetishizes breasts.

Liz Gallois (1996), in her research on women's motivation for undergoing breast enhancement, found that body image was a factor in each of their decisions. For some women, their decisions were predicated on their identity as women coinciding with the cultural conflation of woman with breasts: “You had to have breasts. You were not considered a woman unless you had breasts.” From a second respondent: “I'm a woman now, like anybody else, I'm not different” (1996: 23). The media, which featured big busted models or film stars, was another but not a major influence. There was the notion of the perfect body as a unitary model and that self-acceptance and life satisfaction depended on conformity to that model.
None of the women could be judged to have made informed decisions as risks associated with breast enhancement surgery had not been discussed with them. Eight of the ten responded that they would not have had implants “if they had known what they now know” (1996: 22). Nine women experienced side effects which involved “more than one surgical intervention in connection with their implants, and two had suffered severe nervous breakdowns requiring hospitalisation after their implants had been removed and replaced” (1996: 22). The disjunction between women’s experiences of their bodies and cultural constructions which signal that their bodies are somehow deviant, because they do not conform to the idealized stereotype, is a source of vulnerability and susceptibility to invasive techniques, particularly those procedures which are medically or psychologically based. These techniques purport to remedy the bodily imperfection and make one a ‘real woman’. The definition of the perfect body and of sexuality is external to women themselves. Failure as a ‘perfect’ and hence desirable body pervades women’s internalized subjectivity.

Young (1990) remarks that in contemporary society, the pubescent breast is the model for the ‘ideal’ breast, a model in which there is inbuilt failure due to maturation and maternity. She discusses cultural attitudes which conflate sagging breasts with ageing and the society’s dismissal of older women whose dried-up, sagging breasts signify as the bodily excess of “a woman used up” (1990: 192).

In discussing the practices and institutions involved in the strategies by which the woman’s body is appropriated, Irigaray supplies many insights into psychoanalytic interpretations of embodied subjectivity which are useful for analysing gendered interpretations of the body’s sexuality. Even though her framework is psychoanalytic, Irigaray nevertheless critiques the biased nature of the hypotheses in which Freudian psychoanalysis has been framed. Its emphasis on regulation and values as “an organized system . . . determined by male subjects” results in the interdiction of the feminine whose function within the phallic economy is of a reproductive nature and as the negative representation of the masculine (Irigaray, 1992: 22).

The usefulness of psychoanalytic theory lies in its provision of a method to analyse desire. However attention needs to be directed to the factors specific to particular historical contexts, which influence the processes of normativity and reflect the social investments and cultural anxieties characteristic of that period of history. These factors are often more enlightening in delineating societal investments and anxieties than psychoanalysis’ ‘family romance’.
Both Irigaray (1992) and Young (1990) offer alternative configurations of the feminine body as fluid, to the masculine body defined as volume. A body's boundaries are delineated by sex but if those boundaries are fluid, permeable and multiply located, as is the case with women, the boundaries are forever being redrawn and recontested. Douglas (1984) draws attention to bodily orifices which are sites for the flow or seepage of bodily fluids and the negativity of cultural interpretations which mark these flows as dangerous, dirty, disgusting, marginalising the fluids which traverse the bodily boundaries (Douglas, 1984: 121).

These fluids are not contained within the body, blurring the demarcation between neat definitions of bodily limits and the external. At times the emission of these fluids respond to an assemblage of feelings, emotions and physiological factors rather than conscious control, for example, tears when upset; urine when terrified; blood in the menstrual cycle. The body as volume can be seen, supervised and modified, whereas the fluid body is invisible unless the fluids of which it is composed pour uncontrollably out of the body, extending it beyond its supposed boundaries.

So when Irigaray likens woman to the ocean in her bodily flows of blood and milk, she challenges the concept of woman's body as a passive receptacle in that it experiences and is capable of emissions and that it is capable of expanding and contracting its boundaries. When a baby feeds at the mother's breast, there is a connection, a coupling in a Deleuzean machinic sense, activated by a desire to nurture and a desire to be nourished, which unites the bodies of infant and mother into a single entity with the flowing milk causing an intimate connection. There is a communion between the becoming-mother of the infant and a becoming-infant of the mother.

Grosz (1994) comments that a commonality for women exists in the fluid nature of their bodies which is irreducibly specific to their bodies. This fluidity is difficult to appropriate and resists cultural overlays even though under constant threat. Consequently there is a cultural perception of women's bodily fluids as contaminating and as dangerous (Grosz, 1994: 207). Grosz stresses that this "irreducible specificity of women's bodies" does not universalize the way in which particular women experience and react to their bodies (ibid). Grosz alludes to women's possession of a self-contained autoerotic power which threatens the view of women's sexuality as lack. Simplistic views see desire in a woman, as a manifestation of a desire to possess the phallus despite her multiplicity of pleasure zones and, indeed in direct denial of them. Irigaray has contrasted the multiplicity of erogenous zones (1992: 29) located in a woman's body as opposed to the male's fetishised, privileged, sex organ. A woman's
sexual arousal lacks “masculine parameters” and is not invested in a privileged single organ as is the case in phallic sexuality. These multiple sites of arousal in a woman have led to the presumption that she has no sex (Irigaray, 1992: 233).

The notion that a woman’s desire is self-sufficient, that a woman could envisage the male as superfluous to her desire, satisfying her own desires, her pleasures, but not his, is one which arouses anxiety in western society. Psychoanalytic theory interprets the sexual anxieties experienced by the male as the fear that the infant as phallus usurps the man’s sexual relationship with the mother. This fear is counteracted by a society which values aspects of womanhood which are the cultural, social and economic valorization of the female characteristics associated with maternity (Irigaray, 1992: 25). In this process of cultural utility and intelligibility, the signs, the inscriptions of what it is to be a desiring woman, are foreign to woman because psychoanalysis in its masculine orientation excludes a woman-identified desire. Like the body of the foreigner, woman is exploited and subjected to representations which depict her as psychotic and hysterical (Irigaray, 1992: 55).

It is necessary in the libidinal economy to establish the pre-eminence and therefore the normative value of the male organ, and to accomplish this, the concept of penis-envy is introduced by psychoanalysis. Boys, it is said, are horrified by the lack in the female. Psychoanalysis proposes that the fear of castration is induced by the male fear that a woman’s insatiable desire for his sex organ may cause her to devour the penis. This in turn is regarded by psychoanalytic theory as a male “projection of his ‘primitive’ oral instincts, of his wish to devour the mother’s breast” (Irigaray, 1992: 58).

The task in “becoming woman,” according to Irigaray, “will consist mainly in recognizing and accepting her atrophied member, the clitoris, the supposed penile substitute” (1992: 22). While the clitoris is devalued as an atrophied penis, there is no such questioning or devaluation of the male’s atrophied breasts, but this is no contest, for a woman’s breasts are classified as secondary sexual characteristics. Secondary to what? The penis which, Irigaray suggests, is socially constructed as the “master signifier”.

In addition to sight, touching, kissing and fondling the breasts causes sexual arousal but what is ignored and unacknowledged because of the cultural taboo which deems the maternal to be asexual, is the sexual arousal sometimes to the point of orgasm which occurs when nursing mothers are breast-feeding (Young, 1990). This is due, no doubt, to the separation of maternity and sexuality. In some cultural contexts -
for example, the Sambia already mentioned in Chapters Three and Four - women associate orgasm only with breast-feeding and never with coitus. Sambian culture, however, still preserves male status as the dominant sex by rituals which equate the penis with the nurturing function of the breast:

I breast-feed my wife with the milk of my penis. I breast-feed my wife's brothers with the milk of my penis. My wife breast-feeds the child whose bones, organs, and muscles formed in the male milk I poured into her womb. (Lingis, 1994: 137)

In Western culture, there has been no such appropriation by men of the nurturing function unique to women but the pleasurable aspects of breast-feeding are denied, according to Irigaray, because phallic power attributes sexual activity to the masculine and passivity to the feminine (1992: 16). Irigaray categorises breast-feeding as an activity and as such, a disruption of the equation of masculine as active and feminine as passive. In recalling "the perplexity about the criteria of sexual difference entailed by the question of breast-feeding", Irigaray suggests attention should be drawn to what is closely associated with this maternal function, that for men "the most intolerable deprivation" is the deprivation caused by lack of a womb and a certainty as to paternity (1992: 23).

The proposition has already been raised that the lack of a womb and atrophied breasts, has contributed to the location of the genital area as the privileged and normative locus of sexuality. An interesting narrative has been construed from biological differences. Irigaray flags the constructed nature of sexuality when she expands on the pleasure derived from multiple erogenous zones which resist the compression of sexuality to an ideal construct because these erogenous zones "foil any attempt at reducing sexual multiplicity to some proper noun, to some proper meaning, to some concept" (1992: 233).

What are the compensatory strategies by which the masculine has maintained primacy? The establishment of the phallus/phallogocentrism as referent; the privileging of heterosexuality and male desire as normative; the hysterization of the female body; mimetic behaviour. Male mimetic behaviour of "woman's function in maternity" endeavours to compensate for the masculine lack of an equivalent role by the creation of products, particularly of a cultural nature (Irigaray, 1992: 23). Male substitutes for feminine reproductive power occur in the manufacturing industry's production line
where goods and parts are constantly reproduced and in cultural productions in art, film
and photography where images are constantly reproduced.

However, as already discussed in Chapter Three, it is in the realm of the sacred
that religious metaphor seeks to transcend biological reproduction with symbolism
which ritualizes and reproduces the maternal characteristics of giving and nourishing
life. The Christian belief in transubstantiation holds that through the divine power
invested in the religious leader, the body of Christ is reproduced in the Eucharist. This
masculine prerogative is strongly defended by the Catholic Church and other Christian
denominations which refuse to consider the ordination of women. The crucifixion story
of the centurion piercing the side of Christ, from which flowed a mixture of blood and
water, illustrates the appropriation of maternal functions particularly in relation to
women’s bodies as food: “So the bleeding body of Christ crucified can be recognised
as maternal in its functioning; the bleeding wound in Christ’s Side functions as a

Jennifer Ash explains the significance of this imagery in the Middle Ages. It was
believed at that time that breast milk was actually the mother’s blood which had
nourished the foetus in the womb. After the mother gave birth it was believed that this
blood converted into breast milk (Ash, 1990: 86). To the people of the Middle Ages,
Christ’s bleeding chest wound was more than a lactating breast, the cavity was also a

This belief of a conversion of blood from the womb into breast milk would
explain practices which to-day inexplicably associate breast milk with the body’s waste
products, exemplified, as discussed earlier in the location of mother’s rooms in
women’s toilets. There seems to be a free association of menstruation, considered a
pollutant, and breast milk which is otherwise considered desirable because of its purity
from contamination. Both could be considered as related to the womb function. On the
reproductive level, a relationship exists both in the cultural psyche and in a
physiological sense between the womb, menstruation and the lactating breast.

Breasted faciality

The concept of pollution continues in the abjectified breasts of the older woman which,
it has earlier been remarked, are pathologized through linkage to breast cancer and
death. Deleuze and Guattari’s concept of faciality is useful in analysing the power
assemblage which results in this abjectification. Deleuze and Guattari use this concept
of faciality to explain the process of signification and subjectivity. The function of the
Faciality machine is to ensure disciplined bodies through assemblages of power that act through signifiers to subjectify (Deleuze and Guattari, 1994: 180). Assemblages of power make a concerted effort to abolish the body and its corporeal differences through the production of "[a] single substance of expression" (Deleuze and Guattari, 1994: 181). In order to produce the same 'facial' expression of femininity, all women’s bodies must conform to a unitary notion of corporeality. The signifier and the subjective "can be related only to a body that has been entirely facialized" (Deleuze and Guattari, 1994: 181). The two aspects of faciality, signification and subjectivity, combine to form what Deleuze and Guattari term a white wall/black hole system: the white wall of the signifier, the black hole of subjectivity (1994: 168). The concept of faciality is a derivative of the face as a signifier: for instance, the face indicates whether the individual is young or old, happy or sad, calm or angry. The white wall/black hole system is not a face but an abstract machine which produces faces or signifiers (ibid). It is engaged in the social production of face (ibid). Cultural expressions refer to 'losing' or 'saving' face. The abstract machine has no resemblance to that which it produces. Likewise breasts, which have no resemblance to a face, can be facialized by the abstract machine to produce the objectification of eroticized breasts, the sublimation of the maternal breast and the abjectification of the older woman's asexualized breast - the three 'faces' of Eve.

A further function of faciality is involved in deterritorialization and reterritorialization of the body. It is this function of faciality which is useful in regard to the mastectomized body. Faciality produces an assemblage of power which territorializes the fetishized breasts as the white wall which signifies femininity, either erotic or maternal. The black holes of the eyes overcode the breasts as erotic or maternal/nurturant objects. But when the breasts are removed, as they are in mastectomy, there is a radical disruption of the signifier, breast-woman. The hegemony of the masculine gaze is disrupted and the body of the breast-woman is deterritorialized through the loss of her breasts, the signifiers of her objectification as either the phallus or the maternal, or of her abjectification through the morbidity of her breasts.

An anomaly exists when an already transgressive and undisciplined body, that of the older woman, undergoes mastectomy, further eroding her femininity. While society views her body as undisciplined and unfeminine because of its non-conformity - its wrinkles and sags - and even though she is now considered redundant as a sexual object, the older woman is still counselled to retain her femininity by submitting to reconstructive surgery. Deleuze and Guattari propose that the abstract machine of
faciality “assumes a role of selective response or choice” (1994: 177). It judges whether one is acceptable or not “on the basis of elementary facial units” and so establishes binary relations on the basis of which what is accepted depends on choice (ibid). On the basis that neither the face nor the facialized body of the older woman conforms to representations of femininity, she is rejected, but she is tolerated as a useful body, a transgressive body who, in her divergence from normative femininity, reinforces that model.

Griggers speaks of the translation of the organic into the social as delusional (1997: 30). The reduction of women’s physicality to a set of breasts distorts women's self-image, reinforced as it has been, by the infant’s experience of mother’s breasts, a full-on sensory experience: the taste of the breast milk, its smell, the touch of the breasts’ soft flesh with the eyes focussed on the breast itself. In Griggers’ reading of Deleuze and Guattari on faciality, she interprets the woman’s breast as “ground zero of femininity”, a site of social significations (1997: 31) which breast cancer disrupts. In the face of breast cancer, desire is thwarted when the smooth skin is marred by the surgical knife. Reconstructive breast surgery which produces a mock-up of these breasts is not only a denial of a biological loss but, according to Griggers, is part of a “delusional circuitry” which masks a “cultural psychosis” (197: 31).

In other words, the mastectomy has deterritorialized the woman’s body. The woman is defaced, losing her femininity which is depicted by her breast-face. However, Deleuze and Guattari propose that it is the least deterritorialized object which seeks to reterritorialize the other object (1994: 174). When this concept is applied to the eyes-breast connection, it is the eyes which seek to reterritorialize the mastectomized body by the reconstruction of breasts to mask the loss and reterritorialize the body. The fetishized object must be replaced so as not to disrupt the integrity of the object of the gaze, the breast-face of the woman as signifier of the feminine.

So what would the effect of a mastectomized body be upon the beholder? Deleuze and Guattari maintain that the gaze itself is secondary to the black hole of faciality, that is, the consciousness of the facialized body (1994: 171). Again, in a disruption of the consciousness of the feminine and the object of the gaze, the mastectomized woman becomes not-woman because she lacks breasts, the signifiers of womanhood. In terms of signification and the resultant subjectivity, the older woman has undergone a becoming-imperceptible as woman. After mastectomy, the recommendations for protheses attempt to overcode the abjectified body to once again become a breasted body perceptible as feminine. The integration of the breasts as part-
objects, parts of breasts reconstructed through the hand of the surgeon, the flesh of part of a ‘good’ breast or another body part or even more grotesquely, the artificial implant, is a process reminiscent of a “demented experimenter” who uses parts of the anatomy to reproduce, in this case, the breasts which signify a woman’s body (ibid). The eyes provide a restored object which the black holes of consciousness recognize. But in this case the abnormal, the prosthetic breast is simply a ‘face’ mask which masquerades as a normal expression of femininity. It endorses the body as that of a woman because the ‘face’ is fully recognizable as belonging to the body of a woman.

The social production of face is evident in binarization which constitutes a referential system, which has the ability to reference an individual, for example, as young or old, masculine or feminine (Deleuze and Guattari, 1994: 181). It enables a selective response, a choice whether a ‘face’ is accepted or rejected. The breasts, as the expression of femininity, provide a basis for the rejection, as unfeminine, of the non-conforming bodies of older and mastectomized women. Both bodies fail the faciality test for the feminine and so the faciality machine, which functions to compute normalities and reject deviance, cancels out both bodies. When, in addition, the older woman’s body is a mastectomized body, the loss of breasts registers that body not only unrecognizable as feminine but as ‘faceless.’ So the older woman who undergoes a mastectomy is rejected by the faciality machine because she lacks conformity and therefore recognition, on two criteria. She no longer has a feminine face and is aged. As a consequence, she undergoes a becoming-imperceptible as an unbecoming woman with a sexually redundant body which no longer represents ‘normal’ femininity and which has lost its maternal power. This rejection, however, is not total but one of choice for the referee because the consolidation of the ‘ideal’, breasts as the epitome of the feminine, requires “divergence-types” to establish binary, and therefore power, relations (Deleuze and Guattari, 1994: 177). So the older woman’s body is tolerated in her departure from the objectified breasts of woman and is recoded as abjectified. The ‘cosmetic’ surgery of breast reconstruction, which restores the familiar expression of the feminine to the expressionless, mastectomized body, allows a qualified recognition as abjectified feminine.

Mastectomy, for the older woman, involves movements of deterritorialization in that the removal of the unfamiliar expression of the feminine which her sagging breasts countenance, allow a becoming-imperceptible, a divergence from her signification as breast-woman. Through the total dismantling of her breast-face which occurs in mastectomy, the older woman becomes doubly assignifying and asubjective. Deterritorialization occurs because the faciality traits which have been in the service of
significance and subjectification are completely dismantled and have escaped the
signifier. In the case of the mastectomized body, therefore, the disruption caused by the
dismantling of the signifier involves a new becoming, a becoming clandestine, with
movement towards the signifying, asubjective becoming-imperceptible (Deleuze and

Having escaped from the signification of the feminine, ‘realms of possibility’
exist for resisting reterritorialization. The possibility of forming new abstract machines
which produce different becomings, opens a realm of possibility effecting a multiplicity
of connections. These new connections allow the power of bringing the possible to
fruition, the becoming-woman, becoming-young, becoming-imperceptible, that is, the
escape lines which elude subjectification through representation and potentialize the
possibility of becomings which are asignifying and asubjective (Deleuze and Guattari,
1994: 190). The older woman’s body, whether mastectomized or not, is a ‘probehead’
which is on “the cutting edges of deterritorialization” (Deleuze and Guattari, 1994:
191). In a refusal of who she is supposed to be, the older woman can experiment with
desire which may become operative in forming new conceptions of bodies, new
becomings and new desires which are free from the discipline of a singular notion of
woman. In the older woman’s abjectified body, there is the possibility of resistance, of
dismantling the universal model of woman and the feminine, of acknowledging
difference and the potential for bodies to be released from the tyranny of signification
and subjectification.

Conclusion

I would suggest that women’s breasts are the most visibly manifest difference of all the
body regions which differ from male to female. What needs to be acknowledged is that
the female breast is a potent symbol of sexuality and a regulated body. It is through the
breasts that women’s bodies become facialized and disciplined. The specularisation to
which these breasts are subjected continues throughout a woman’s lifetime, although
there is a transformation from the sexually objectifying to the medically objectifying
specularization of their breasts as exemplified in mass mammographic screening
programs.

On the level of the body image, cultural idealization of the breast creates feelings
of inadequacy about breast shape and size which frequently prompts surgical
intervention. Grosz remarks that, because of the very social significance afforded the
bodily processes of reproduction, “all women’s bodies are marked as different from
men's (and inferior to them) particularly at those bodily regions where women's differences are most visibly manifest” (Grosz, 1994: 207). The importance of such a fetishized object as the breast, which can signify woman as sexual or maternal, profane or sacred, has paved the way for the intervention of the medical sciences, through the false assumption that women are not capable of controlling their sexuality or their bodies. In the instance of older women, mass mammographic screening illustrates the use of medical technology as a disciplinary regime to reinscribe their bodies as docile and useful. The reinscription of their bodies is necessary because older women’s bodies have disrupted the representations of femininity with a departure from the feminine ideal so radical as to render their bodies culturally unintelligible. This in turn leads to older women’s marginalization and exclusion as sexual subjects.

Mass mammographic screening demonstrates that a health promotion initiative can be co-opted as a disciplinary regime which can exert influence over a large proportion of the population of older women. It does this by equating the diseased body with a disordered body, inciting older women to monitor themselves through fear of breast cancer. Older women thus present themselves as subjects of a normalising, disciplinary practice.

The mass mammographic program continues the embeddedness of western culture’s fetishization of women’s breasts effecting a transference from the sexual economy to the medical economy. It masks the political agenda behind women’s health by its emphasis on the sexualized organs of women’s bodies, in which there is a huge social investment, thus mounting a widespread campaign with which women will identify and which will be applauded because of its high visibility.

Mass mammographic screening continues the specularization of women’s bodies into old age by privileging a health program which centres on the imaging of a particular sexual organ. It places the visible exterior surface of the body in opposition to the invisible interior. The mass mammographic program incites compliance through fear of a fatal disease which disfigures the body. It ensures a continuity of the commodification of women’s bodies and of their economic viability to society as health consumers. It continues medical science’s control of women’s reproductive health in older women.

If medicine were an objective science and ‘value-free’ rather than a science influenced by culture, class, gender and economic and political factors, surely the emphasis would be on the overall health and well-being of the woman rather than on
organ specific diseases. If a case is made to concentrate on organ specific disease, then logically the diagnosis and treatment of heart disease in women should be the first priority, followed by the provision of adequate, accessible and consistent treatment and management of breast cancer once diagnosed.

The question of the mastectomized body as transgressive, rather than traumatized as a consequence of medical intervention, indicates the embeddedness of breast fetishization in Western culture. Deleuze and Guattari’s concept of faciality demonstrates cultural recognition of the breasts as the ‘face’ of the feminine. The celerity with which health practitioners prescribe breast reconstruction or the use of a prosthesis to mimic breasts, telegraphs to the woman who has undergone mastectomy that hers is an abject, grotesque body. A positive view of that body would involve a body liberated from signifiers that signal subjectification, and an acknowledgment of bodily difference and different modes of being.
Six

Long Time Passing

First, the notion of “sex” made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, and pleasures, and it enabled one to make use of this fictitious unity as a causal principle, an omnipresent meaning, a secret to be discovered everywhere: sex was thus able to function as a unique signifier and as a universal signified. (Foucault, 1990: 154)

This Chapter proposes that cultural readings of the body surface of the older woman interprets the physiological changes which accompany ageing as erasing her sexuality. This erasure is associated with the loss of those attributes of femininity which constitute women’s phallic identity. With the loss of their ‘authentic’ role as women, older women can only ‘pass’ as women in their interactions with the social body. Their ‘queer’ bodies conjure the stigmatized cultural identity afforded older women, who are no longer young, nubile or fertile, and signal the fallacy of the unitary notion of the female sex. The older woman in interaction with the social body is reduced to an identity which renders her virtually invisible. Finally, this last Chapter asks to what degree, in the manner in which she acts, might the older woman comply or resist this construction?

In the Introduction, Butler’s (1993) term “cultural intelligibility” was introduced to signify those bodies which comply with gender norms. Gender normativity is culturally constructed through the representation of an ideal, in this case ‘woman,’ which becomes a standard to which subjects either conform or which they resist. Against this criterion of gender normativity, I argue that older women’s bodies are culturally unintelligible because they differ from cultural inscriptions of womanhood. Their phallic subjectivity and gendered identity as women is at variance with the current
inscriptions of age on their bodies which have metamorphosed into abject bodies in a society which is dedicated to youth.

Older women's lived bodies (how they experience themselves) and apparent bodies (how they appear), while sometimes aligned, are more often in opposition to each other. The apparent body of the older woman, wrinkled and sagging, is dreaded and considered grotesque by a mainstream society which is dedicated to youthful, trim bodies. Often older women share society's view of their bodies and become alienated from them, attempting to reconstruct them according to the feminine ideal, or they feel that their ageing bodies are responsible for a disruption of their personal identity. Alternately, rather than considering their bodies as failing with age, some older women consider themselves to be in good health with an undiminished capacity for intimate relationships.

The projection of the older woman's feminine body is at best a parody but more usually an excess which deconstructs predominant cultural narratives of womanhood. Because the older woman's body departs from the unitary notion of womanhood, it is rejected as lacking social authenticity. As already discussed, this cultural rejection is a source of alienation for the older woman who may deny her ageing body, seeking to pass as woman in an attempt to mimic the young, slender, sexually attractive and fertile 'ideal' woman.

This queer body, strange even to the individual it embodies, is even more foreign in mainstream society because of the excessive manner in which the ageing female body portrays the instability of woman, as signifier. The authentic, culturally intelligible woman is shown to be a phantasm through the medium of the older woman's body. The dualistic notion of man/woman is seen to be simplistic in that it ignores the complexity of embodiment in the oversight of difference not only of gender but also of differences between women of social class, race, disability, age and the differences and contradictions within a woman's own subjectivity. The older woman may feel young, sharing the feeling of the transsexual, of being trapped in the wrong body. In each case, medical science takes on the responsibility and holds the promise of liberating the 'true' self.

One identity is not easily discarded for another, particularly where physiological changes are evident but not internalized, giving rise to tension within the individual. The contradiction between the apparent or visible body and self-identity means that the older woman finds adjustment to the role of the older, 'unbecoming' woman
contentious because her lived experience has been informed by the cultural identity of woman. Lupton writes that it is at the juncture where subjectivity and "discursive processes are at variance, that resistance arises" (Lupton, 1995: 137). So what are the discursive processes with which the older woman finds herself at variance?

The model

In his work on the ageing gay male, Dean Kiley makes some observations which have an equivalence to older women because both categories of bodies have been objects of male desire, even though differently located, and are now rejected as undesirable. Because the emphasis in contemporary society is on the body as "the ultimate postmodern product" which incites endless commodification in a quest for perfection, the degeneration entailed in the body's ageing invalidates both older women and ageing gay males as sexual beings (Kiley, 1995: 90). There is a system failure in the ageing body, heralded by a state of disintegration which dissociates it from the perfect body promoted by the marketing of lifestyle, cosmetic and medical practices which, it is promised, will retard the body's degeneration.

Women's value is invested in their desirability as a sexual object and their reproductive capacity. It is a mark of their femininity. But older women are no longer sexual objects and are incapable of reproduction. Feminism and the social sciences have demonstrated that surface appearances give rise to the internalization of external characteristics as identity and gender, and that resemblance to current models of beauty is seen as a positive quality (Kiley, 1995: 84-85). Measured by this model, an older woman's embodiment lacks integrity because of its non-conformity which erases her viability as a sexual being. There is the incongruity of being subject to mis- or non-interpretation with age being interpreted as illness, an absence of sexuality and a time of physical degeneration and dependency. Kiley sees ageing misperceived as illness and so "potentially, expensively curable" in the social world and the sexual arena (Kiley, 1995: 83).

Using Butler's concept of gender as drag, I maintain that for older women, then, gender is drag because of the disparity between their bodies and the feminine ideal by which, through being called woman, their bodies are still read (Butler, 1993: 237). Trapped within an ageing body, the older woman endeavours to 'pass' as woman in defiance of gender and physiology. An example of the aberration of the older woman's body is the cessation of menstruation, "a privileged site" which occurs "only in (normal) female bodies" (Gatens, 1996a: 9). However, for the older woman's body to
bleed is an abnormality indicative of dysfunction and morbidity. This marked biological difference from the normal, female body indicates the excessive nature of the older woman’s deviation from the 'normal' woman when coupled with the conflation of woman with the maternal (Irigaray, 1992). However, the older woman’s body in its deconstruction of idealized womanhood strongly signals the discontinuity and instability of woman as signifier. So, I argue, the older woman passes as woman.

A passing performance

Taking a feminist approach to ageing and ageism, Cynthia Rich (1992) critiques one of the many ways in which an older woman passes. She describes the older woman who ‘passes’ as different from other older women, as having difficulty in reconciling her sense of self with the experience of living in an ageist society. Rich rejects this process of denial as inappropriate because it positions other older women as the ‘other’. For Rich, passing in this sense is implicit in the marginalization of older women and indicates the individual older woman’s own internalization of ageist attitudes. She illustrates how it also involves a self-alienating dissonance with one’s own ageing body when the individual is surprised at the signs of ageing in her body such as grey hair or wrinkles. It is indicative for Rich of a subjective link with, in her terminology, the ‘oppressor’ which causes self-alienation (Rich, 1992: 56).

The self-alienation which results from the denial of ageing displays an internalization of metanarratives of ageing which circulate in the community in the dissonance between one’s personal experience of the ageing process and the dominant discourses of ageing. This leads to a view of oneself as different from, rather than to a questioning of, these stereotypes. Rich speaks of “the enormous life energy” which older women “expend in trying to deal with the stigma of age”, an energy which she judges would be better expended in crossing the divide between themselves and other ageing women (1992: 56). Passing as different, in the sense in which Rich uses it, involves isolation from other older women and through lack of cohesion with others, renders one politically impotent. This usage of difference connotes compliance with stereotypes and is not predicated on sexual difference, nor is it based on class, race or disability.

Rich, in her interpretation of passing as different from other older women, has underestimated what gendered embodiment entails. She censures the internalization of discourses on ageing and sees older women as complicit in their oppression without acknowledging the embeddedness of gender stereotypes which performativity
occasions. She overlooks the transgressive nature of refusing to ‘act one’s age’ and the possibility that ‘mutton got up as lamb’ defies the normative discourses which regulate older women’s behaviour, even to their dress and appearance. Whether intentionally or not, the older woman whose dress and appearance parodies gendered notions of Woman is engaged in resistance to the normative concept of the older woman and a refusal of the reterritorialization of her body.

Gender performativity is, in Butler’s words, “that aspect of discourse that has the capacity to produce what it names” (italics in original, 1994: 33). It accomplishes this production of a subject by the repetition and recitation of certain performative speech acts which indicate the norm of a particular subject. According to Butler, performativity inculcates these norms throughout an individual’s lifetime (1994: 33). However, there is a disjunction occasioned by an older woman’s lived experience and the prevailing discourses which posit older women as monstrous. These discourses are in contradiction to her subjectivity as woman because the constraints of performativity result in an embeddedness in the dominant model, the ‘heterosexual imperative’. The older woman is now expected to discard this identity reinforced throughout a lifetime. The preconditions for the retention of the older woman’s identity as woman, that of a sexually desired object and a capacity for reproduction, are removed. Consequently, there is an interdiction against the older woman as a sexual being. The importance of the interdiction against sexuality for the older woman is that it effects her dematerialization as a feminine body. Butler argues that sex materialises bodies through its construal as a norm (1994: 32). Sex as norm produces a particular type of feminine body for women, with the cultural proviso that there is only one allowable sex per body, and so older women’s bodies become culturally unintelligible.

It is against this background that the older woman is expected to transfer from ‘being’ woman, designated by reproductive status and desirability, to an existence as the unbecoming, unreal, unproductive woman whose bodily abjection rates exclusion. The performativity which moulded her as a legible body occasions the older woman’s resistance to her refiguration. It is against her exclusion, that the norm of woman is produced. She can continue to ‘pass’ as woman, if informed by gender politics, in a conscious destabilization of gender norms which her continuance as a sexual being compounds. Alternately, the older woman might refuse to abandon her performance as woman because of the embeddedness of gender norms, a case of ‘gender-as-drag’, and become the object of sanction, or be complicit in her production as a stereotypical older woman. Even though the older woman exercises agency in the choice of her position, marginalization and exclusion still eventuate. In the first
instance, there may be a degree of satisfaction in the destabilization of gender identity and in the final instance, social approval for compliance to the cultural model. But the subversion of this model is still seen to be acting within the constraints of the discourse for, as Butler sees it, the subject, in this case the older woman, may retain agency, but that agency is itself located within her subjectivity. Her subjectivity has been produced, in turn, by performativity and its intrinsic relation to power (Butler, 1993: 15).

Butler raises the question of pregnancy as central to the whole institutional practice involved in the recognition of a particular type of body. She sees the maternal body as normative not biological because the question of pregnancy is instrumental in the endeavour “to make the problematic of reproduction central to the sexing of the body” (1994:33). The fact that the older woman is incapable of reproduction, as opposed to exercising the choice not to reproduce, is central, then, to her loss of phallic identity. Reproduction as the norm of womanhood exceeds biology and the predication of sex in that it excludes a particular type of sexed body, that of the older woman. Infertility, however, does not necessarily equate with a loss of phallic identity as in the case of younger women whose bodies can still be misread as fertile, whereas it is impossible to read the older woman’s body as such.

In a Deleuzean sense, older women’s bodies are deterritorialized, no longer marked out as reproductive or sexual but while a space exists between the lines for resistance by their “dis-organ-ized” bodies (Griggs, 1997), society is quick to reterritorialize their bodies from the sexualized fetishization of women’s reproductive organs to a ‘commodity’ or ‘docile/useful’ fetishization in the medicalization of their bodies.

A change of life

Lacking the ‘essence’ of womanhood, fertility, the older woman is required to undergo an identity change. A change is already implied in lay language which refers to the menopause as the ‘change of life’. This necessitates a change in subjectivity which differs with the extent to which the individual older woman complies. While older women’s sense-making of their subjective experience of ageing is itself influenced by culture and history, it is a culture and a history in which older women are unacknowledged and presented as a homogeneous group.

The virtual exclusion of older women from society except in their capacity as carers or medicalized bodies is now meeting with resistance, with older women giving voice to their specific ‘reality’. While some older women are complicit in the adoption
of an identity which conforms to the social model of asexuality, other older women reclaim their sexuality and demand recognition of their contribution to society.

So what does embodiment mean for older women who have been marginalized as a result of their corporeality and excluded as sexual beings? Jill Jones (1994) conducted research on the meaning of embodiment for older women. She investigated the degree to which social construction had influenced this meaning and the degree to which older women had resisted a social ‘reality’ which predominantly reduced their bodies to a biomedical perspective (1994: 43). Extrapolating from research by Emily Martin (1987) into the use of metaphors in the social construction of a woman’s body, Jones concludes that “in the context of the metaphor of the female reproductive system being a hierarchical information-transmitting system, the biological process of menopause takes on the meaning of a failed system” (1994: 47). She comments on the World Health Organization’s (1981) reference to the menopause as “an estrogen-deficiency disease” and argues that this type of language is neither “scientifically neutral or objective” and gives rise to “the predominant medical narrative of today [which] conveys the message of post-menopausal functionlessness and decline” (1994: 48). The post-menopausal period extends this message of futility and physical and mental decline for the duration of women’s lives, which is a source of depression for some older women. The fact that the menopause is considered an event which supposedly colours a considerable period of life - an average thirty years (ABS, 1994: 13) - for older women, influences my proposition that some older women indulge in another form of passing which involves an incorporation of the cultural image of older women.

Referring to the menopause as the change of life signals biological, gendered and functional changes which affect the older woman. Older women’s reactions to physical changes in their bodies encompass a range of meanings, many signalling an alienation and negative response to their embodiment. In Jones’ research, some older women felt “less attractive; some felt old; and others spoke of a deep sense of sadness and loss” (1994: 52). One interviewee spoke of actually wanting to be invisible; others of how they dyed their hair, exercised and dieted “as strategies for looking more youthful” (Jones, 1994: 53). A disjunction was evident in the degree of internalization of both the discourses of youth and ageing which these women experienced and between another group of older women who reported “Never having felt better about their bodies than at a the present time” (Jones, 1994: 53). Differences existed not only between, but within women who indicated themselves that ageing for women can have “a very complex and contradictory meaning” (Jones, 1994: 58). It is often this experience of complexity and contradiction, where an older woman simultaneously
rejects and accepts or even welcomes some aspects of ageing, that leads a woman to believe herself to be different from other older women. My interpretation differs from Rich's proposition referred to earlier in this Chapter. Rich assumes a negative attitude to this belief in difference from other older women, seeing it as isolationist.

The contradictions for older women arise as a result of the internalization of physiological and social changes which are experienced as a lack of fit between cultural identity and subjectivity. Martin asserts that the female body is not a fixed ground which is automatically changed by the exertion of social power (1994a: 104). Female bodies and subjectivities are not "direct or simple effects of internalized norms"; rather their actions and interactions are coloured by the richness of experience which mediates their encounters with a presumed external world (Martin, 1994b: 123). Power is never simply imposed, according to Foucault, for when it is invested in the body, the body itself can be used as a force to resist power (1980: 56).

This proposition is most striking in the area of sexuality, where sexual activity is a subject of interdiction for older women even though this belies the older women's experience of themselves as sexual beings. Rather than being asexual, some older women experience an increased libido, while over half of those interviewed observed no change in their sexuality (Jones, 1994). Germaine Greer suggests that menopause "often brings a surge in women's sexual urges" (1991: 321). Her sources, however, far from viewing this notion positively, appear to view the sexual activity of older women with contempt, demonstrating the social stigma attached to older women's sexuality. Joseph Addison, for example, writes disparagingly on the oddity, the animality and the inopportunity of sexual urges in older women (Greer, 1991: 321).

Foucault (1980) speaks of "subjugated knowledges", which he divides into two categories. The first category of subjugated knowledges is the historical content whose presence in history, systemization and functional reason has been instrumental in effectively keeping hidden "the ruptural effects of conflict and struggle" (1980: 81-82). It is the second category, dealing with disqualified knowledges, which I believe could rightly describe the experiential knowledge older women possess of their embodiment. These are knowledges which Foucault terms "local popular knowledges", disqualified as knowledge because they lack scientificity and uniformity (1980: 82). It is a combination of these two knowledges, Foucault believes, which has laid bare the history of struggles which, until the present, "have been confined to the margins of knowledge" (1980: 83).
Older women give very different accounts of their sexuality. In a Healthsharing Women's initiative, Rose Sorger (1995) notes that the women who have contributed accounts of their sexuality have done so in their own words. These older women have understood sexuality "as a normal human process" and that to repudiate this process is to deny an integral part of their humanity (Sorger, 1995: 6). While I applaud the Healthsharing Women's initiative as important in counteracting the supposed asexuality of older women (no such interdiction is in place with older men), I note it is still legitimized as a health matter. It is medical institutions which have been foremost in the control of sexuality. Then again, the association of sexuality with the healthy body excludes sexuality for the sick or disabled body, factors which may be a consideration for older women.

The exclusion of older women as sexual beings in cultural representation leads me to argue that the older woman's expression of herself as a sexual being, whatever form that expression takes - heterosexual, gay, bisexual, onanistic, positions her as 'queer'. In considering the sexually active older woman as queer, I am not suggesting that this term is likely to be in general use by older women, or even acceptable to the constituency of 'queer', but I introduce the notion as a political tool in consideration of the manner in which power operates through sexuality.

**Fictional identity**

Queer has emerged both as a new form of personal identification and of political organisation which, in its capacity to undermine the concept of identity as real, allows the individual to understand that there is no coherent, unitary and autonomous self but rather that the naturalisation of gender norms is culturally produced (Jagose, 1996: 78). Poststructuralism has revealed the naturalisation of sexual identity through the internalisation of gender norms which affect subjectivity (ibid).

For her part, Butler sees the term, 'queer', as a reappropriation of a slur on those subjects who are located outside the limits of sexual normativity (1993: 223). The coercion of sexual normativity both injures and produces certain bodies located at the limits of cultural intelligibility (1993: 224). When considering the position of older women, it is recognition of their bodies as ageing which forms them as asexual subjects. While this denial of their sexuality is a violence against older women, which adversely affects their subjectivity, it is a subject position which they may or may not necessarily inhabit. Refusal to inhabit the position of asexuality is a resistance to bodily reterritorialization which renders them abject bodies. This formation of older women as
asexual subjects reterritorializes their bodies, placing them within the borders of cultural intelligibility.

Queer's importance to older women lies in the potential within queer to encompass a multiplicity of sexual identities. Such a position is not an aspect of liberal pluralism but a negotiation of the notion of identity as multifaceted (Jagose, 1996: 130). A highly contested use of queer has been the imbrication of dissimilar subjects, whose common factor is the adoption of non-normative sexual practices and identities (1996: 111-112).

Older women become acculturated to a particular gender identity which is an element of their habitus through everyday practices. Pierre Bourdieu conceives habitus to be "the product of all biographical experience" thus differing on an individual basis so that it is specific to a particular individual (1993: 46). Bourdieu maintains that the imperative of aesthetic and health functions relate particularly to women, who are pre-eminently subjected to norms which define what the body ought to be (Bourdieu, 1993: 130). The notion of habitus is pertinent to the explanation of both the embeddedness of certain gender characteristics in older women and how, through the differences in individual histories, older women differ between themselves. It is a reasonable expectation that if the identity of woman is bound up in a certain form of sexuality, and if heterosexuality is considered the 'natural' expression of that sexuality, that this would be maintained as long as an individual is identified as a woman. Consequently the acquisition of the habitus implies that "which has become durably incorporated in the body in the form of permanent dispositions" (Bourdieu, 1993: 86).

In direct contradiction to this is the dominant view of older women which requires them to renounce their feminine sexual identity. I have already proposed, using Butler's line of argument that chromosomal sex has been enlisted to ground the 'heterosexual imperative', that older women have a destabilizing effect on this norm and are subsequently judged asexual, to maintain its legitimacy. The destabilization caused by older women's loss of femininity raises the question of sexuality as a 'natural', constant and valid category of sexual identity.

The older woman, according to Delys Sargeant, socializes and forms relationships outside of her family, mainly with other older women. She says that some women find close contact and friendship with other older women may develop sexual meanings which in turn may arouse not only pleasure but guilt, fear and doubt (1995: 11). Judith Davis (1995), however, dissents from this view when she argues against
the influence of social environment on sexual practice. She states that it is more a
seeking of like-minded people with a common history, the intimacy-seeking being “an
issue of gender and not sexual identity” (1995: 6). If it is agreed that a continuity does
not exist between anatomical sex, lifestage and sexual practice, the question arises of
older lesbians to whom Davis refers as a “triply invisible group” in that they are old,
women, and lesbian. She proceeds to define the practice whereby older lesbians
themselves seek invisibility as “a strategy of passing as heterosexual, a way in which to
conform to the norm (1995: 6). However, while older lesbians may pass as
heterosexual to appear ‘normal’, I contend that asexuality replaces heterosexuality as
the norm for aged women. Davis found the “notion of normalcy” to be “vehemently
opposed” by the women involved in her research who reviewed the data (1995: 6). She
concludes that “To be old and female is marginalising enough in our culture, but adding
a lesbian identity is an almost intolerable load to carry” (1995: 10). Ageism, misogyny
and homophobia comprise the cultural overlay which informs Davis’ assertion of the
triple basis for the cultural exclusion of older lesbians.

It would appear that older women, whatever their sexuality, inhabit a culturally
incoherent identity. It is through their embodied experiences that it becomes evident that
the identity bestowed on older women is a myth created by a self-serving society
(Jagose, 1996: 79). It is demonstrable in the older woman that gender appears to be
suspected in her embodiment, in her loss of femininity because her corporeality does
not conform with the normative view of woman. It is not only differences between
women themselves but “irresolvable differences within each subject” (Jagose, 1996:
83) such as feelings of youth and desires which do not synchronise with her ageing
body. In this case the individual woman demonstrates the weakness of identity politics
in its erasure of difference, an obliteration which disables rather than enables older
women as sexual subjects.

Gender coherence relies for its ‘authenticity’ on heterosexuality and the
delineation of two mutually opposed terms, femininity and masculinity, which are
defined against each other, excluding other possibilities of sexual being (Butler, 1994:
35). Because those who do not conform to this model of gender are excluded and
become culturally incoherent, it is possible to position older women as ‘queer’. Queer
theory may allow older women a reconfiguration of their identities as sexual subjects.

It is possible for queer theory to accommodate older women's sexual and
gender deviance because of its location as an umbrella for “a potentially infinite number
of non-normative subject positions”, which, in effect, marks its departure from
conventional political movements which are accustomed to being exclusionary (Jagose, 1996: 101). It is the non-normative subject positions occupied by older women which makes queer an appropriate category for them and yet may also be a cause of contention because they are not immediately obvious as subjects, not having the same purchase as Kiley's (1995) ageing gay male who is more readily positioned as ‘queer’. However, the reality of older women is that differences in their sexual expression ensure that no one expression of sexuality is representative of all, except in its non-normativity. If inclusion in ‘queer’ can mean the erosion of the specificity of particular categories, it might also be argued that older women cannot suffer a greater disadvantage under ‘queer’ than has already been the case in mainstream society.

Having already established “that identities are fictitious”, Annamarie Jagose elaborates that these identities are both “produced by and productive of material effects but nevertheless arbitrary, contingent and ideologically motivated” (1996: 130). It is this arbitrary production of older women as sexless subjects, that reflects Foucault’s (1990) idea of power as productive rather than repressive. While on ideological grounds an interdiction exists against their sexuality which appears to be merely a repressive practice, power acts on two fronts with the production and maintenance of the particularity and privileging of socially sanctioned sexual subjects, while simultaneously producing and excluding culturally unintelligible, unfit subjects. In the attempt to control the sexuality of a group, in this case women, still further subjects, asexual older women, are produced. However, this instance of sexual repression produces an unintentional effect: the denaturalization of gender. If the Lacanian psychoanalytic concept of the phallus as paternal metaphor and as the signifier by which a subject enters signification, a distinction of having or being the phallus can be made with the masculine being equated as having or possessing the phallus and the feminine as being the phallus (Grosz, 1990: 104). The normative constraints of sex begetting gender which then begets sexuality are then deconstructed through the non sequitur of older women who still bear the label ‘women’, but who, having lost femininity, can no longer be the phallus, the desired sexual object, and who are then cast aside by the phallic sexual economy. The phallus, moreover, functions as a condition of symbolic exchange which, in turn, is “the condition of culture” (Grosz, 1990: 126). This places older women outside culture and negates them as objects of exchange. Having lost their value as objects of exchange, their bodies are deterritorialized in a Deleuzean sense.
The older woman as queer

Earlier in the Chapter it was noted that some older women welcomed their invisibility because of what was judged their ‘personal dissonance’ (when compared to ideals of womanhood). Even though he is specifically referring to transsexuals, Sandy Stone advises that individuals who experience personal “dissonance” are better advised “to rearticulate their lives not as a series of erasures” but to reappropriate their bodies by the political action of refiguration and reinscription (1991: 298-299). Likewise, the sexually active older woman can reinscribe her deterritorialized body as ‘queer’ and refigure her ageing body as desiring and desirable.

Does the positioning of the older woman as asexual imply tacit acknowledgment in society that difference exists not only between sexes but within sexes; that woman is not a unitary notion and that the application of this term is imprecise when applied on the basis of female genitalia; that heterosexuality, far from being ‘natural’, is merely one facet of sexuality which may sometimes be co-extensive with a particular stage of gender identity? Gender identity does not hold true for the older woman who is able to maintain culture’s construction of gender identity only through masquerade.

The belief in the body’s pliability and management renders older women’s corporeality increasingly transgressive and socially devalued. The body is central to the position of self in society and the individual’s self-image. Bryan Turner and Anne Riggs (1994) maintain that the body is an important if not “the constitutive component” of self-worth in modern society. Evidence of this is displayed through the preoccupation in western culture with the commodified and consumerist body. According to Turner and Riggs: “Death, ageing, decay are no longer seen to be inevitable and unchangeable constraints upon the self” (1994: 46). An incoherent relationship is established between the older woman’s body and the self if the degeneration of the body is seen as an individual failure. Moreover, older women’s relationship with the social body is seen as a destabilization of women’s identity leading to marginalization.

Older women’s marginalization provides the scope to explore the feasibility of political affiliations with feminist and queer constituents. Jagose’s description of ‘queer’ in its broadest sense, as comprised of analytical models which emphasize the incoherencies in the alleged stability of relations between “sex, gender and sexual desire” (1996: 3), is the context in which ‘queer’ is applied to older women because of their obvious destabilization of the relations between sex, gender and desire. It is
because ‘queer’ confronts these incoherencies that I use it as a category to describe older women’s sexuality.

Eve Sedgwick’s (1990) preference for sex/sexuality as an analytic category poses some problems in analysing older women whose embodiment disrupts the cultural construction which links a woman’s sex with her sexuality. On the other hand, Butler is useful in directing attention to the materiality of sex, seeking to uncover how “sex itself might be construed as a norm” (1994: 32), the realization of which produces a certain kind of body. Older women’s sexuality comes within the broader spectrum which positions it outside this normalcy, with the effect that older women materialize as sexless bodies. Their erasure as sexual beings is due to their disruption of the norm of feminine sexuality, particularly that aspect which conflates women with the reproductive function.

The intention is not to position older women under the canopy of ‘straight queers’ because the ‘heterosexual imperative’ is an impossible position for subjects who are considered asexual. The reductionist argument which marks older women as asexual seeks to conceal the fact that heterosexuality cannot function as ‘natural’ except by the exclusion of older women. The inclusion of older women under the umbrella of ‘queer’ politicizes the sexual identity of older women by what Butler (1993) terms citationality, a practice of performativity which re-signifies bodies, in this particular instance, older women’s abject bodies (Butler, 1993: 21). Older women’s manifestation of a “phantasmatic investment” in being ‘queer’ allows them to contest the reterritorialization of their bodies. This flight line, enabled by working within a ‘queer’ coalition, liberates older women from the “rigid segmentarity” which compartmentalizes and constrains the behaviour of individuals (Deleuze, 1993: 225). Butler argues that a declaration of ‘queerness’ does not have to be a defiant reinscription of the version it opposes; rather it permits a positive resignification of abjection (Butler, 1993: 21). To translate this to older women means a resignification of their bodies as sexual rather than the socially resignified asexual.

Older women are already deauthorized by gender and age to articulate their sexuality and so need a political base. Scientific institutional practices have nullified the experience of embodiment. The gay movement has already challenged the manner in which experts have suppressed what Foucault termed “disqualified knowledges” (1980: 82). This has led to an insistence by gay activists "that their personal experiences be recognised as authoritative" (Jagose, 1994: 37). It is this insistence on the legitimacy and authority of embodied experience which older women lack. While
there are older women activists who have contributed to the welfare of older women, they have tended to remain within the recognized norm of political behaviour as befits a lifetime of regulation and, while listened to, their legitimacy depends on the degree that ‘expert’ opinion concurs with them and within the boundaries dictated by social policy and the health sciences. In this way, a norm is instituted for older women through collusion with the paradigm established by hierarchical institutions and administrations while simultaneously a transgressive group who assert the legitimacy of their “unqualified knowledges” is culturally produced and deauthorized. So the purpose which motivates my location of older women in ‘queer’ is political, with the intention of reappropriating the queer, culturally grotesque bodies of older women. The intention is to disrupt and problematise the naturalisation of “normative consolidations of sex, gender and sexuality” (Jagose, 1996: 99).

Resistances

Sexual desire takes on a transgressive dimension for the older woman. It becomes a source of resistance to her construction as a “docile/useful body”. Lupton, (1995), argues that Foucault's notion of power as productive is ambiguous, especially as it relates to the constraint inherent in the production of ‘docile bodies’. Foucault believed that even as power produced a ‘docile/useful’ body, it simultaneously incited resistance. While sexuality was used as a regulating force, it has also been an area remarkable for the resistance of ‘deviant’ groups. Admittedly, the public persona of older women may conform to the prohibition placed on their sexuality, but it is in the area of sexuality that they may most easily resist their construction as compliant bodies.

While older women may appear acquiescent in the adoption of existing subject positions, they do not necessarily embrace the whole of the discourse which so constitutes them. Through the exercise of agency, older women decide which areas to accept and which to discard. These areas may vary for each woman and may differ according to the context in which she is placed, sometimes conforming to social norms, at other times seeking to resist social expectations. While older women may experience difficulty in flaunting convention, their very corporeality disrupts its gender coherence. There are “a multiplicity of points of resistance”, as Foucault says, which are “present everywhere in the power network” He argues that “there is no single locus of great Refusal . . . Instead there is a plurality of resistances that are possible, necessary, improbable . . .” (1990: 95-96). Forms of resistance for older women already cited, encompass being sexually active, passing, the coalitional politics of queer and the need to challenge stereotypical models of the older woman.
Louise Anike describes the coercive force of the cultural embargo on older women's sexuality which demonstrates that even to speak out as a sexual subject is taboo:

While they [the younger generations] feel free to be outspoken about any aspect of their sex lives, older people are seen to be quaint, amazing or disgusting if they say they're sexually active or would like to be. Well, the good news is that there is no use-by date on sexuality: older women can retain theirs till the day they die. (1995:19)

So sexuality as subversion can take the form of acting on that sexuality, speaking about one's own sexuality and seeking sexual relationships. The 'body police' are responsible for the self-consciousness which impedes participation in seeking sexual relationships because of the ageing, sagging body.

Conclusion

I have argued in this Chapter that older women are 'queer' because their bodies do not conform to the feminine ideal. This lack of conformity causes their erasure as sexual beings. So the sexually active older woman, whatever her orientation, is engaged in non-normative sexual practices.

Butler speaks of oppositional discourse as being within the very discourse one seeks to oppose. How then does one speak from outside the boundaries of gender? Older women have been positioned as outside the tightly patrolled gender borders and discarded as abjected bodies because of their loss of femininity. Older women have become what Butler describes as an excluded and delegitimated 'sex' (Butler, 1993: 16). So will effective political action for older women be to step willingly outside the gender frame and reclaim the sexuality of their bodies; to proclaim the legitimacy of their knowledges and the historical situatedness of their bodies in their struggle against institutional knowledges rooted as they are in unitary and so exclusionary, theories; to resist the cultural stereotypes of older women?

To claim a place of articulation, Stone argues it is necessary to occupy a space outside of the normalizing gender framework, otherwise one is complicit in the discourse one opposes. (Stone, 1991: 295). While older women can and do struggle to become speaking subjects within the feminine, they remain within a subjugating discourse which sees them as the abject body, the 'other' of femininity,
that by which the feminine is defined, thus colluding in the continued oppression of all women, whatever their age.

But how does the older woman move beyond this oppositional position within a discourse which rejects her? How can she occupy a speaking position outside this discourse? Is it possible? To occupy a place of articulation, I again refer to Stone, who states that it is necessary to explore and acknowledge the “potential for productive disruption of structured sexualities and spectra of desire” (Stone, 1991: 296). By adopting a position as ‘queer’, older women are empowered to disrupt the identities of individual women based on the traditional gendered norm of femininity. This can be accomplished by the exposure of the diversity of embodied experiences which rely less on physical norms than on “a rich and complex structuration of identity” expressed through desire (Stone, 1991: 298). The corporeality of older women departs radically from the “organ-ized” body of the ideal woman but the body of the older woman, “disorgan-ized” by her desire, becomes a radically disruptive body without organs.

Within structured sexuality, older women’s bodies are pathologized because of their disorganization or cultural unintelligibility when compared to the ‘organ-ized’ or fetishized body of woman. Sexually active older women, through the desiring machine of the body without organs, further disrupt gender norms in that they inhabit the ‘masculine’ of active desire rather than the passivity of feminine desire.

The normative figuration of a single sexuality, that of heterosexuality, excludes those encompassed in the field of sexualities and renders them abject bodies. But it is clear from older women’s corporeality that sexuality does not follow from prescribed gender. As previously remarked, I have found grounds for commonality with older women in the abjection of the bodies of transsexuals (Stone, 1991) and ageing gay males (Kiley, 1995).

Feminists of difference have done much to highlight the inconsistencies of the gendered norm and, in the case of Butler, of sex as norm (Butler, 1993:1), again demonstrated in the older woman’s body where sex, gender and sexuality are discontinuous.

A need exists for a reconfiguration of sexuality and the ageing body, for the particular types of body gender performativity produces are not those of older women, who denaturalize the norm of womanhood. Butler advises disidentification of identity categories as a political goal, with the intention that practices which disidentify with
“those regulatory norms by which sexual difference is materialized” may mobilize “both feminist and queer politics” (1993: 4).

The disidentification of identity categories raises the question of why older women are still identified as women and gives currency to the need to disidentify them as such. Since their corporeality denaturalizes their gender identities, what is the investment in the retention of gender for ageing women? Is it simply the continued regulation of women’s bodies and sexuality and further economic gain? Are older women the abject bodies against which the feminine body is defined? Older women must be excluded for the feminine to materialize. The term ‘woman’ in ‘older woman’, itself can be judged as an excess in that it is catachrestic, emerging “within the system as incoherence, disruption, a threat to its own systematicity” (Butler, 1993: 39).

The reconfiguration of the older woman as queer and as ‘not woman’ is based on her radical departure from the set of norms governing gender and sexuality. Butler argues that it is impossible ever to fully inhabit “the name by which one’s social identity is inaugurated and mobilized” because of the instability and incompleteness of subject-formation which in older woman is excessive (Butler, 1993: 226). That older women’s embodiment exceeds and is not contained by gender norms proves that these norms are productions which cannot be stabilized and that gender identities are as Butler has it, necessary errors. She continues her line of argument that “if identity is a necessary error, then the assertion of ‘queer’ will be necessary as a term of affiliation, but it will not fully describe those it purports to represent” (Butler, 1993: 230). It is in the sense of political affiliation and contestation rather than representation, that I position older women as queer.
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Conclusion

The Unbecoming Woman

In this thesis, I have mapped the progress of the older woman from becoming-woman to a state of unbecoming-woman. In so doing I have used a genealogical approach because of the older woman’s inclusion in the category, Woman. The term, unbecoming-woman conveys the older woman’s dissonance from the representations of Woman. I have concluded that these dissonances, such as ageing, infertility, displacement as an object of desire, have prohibited the older woman as a sexual being and designated her as an abject body. While her body is deterritorialized and disidentified as a subject of masculine authority and definition, the older woman’s body is again reterritorialized as a ‘docile/useful’ body by the redefinition and reidentification of her body as pathological. This is accomplished through the intervention of the medical sciences.

The older woman’s body can be read as unbecoming in a number of ways. It can signify the normative state invoked by dominant discourses of ageing which visualize the older woman as unbecoming because her wrinkled, sagging and shapeless body is considered unfeminine. On the other hand it can signify the older woman as transgressive on account of what is designated as inappropriate or “unbecoming behaviour” for her age, evidenced in the overuse of make-up or wearing clothes that are considered too young for her age. These deviations are the cause of disapproval and ridicule which indicates a standard by which the older woman judges herself and others, and by which she is judged.

While society uses unbecoming in a pejorative sense, it may also be used in a transgressive sense as a subversion of the normative ideal which regulates the body of the older woman. Society sees the older woman’s body as transgressive because it invalidates, denaturalizes and destabilizes the signifier, Woman. Her deviance from the feminine body allows the possibility of a deterritorialization of the older woman’s body and of all women because her body invalidates the unitary notion of Woman and
represents the difference of female being. The destabilization of the representation, Woman, disrupts normative discourses of femininity. This threat necessitates a reterritorialization of the older woman’s body as pathologized and asexual which is accomplished by reinvoking the regulatory regimes involved with the shaping and training of the ‘docile/useful’ body. The older woman has had a lifetime of training and practice in these disciplinary regimes.

Consequently, I have argued in this thesis that the territorialization of the woman’s body finds its culmination in the ‘docile/useful’ body of the older woman. The genealogical method used to analyse the construction of the older woman’s ‘docile/useful’ body, commences with the generalized and disciplined body moulded in the service of society. This territorialization of the body as ‘docile/useful’ is applied in the first instance to the general population. It is then applied to a particular gendered body, that of Woman, whose representation is as the inferior ‘other’ of the superior masculine body.

Because her body is deemed not to have currency even as the ‘other’ of the masculine body, the older woman has been found to lack cultural intelligibility as a woman. Her reterritorialization as a ‘docile/useful’ body is accomplished by her designation as an abject body, an asexual body and a deviant body and as such placed under the care of medical sciences which have occupied the position of experts with regard to deviant bodies. This process has turned the older woman into a knowable, treatable and profitable body through the application of the twin vectors of health and sexuality. Public health discourses such as mass mammography can and have been co-opted as disciplinary practices to regulate older women’s bodies. The body has been utilized through the control of sexuality and the imperative of health to produce subjectivities which cause individuals to be responsive to society’s needs. Society produces the older woman as an unbecoming woman. This trajectory of the disciplined body encapsulates not only a lifetime of regulatory practices which have attempted to subjectify the female body but the many resistances in the form of becomings by which that very female body has eluded and subverted these disciplinary regimes.

In charting the hierarchical, phallocentric, universal and dualistic application of power to bodies and the production of ‘docile/useful’ bodies, strategies have emerged which produce transgressive, resistant and subversive bodies. Because coercion itself invites resistance I have looked for in-between spaces which can give rise to possibilities of subversion. Bodily resistances such as the ageing process itself subvert the normative, fit, ideal body. Cultural interpretations of older women’s bodies as
disfigured, diseased and disabled bodies have emerged as a social response to the
incompatibility of their bodies with the feminine ideal. What I have noted in the
emergence of these bodily resistances or incompatibilities is the social and institutional
investment in the labelling of these resistances as transgressive and the bodies as abject.
While accepting that for many women and their families there may be pain and trauma,
I would argue that cultural markings of the mastectomized body as aberrant,
unfeminine and disfigured because of the potent sexual symbolism of women's breasts,
masks the possibility of a positive reading as a deterritorialized, subversive body still
capable of passion and desire and liberated from a masculinist overinvestment in a
sexually fragmented body. Similarly I see the actively desiring sexual body of the older
woman as subversive and resistant.

In instances of Alzheimer's disease, I give alternate readings to the biomedical
model in which I interpret it as a resistance to and a safeguard from the effects of the
sudden dismantling of subjectivity in older women who have over-internalized the ideal
feminine. In Western culture the privileged term in the binary, memory/forgetting, is
memory. Memory can be read, following Deleuze and Guattari as a territorialization of
consciousness which blocks becoming and hence change and challenge (Deleuze and
Guattari, 1994: 294). In this I challenge the purely biomedical model of the disease but
also see the opportunities provided for older women to constantly enjoy the youth of
old age which is contingent on the flow of continuous becomings facilitated by desires
(Deleuze and Guattari, 1994: 277). It is important that in the interaction of corporeality
with subjectivity neither the body nor the mind is seen as a privileged term.

A reconceptualization of the body allows for the possibility of resistance to the
microphysical exercise of power which has produced the subjected body through
regulatory practices which constitute it as a disciplined body, a compliant, productive,
consumerist and sexed body complicit in its own subjection. The very fact that the body
is a cultural construction moulded by inscriptions, means the body can be changed and
representations challenged. Current disciplinary practices are predicated on a volume
and surface on which to inscribe normative ideals. To undermine normative
representations predicated on the body as volume feminists such as Irigaray (1992) and
Grosz (1994) have suggested reconceptualizations of the body as fluid. The advantage
of a fluid body is that there is no surface to inscribe; that constant change occurs in
flows which obscure the strict delineations of bodily boundaries.

The reterritorialization of the older woman's body as a 'docile/useful' body is a
necessity for society in that the older woman as a deterritorialized body is a
transgressive body that destabilizes and denaturalizes the category, Woman, and its conflation with the maternal. The older woman's body is incoherent as a feminine body in its departure from the normative model of femininity: young, desirable and phallicized. A further deterritorialization of the older woman's body occurs as a result of its erasure from the phallic sexual economy. From this I conclude that the older woman's body demonstrates that the representation, Woman, as Butler has already concluded, is not a stable signifier (1990: 3).

Abject bodies are essential to society and as such are part of older woman's 'usefulness' in that abjection validates the construction and reinforcement of the ideal feminine body. Factors which predispose the older woman to become a 'docile/useful' body are that her memory consolidates her identity as a woman; her compliance in the regulatory practices which defined her as such and the process of self-monitoring exercised by technologies of self which ensure her attainment or approximation to the feminine ideal. Her failure to maintain this ideal, which is beyond her control, facilitates the older woman's acceptance of her rejection by society and her production as an abject body.

Deleuze and Guattari assert that sexuality is a becoming-woman (1994:277). Desire is the body without organs (1993: 113), a body of affects and multiplicities which provides no surface to represent, no unitary models to idealize and no hierarchized organs to fetishize. Desire being a multiplicity has no lack. Deleuze and Guattari affirm that desire subverts unitary models because desire itself is “pure multiplicity” and “irreducible to any sort of unity” (Deleuze and Guattari, 1992: 42). Nor does it allow the possession of a privileged organ, the phallus, to be the means by which to objectify (an)other body. The reconceptualization of becoming-woman by Irigaray and Deleuze and Guattari ruptures the normative model of becoming Woman. While Irigaray articulates a model based on the specificity of women as they differ from men both in corporeality and sexual desire, Deleuze and Guattari's becoming-woman is based on the continuity of becomings associated with the productive nature of desire. Both models are aligned with change and resistance to the normativity of woman. I find a combination of the strategies employed by Irigaray and Deleuze and Guattari to be useful. In the first instance the use of strategic essentialism by Irigaray allows women to reappropriate their bodies and establish a place of enunciation of their difference. Deleuze and Guattari themselves acknowledge that this is a necessary first step before engaging in becoming-woman (1994: 276). Parodic excess as a political strategy, again employed by Irigaray, deconstructs masculinist discourses concerning the nature of woman. However I have two reasons for caution, one is that the use of strategic
essentialism may entail yet another form of normativity, this time imposed on women by women, and the second, that the adoption of parodic excess, where all women embrace the maternal, is an excess which may reinforce the tendency to obscure the differences between and among women and may inadvertently reinforce heteronormativity.

The use of other forms of masquerade, such as passing as younger women may, in many cases, be not so much a subversion as conformity to the perceived feminine, although Lupton argues that there can be resistance at an unconscious level through emotions and desire which may not be recognized by the subject as resistance (1995: 138). Even in passing as women, older women disrupt the stereotypes of femininity by parodic excess.

The refusal of their representation as asexual and the exercise of their sexuality is a form of subversion for older women, as is the reconfiguration of their bodies as healthy rather than diseased bodies. Desire is an attribute of the body without organs and of the unconscious and as such nullifies normative representations of older women as asexual. It is in freeing desiring-production from the objectification of Woman that the older woman invalidates the unitary model of Woman, and it is in the field of sexuality that older women are more easily transgressive in that the sexually active older woman, whatever her sexual orientation is, through the interdiction on her sexuality, deviant or queer. The cultural stigma of asexuality applied to a woman’s ageing body and the interdiction against her sexual being, lead me to canvass the possibility of a political alliance of older women as part of a queer constituency. By so doing, older women are well-placed not only to step outside the cultural stereotypes which render them ‘docile/useful’ but also to disrupt the gendered identities of femininity.

While the social production of the ‘docile/useful’ body of the older woman exercises a repression of her desire, desire itself holds the possibility of subverting social formations and consequently of her reterritorialization as ‘docile/useful’ (Deleuze and Guattari, 1992: 116). Desire can liberate older women from the exploitation and servitude to which the use of sexuality as a regulation of their bodies by society reduces them through their abjection. But their bodies are only one of many groups of women which phallocentric sexuality objectifies and to which cultural attitudes are ambiguous. For instance, the maternal body is sublimated to the sacred and represented as asexual. What emerges is that the unitary model, Woman, misrepresents and erases a multiplicity of bodies which come under its aegis.
My conclusion is that, while a reterritorialization of the older woman’s body takes place through her constitution as a ‘docile/useful’ body, that constitution can be circumvented and deterritorialized through her continuation as an unbecoming woman, a sexual being who accesses her desire through a shedding of the bonds which have controlled her throughout her lifetime as the becoming woman of normativity.