Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the U.S. Feminist Self-Help Movement

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On April 7, 1971, abortion was still illegal in forty-four of the fifty states; *Roe v. Wade*, the U.S. Supreme Court decision that would override state laws and legalize first-trimester abortions nationally, was still two years away. Meanwhile, feminist consciousness raising groups were flourishing in every major U.S. city, including Los Angeles. A handful of black women there, in Watts, had formed the first grassroots welfare-mothers organization, ANC Mothers Anonymous. Students in Long Beach, California, had founded a Chicana femenista group and newspaper, and a group of Asian American feminists were organizing a special women's issue in the radical Asian community newspaper, *Guidra*. On this particular evening, several frustrated feminists, mostly Euro-American abortion activists, gathered in the front room of a Los Angeles house that doubled as the Everywoman's Bookstore. The topic for discussion was the possibility of learning how to perform abortions themselves. Sitting in a circle on the floor, the women took turns introducing themselves and describing the scope of their political work–demonstrations and referrals–with an air of dissatisfaction.[1]

Carol Downer was one of the meeting's organizers. When her turn came, she offered to share something she had learned at the illegal abortion clinic on Santa Monica Boulevard. Lorraine Rothman, who was to become her partner in forming the feminist self-help movement, was there and remembers this first meeting vividly.

> She takes us into the adjoining room and pushes everything off the desk, and then goes around and pulls down the shades–I mean this was an old house–pulls down the shades in each of the rooms. . . . And while she's talking she removes her underpants, puts them aside, and she gets up on the table–she doesn't look at anybody's face–and gets up on the table, positions a pillow she had already prepared, and pulls up her skirt. She had a very long flowing skirt

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that she could control to drape over her legs. And she shows us this plastic vaginal speculum, which I had never seen before. I'd never seen a speculum before and yet I had umpteen, umpteen, umpteen visits . . . and I've had kids! . . . And she says, "what I'm going to show you" . . . and she goes through this whole process, and inserts it into her vagina. . . . She uses a flashlight and mirror to project for herself and make sure her cervix is in view. . . . And then she says, "Would you like to see?"

We were all standing there all around her absolutely, totally amazed at what she was able to do. And the fact that this particular area of the body that has been inaccessible to us is now *visualized*. . . . It was so revolutionary! Just the simple act of putting a speculum in the vagina ourselves and bringing up that part of our body and being able to see it in the same commonsense way we look at our face every morning.[2]

Although they were all abortion activists, the women at this first feminist self-help meeting knew little about the mechanics of the procedure they were fighting for, even if they themselves had gone through an abortion. Few of them had ever before looked inside her own vagina.

In this respect, Downer, a married, white, lower-middle-class mother of four, was an anomaly. She had apprenticed with the California-based Army of Three–Patricia Maginnis, Rowena Gurner, and Lana Clarke Phelan–who were exceptional in their confrontational, satirical, and feminist stand on abortion rights in the years before the explosion of feminisms in the late 1960s. Based on their "abortion classes," the *Abortion Handbook for Responsible Women*, written both to outrage and inform, advised women on the technicalities of how to find a "back yard" abortionist, fake a hemorrhage, or induce an abortion with one's fingers. Under their tutelage and with the aspiration of starting a feminist illegal abortion service in Los Angeles, Downer began researching the wide range of techniques by which abortion was performed. She had been particularly impressed by a technology used at a local illegal abortion clinic, a simple suction device that offered a gentler alternative to the typical dilation and curette (a spoonlike knife used to scrape the walls of the uterus) abortion. Just as these preparations for a feminist illegal abortion service were underway, access to abortion in California dramatically widened. Women were literally lining up around the block as legal abortionists orchestrated the rubber-stamping of medical committee approvals. Downer nonetheless had come to believe that technical knowledge was essential to the movement. At the same meeting where she first demonstrated vaginal self-exam, Downer also passed around a large syringe with a long flexible strawlike cannula at its end that could be used to manually draw out the contents of the uterus. Rothman used this technology as the basis for developing the "Del-em," a "menstrual extraction" device that could be constructed out of easily found parts and through which women could help each other empty the contents of their uteruses during menstruation or early pregnancy.[3]

The plastic speculum and menstrual extraction kit were to become the framing artifacts of the feminist self-help movement. Not just these two technologies, but also the format of this first consciousness raising meeting–women sitting in a circle on the floor sharing experiences, "as we did then"–became the underlying method of the movement. From its very inception, the practice of vaginal self-exam was inseparable from the politics and history of both abortion and feminist epistemology.[4]

The Evidence of Experience

The feminist self-help movement took part in the radical feminisms of the late 1960s and early 1970s. By radical feminism I mean a specific brand of feminism, primarily practiced by white women, that grew out of the new Left, student, and civil rights movements and set itself apart from liberal and socialist feminisms. Unlike the national organizations of liberal feminism, radical feminism was extremely heterogeneous and practiced in small, local, independently formed cells. Ideologically, however, radical feminists tended to believe that women were universally oppressed, that the root cause of oppression was patriarchy, not capitalism, and that the solution was tearing down patriarchal social structures, not reform. As instantiated in this ideology, radical feminists tended to be women whose race and class privilege brought sexism to the fore. Although historians of radical feminism have tended to concentrate on the writings penned by college-educated women in the Northeast, radical feminists of a wider variety of class backgrounds scattered over the United States and Canada founded many issue-oriented projects such as rape crisis centers, battered women's shelters, feminist bookstores, and feminist health clinics that set out to create alternative women-controlled institutions. Moreover, unlike the closed vanguardism of many of the early cells in the Northeast, these projects typically set out to widely appeal to women, even providing services for women who did not see themselves as feminists. Many of these counterinstitutions, particularly at their inception, attempted to prefigure within themselves the kinds of social relations they were trying to bring about through revolution. Thus, the history of radical feminism at that moment was as much about feminist practice as it was about feminist theory.[5]

The central epistemological principle of feminist self-help, as with radical feminism more generally, was that all knowledge production should begin with women's experiences. Experience was at once the material analyzed in consciousness raising (the experience of being a woman) and an encounter with one's body produced through practices such as vaginal self-examination (the experience of looking at oneself as a woman). At work in statements such as "I saw this," "I was there," "I felt that" uttered at self-help meetings was the assertion of an epistemic privilege gained from the immediacy of speaking about one's self. It should not be surpris-

ing, then, that the movement's literature is littered with the term "experience" and that its uses were both tangled and polyvalent.

As radical feminists, self-helpers argued that women's experiences, not books or other types of expertise, were the best repositories of knowledge about women. This assignment of epistemic privilege to experience was an explicit and strategic reaction to encounters with gynecologists in the 1950s and 1960s, a high watermark in the history of the medicalization of reproduction. For those women privileged enough to have access to healthcare, the recently instituted annual ritual of the pap smear made a gynecologist, rather than a general practitioner, the primary route into medical care. Gynecology exams, like medical exams more generally in this period, were designed to quickly extract information from the body in a standardized, objective form that freed the physician from relying on patients' subjective testimony. The ritual of the gynecological exam–a woman lying prone and naked, her feet in stirrups, with a paper drape hiding the doctor's manipulations–invested the physician with an authority that relieved him of a compunction to inform patients about the technical details of her health status or medical procedures. At its most exploitative, gynecologists robbed women of their reproductive capacity through unnecessary hysterectomies and sterilizations performed without informed consent. The feminist self-help movement's emphasis on the epistemic authority of experience was thus a politically charged and historically contingent reaction to a particular kind of medical encounter organized by women privileged enough to have access to medical care. Experience, as conceived within the feminist self-help movement, provided a kind of evidence that was used to critique science, especially biomedicine, by providing a different knowledge of the world.[6]

When one hears the word "experience," a chain of associations follow: direct witnessing, sensory encounters, original and therefore indubitable perception, subjectivity, embodied knowledge, lived knowledge, knowledge of ordinary people, and so on. My thinking about experience, its baggage, and the role it played in the women's health movement (and even feminism at large) has been deeply shaped by Joan Scott's pathbreaking and controversial 1991 essay, "The Evidence of Experience." In it Scott argued two important points. First, she maintains that despite the political heat that claims of experience can kindle, the category is often taken unproblematically by scholars as a kind of uncontestable evidence that can be used as an originary point of explanation. Experience is taken as that which explains, not that which needs to be explained, thereby failing to historicize the "working of the ideological system itself" that made different experiences possible. Second, Scott critiques how claims to speak for experience take as self-evident the identities of those whose experiences are being represented. In other

words, when using the evidence of experience, we should keep in mind that subject positions are constituted, and not just spoken for, when experience is called on.[7]

Scott's analysis can itself be historicized as an episode in feminism's ongoing efforts to ascribe an epistemological status to the necessary and yet slippery category of experience. In this article, I will not attempt to analyze the experiences of women active in the feminist self-help movement. Instead, I will unpack how the feminist self-help movement produced the *evidence of experience* and situate their efforts as an important moment in the history of feminist epistemology. What was included as experience? What were the conventions for narrating experience? Producing the evidence of experience required more than simply describing one's past or gazing at one's body. It required a seeing otherwise schooled in an assemblage of technical, social, and discursive methods.

Why go to all this trouble to historicize experience in the practice of vaginal self-examination? The epistemological practices of self-help can be situated in a genealogy of feminist epistemology that Joan Scott, and I, both inherited. Experience cuts a meandering trail from consciousness raising, to the radical feminist health movement, to identity politics, to the new academic field of feminist science studies made up of historians, sociologists, anthropologists, and philosophers. I have been influenced by the feminist self-help movement in my scholarly work on women and health, but also as someone who has directly benefited from the services of feminist women's health clinics. Moreover, feminist self-help was the most sustained effort to practice science as feminism and had a profound impact on the practice of establishment medicine. I see myself as a part of this unfolding history and believe there is still more that I and practitioners of technoscience can learn from it.

In this article I use my tools as a feminist historian and science studies scholar to analyze feminist self-help materials that came from published sources, instructional pamphlets, and internal clinic manuals, as well as interviews with women who founded feminist women's health clinics. My sources have told me more about what feminist self-help set out to do than the actualization of those goals in the experiences of individual women. Although historicizing is often a debunking task, I hope my effort will have quite the opposite effect, for I certainly do not wish to suggest that experience is a category academic feminists and women's health activists should do without. Instead, critically following the evidence of experience in the history of the feminist self-help movement holds a lesson for its inheritors that is simple but nonetheless hard to keep in mind, perhaps because the evidence of experience is so dear to scholars and activists alike. It is strategically fruitful, I believe, to ask questions orthogonal to what has been academic feminists' primary concern, the presence or absence of epistemic privilege for the evidence of experience.[8] By his-

toricizing *practices* I can critically examine the assemblage of methods by which feminists transformed experience into evidence. These efforts can then be judged for their efficacy as strategic interventions that arose from specific, historically contingent, political circumstances.

Openings

Historicizing the evidence of experience within this technoscience otherwise raises questions, not so much about an elusive truth, but about political strategy. What work are feminists, and other oppositional movements, trying to make experience perform when putting together their toolbox for theorizing, and even practicing, a technoscience otherwise? What kinds of phenomena are rendered perceptible, *and* imperceptible, by a careful attention to embodiment? What political acts can be performed when the qualities associated with experience are inscribed in our tools for apprehending the world?

From the act of vaginal self-exam, to the way abortion was provided, to the administration of a clinic, to the vocabulary for illustrating bodies, self-help movement feminists were explicit about their strategies to practice healthcare differently. According to Downer, conventional medical methods were designed for anonymous encounters between doctors and strangers. Feminist self-help methods were different, practiced by a cluster of women who had earned an intimate knowledge of each other's bodies:

> There's just all these different ways of ascertaining the information. The medical profession, they ascertain it, rightly so, with all these different objective measures: examinations, chemicals, urine tests, etc. But you really don't have to do it that way. You *can* learn another way. And you can be just as safe.[9]

The practice of vaginal self-examination within feminist self-help was more than the surveillance of one's cervix with a speculum; it was a tool toward learning another way. It was the starting point for what I call a *technoscience otherwise*, a real world instantiation of the claim that what counts as truth or nature would look different if science were practiced otherwise. The feminist self-help movement was an effort to practice a feminist, antiauthoritarian form of healthcare that produced, as a title of a book from this movement suggests, *A New View of a Woman's Body*.[10] Vaginal self-exam was part of a larger toolbox, first, for practicing a feminist reproductive healthcare and second, for performing a series of detailed empirical studies of female reproduction and anatomy–including the menstrual cycle and clitoris–that embodied a radical feminist stance toward knowledge production. The feminist self-help movement, as a technoscience otherwise, was just such an imperfect effort to do things differently that was connected by its history, language, techniques, equipment, and financial relationships with conventional technoscience.

From abortions to pap smears, those in the feminist self-help movement set out to teach themselves the techniques of reproductive control. Like feminists learning how to repair cars or build houses, feminist self-helpers were teaching themselves the skills of a male-dominated trade. Their philosophy was hands-on, do-it-ourselves feminism, rather than lobbying for the reform of existing laws and institutions. According to this feminist self-help philosophy, why ask permission for something you can do yourself? The simplicity of vaginal self-exam exemplified this ideology. Not only was it a simple procedure, it also revealed a simplicity within female reproductive anatomy itself: "We learned, hey, the cervix is just a couple of inches in there, it's not all curlicues, and caverns, and passageways." Further, the ease of vaginal self-exam suggested the possibility of learning other techniques necessary for aborting early pregnancies. Vaginal self-exam taught, according to Downer, "how easy it was to learn these things, that they were learnable. They were not rocket science." Abortion, Downer and Rothman argued, was a relatively straightforward and safe procedure that laywomen, and not just doctors, could learn to do. With vaginal self-exam as their inroad, the fledgling movement articulated a revolutionary political program for "taking back turf" from medical authorities by learning about female biology and reproductive control directly from their own bodies.[11]

At the beginning of the summer of 1971 in Los Angeles, the first self-help group moved from the bookstore to a room in the Women's Center, a house on Crenshaw Boulevard whose entrance was a revolving door of women's groups coming and going, starting and disbanding, around a huge variety of issues. As in the Women's Center, participation in these early self-help meetings was fluid, with a core membership of Downer, Rothman, and Colleen Wilson.[12] Expanding from visual examinations with a speculum, they began to learn tactile techniques of exam, palpating each other to feel uterine size and position with their fingers. Next, they acquired some urine pregnancy test kits by donning white lab coats and going to a medical supplies store. The pregnancy test kits came with instructions and were easy to use, although typically women still had to go to a doctor to be tested. Soon other women at the center were asking to have their pregnancy tests performed. Instead of doing the tests *for* them, the self-helpers taught the women how to do the tests *themselves*.[13]

That summer the National Organization for Women (NOW)'s national conference happened to be held in Los Angeles. Women lined up from early morning to late evening to learn vaginal self-exam and receive their own plastic speculum in a brown paper bag–"a brown bag of REVOLUTION"–that conferencees carried like a badge of honor.[14] After the conference, the self-help clinic was inundated with calls and letters. For the price of a bus ticket and a couch to sleep on, Downer and Rothman gave self-help presentations, whether in a little town or a big city. Zigzagging

across the country, from local NOW chapters, to church basements, living rooms, and college campuses, they presented a slide show that culminated in a live demonstration of vaginal self-examination, thereby establishing a network of women exposed to the movement.[15] The presentations clicked with many women, both white middle-class women at NOW chapters and college campuses and working-class feminists at women's centers. In general, the click occurred for women whose social locations were shaped by ideologies of racialized bodily respectability and modesty, and not for women whose bodies were regularly vulnerable to exploitation. In the intensely racialized political and social context of the United States in the 1960s, African American, immigrant, or poor women were largely unmoved by a practice that sought to overthrow a fragile corporeal respectability. A typical explanation among white feminists for the lack of women of color active in the early feminist self-help movement was black women's greater interest in racial politics. There was, and still is, an absence of reflection as to how vaginal self-exam assumed a level of access to modesty and bodily integrity that most nonwhite women did not share.[16]

The popularity of vaginal self-exam among white women resonated with the enthusiasm for experimentation and novelty and rejection of conventional respectability that permeated radical feminism, as well as the middle class, in the 1970s. "It all was so mind blowing," Downer recalled, "And I think doing self exam was just viewed as that . . . I mean, like, the year after we started was the year everybody gave each other vibrators for Christmas. It was the present that year in the women's movement. It was like, oh, there's a new toy!" Over their six-week tour, Downer and Rothman sparked other self-help groups and forged a network of connections among isolated regional groups already working on women's health or providing abortions. Once they returned, women made pilgrimages to Los Angeles from afar to learn firsthand the techniques of a feminist self-help clinic.[17]

After the U.S. Supreme Court decided *Roe v. Wade* in March 1973, self-help groups began quickly establishing feminist women's health centers to provide abortions. These centers, organized as nonprofits, primarily performed two different kinds of services. First, they offered abortions, which, because of the extreme legal vulnerability of abortion access, had to scrupulously follow the letter of the law. Second, they provided "well-woman" gynecological care, which was more open to experimentation; women learned vaginal self-exam and other basic gynecological procedures in group participatory clinics. Although a doctor always performed abortions, participatory clinics were led by two laywomen health workers. The politics of well-woman exams were inscribed in its name: to remove the care of normal female reproduction from the purview of a pathologizing medical gynecology. Nonetheless, if

a woman surmised she had a medical problem, such as a sexually transmitted disease, self-helpers referred her to the center's nurse practitioner or doctor. Self-help activists were careful to differentiate their own sphere of action from that of medical diagnoses, even when sharing treatments for vaginal infections.[18]

The format and ideology of the Los Angeles and Orange County self-help clinics, founded by Downer and Rothman respectively, were the model for others established in Oakland, Chico, Redding, Sacramento, and San Diego in California; Eugene and Portland in Oregon Yakima, Washington; Tallahassee, Florida; and Atlanta, Georgia. Most of the early founders of these centers were white women, most often heterosexual. "Six white housewives who had 24 children among us," as their literature stated, founded the LA Self Help Clinic.[19] Although clinics tended to serve and be founded by heterosexual women, who were the largest constituency for reproductive healthcare, many lesbians worked at clinics and were activists for reproductive freedom more broadly. Lesbians within the movement were quick to establish lesbian health groups and by the end of the decade donor insemination clinics. Clinics were also staffed by women who were diversely located along the intersections of class, ethnicity, and sexuality, and who quickly made the feminist self-help movement a more diverse, yet still internally racialized, political project than its founders alone had constituted. Further, most clinics actively sought to provide services to a variety of women, ranging from college students to working-class women. A clinic's literature and services were often provided in several languages, and self-help groups were frequently organized around the reproductive health concerns of a specific contingency of local women, from lesbians, to migrant workers, to refugees. Despite the fact that the founding directors of these clinics tended to be white, the social location of women who worked in and went to the clinics was far from homogenous.

Scattered centers founded in the early 1970s together formed a decentralized coalition called the Federation of Feminist Women's Health Centers (FWHCs), which shared materials, collectively wrote several books, and met in Los Angeles each summer for "political education."[20] Many more women's health centers were allied ideologically and politically. At its peak between the early 1970s and mid-1980s, between the apex of radical feminism and the rise of Reagan-era antiabortionism, these scattered projects formed the reticulate and influential hands-on strand of the U.S. women's health movement. Although the revolution never came, the spread of feminist self-help would dot the globe, with groups in Canada, Europe, Brazil, India, Australia, Mexico, and Cuba.[21]

Within this complex movement, vaginal self-exam served as its icon often represented by a woman's symbol in which a fist clenching a speculum rose within the upper circle. That the speculum, literally a master's

tool wrought in its modern form by a man who experimented on enslaved women, was a force for liberation was not self-evident.[22] Taken separately, the tools for vaginal self-speculation were symbols of patriarchy, as Donna Haraway has aptly described:

> The speculum had become the symbol of the displacement of the female midwife by the specialist male physician and gynecologists. The mirror was the symbol forced on women as a signifier of our own bodies as spectacle-for-another in the guise of our own supposed narcissism. Vision itself seemed to be the empowering act of conquerors.[23]

Within a conventional gynecological exam, a cold metal speculum was used with the handle pointing down and thus out of the patient's grasp, thereby maximizing the doctor's convenience and view. Without a mirror, it required an impossible contortion for the patient to see what the doctor viewed. In self-speculation, the handles pointed up so that a woman could insert and manipulate the speculum herself. Speculums were now also constructed out of inexpensive plastic, making it possible for a woman to purchase one for just fifty cents. A flashlight directed into the mirror and a slightly forward sitting position allowed a woman to see in reflection what the speculum framed. The two "bills" of the speculum–sometimes called "blades" in medical encounters–held apart the walls of the vaginal canal so that the cervix at the back of the vagina was placed directly in the line of sight. The material performance of the speculum rendered the cervix, a small circle of flesh between the vaginal canal and uterus, the stage on which observations, such as color, secretions, size of opening, or angle, were made and the struggle to reinscribe bodies played out. Feminist vaginal self-exam, however, involved more than the use of speculum, mirror, and light. It was only within an assemblage of other social and discursive technologies that these instruments of vaginal self-exam opened up the possibility of seeing "another way" on the stage of the cervix. Crucial to this assemblage was the practice of consciousness raising.

Consciousness Raising

In 1971, the grassroots women's liberation movement largely consisted of scattered, small, and independent consciousness raising groups. Both Downer and Rothman had already learned the technique through affiliations with their local NOW chapters. The practice of consciousness raising itself, however, originated within the radical feminist scene in New York City in 1967-1968, initially within New York Radical Women and then quickly spreading to other radical feminist cells around North America. Although the technique of consciousness raising was developed within feminism, it owes some of its character to practices within other radical movements. Kathie Sarachild and other consciousness

raising advocates were directly inspired by the participatory democracy methods of the Student Non-Violent Coordinating Committee (SNCC), including their slogan "let the people decide," which captured a belief that radical movements were not for the people, but belonged to the people. The practice of "speaking pains to recall pains" in the Chinese Revolution as well as Mao Tse-tung's injunction to trust your "physical sense organs" over books served as further models for the development of consciousness raising by radical feminists who, however critical of it they had become, had been steeped in Marxism. Feminists' emphasis on coupling a search for personal authenticity with activism was an existentialist cornerstone of U.S. New Left ideology in the 1960s. The focus on personal access to truth and the cellular structure of consciousness-raising groups, moreover, shared a great deal with a longstanding tradition of protestant sectarianism in U.S. history.[24]

In the late 1960s and early 1970s there were many disagreements, and even bitter purges, among East Coast radical feminists over the exact rules by which consciousness raising should work. Sparking these disagreements was the distribution of power within feminist groups. Some groups initiated policies of letting "the quiet women speak" to prevent others from dominating discussions.[25] Other groups even developed chit systems so that everyone spoke an equal number of times. Innovations and denouncements would travel through sporadically published newsletters and mimeographed manifestos passed from hand to hand through friendship networks. Despite these often painful internal struggles, consciousness raising groups remained many women's entrance into the movement beyond the bounds of radical feminism. Small groups around the country formed and folded; no one could possibly keep track of what all the groups were doing. Factional debates in New York City did not stop consciousness raising from taking on a life of its own. Despite its liberal politics, NOW, with its more stable national structure, became a common starting point for organizing consciousness raising groups outside feminist metropoles.

Consciousness raising was a discursive and a social technology. It set conventions for using language and for interacting. Typically, women took turns describing their experiences by a particular theme. These collected experiences were then analyzed, not to provide therapy for the individual, although it often had a therapeutic effect, but to chart the social conditions common to women as an oppressed group. The very act of speaking experience was arduous. Not only could meetings be long-winded and personal disclosure agonizing, women had to find the words to express "the problem that has no name."[26] The critical potential of experience as a kind of evidence was not assumed to be self-evident, but had to be made through hard group work. In other words, that one experienced patriarchy was not necessarily evident to the lone woman, yet

through the efforts of consciousness raising personal experience became the evidence of structural patriarchy. In practice, the labor behind critical insights was not always foregrounded and could even be lost sight of as a group slipped into navel-gazing and personal therapy. The well-known slogan "the personal is political" captured this danger within the method: the insight that social structures manifested themselves in what seemed like idiosyncratic personal events could slip into a narrow concern with personal life as the sole basis of politics.[27]

Sarachild, a graduate of Harvard University, former white civil rights worker in Mississippi, and founding member of New York Radical Women, was one of the earliest architects of consciousness raising. Sarachild considered it a scientific method:

> The decision to emphasize our own feelings and experiences as women and to test all generalizations and reading we did by our own experience was actually the scientific method of research. We were in effect repeating the 17th century challenge of science to scholasticism: study nature, not books and put all theories to the test of living practice and action.[28]

The evidence of experience became an obligatory passage point through which the validity of already existent knowledge–such as Marxist theory or biomedical descriptions–had to be tested. Women in the feminist self-help movement also followed this principle. In their research they employed medical textbooks, scientific studies, and laboratory procedures, but always in conjunction with the critical filter of experience. "I think it is a very sound scientific principle," asserted Downer. "We validated every woman's experience. That was our means of learning. Whatever everybody said was what it was. Not what we had read about." In its use of the evidence of experience, the feminist self-help movement saw itself, not in opposition to, but as a form of scientific practice. Within their technoscience otherwise, the tool of consciousness raising made the world its laboratory, women's lives the experiment, and the evidence of experience its data.

The primary analytic function of consciousness raising was to render perceptible the *commonalities* among women. Commonalities were thought to reveal the shared social conditions through which women were oppressed as a class. In Pamela Allen's well-known methodological handbook *Free Space,* based on the efforts of the San Francisco group Sudsofloppen and her work in New York Radical Women, she provided a recipe for the successful consciousness raising group:

> Not only do we respond with recognition to someone's account, but we add from our own histories as well, building a collage of similar experiences from all women present. The intention here is to arrive at an understanding of the social condition of women by pooling descriptions of the forms oppression has taken in each individual's life.

By "pooling" life stories, feminists strove to find a single system of oppression that could explain women's varied experiences; although the exact form this oppression took in each woman's life varied, these differences were assumed to fit together like pieces of a puzzle, revealing the workings of a patriarchy beneath. In this base-superstructure relationship, patriarchy was the ground and women's lives the expression.[29]

The search for commonalities required that women recognize themselves in each other. In fashioning this mutual recognition, women were not simply discovering common patterns in their lives, but also interpellating each other as politicized subjects. Speaking across a circle, women hailed each other as agents capable of judging large-scale social structures and of conducting a scientific analysis of themselves. Responding with recognition was a willful act of joint self-fashioning in which individual women purposefully interpellated themselves as resisting political actors in a collectivity of similarly situated actors.

Supporting this mutual recognition was also the tendency of self-help groups to be composed of women from similar social locations. Young women sought each other out, as did women of the same economic class, citizenship status, and educational background. Single heterosexual women, married women, mothers, and lesbians all sought women with whom they would respond with recognition. Similar to the rest of the women's movement in the 1970s, the vast majority of groups were segregated by race, but not absolutely so. Typically brought into a group through face-to-face personal contacts, participants reflected, rather than subverted, the racial segregation endemic in their own communities. The stress on sameness, combined with the propensity for groups to be composed of similarly located women organized around a politics of identity, made it convenient for privileged white or straight women to avoid interrogating their own racism or homophobia. As Sarachild confessed, "we made the assumption, an assumption basic to consciousness raising, that most women were like ourselves–not different–so that our self-interest in discussing the problems facing women which most concerned us would also interest other women." Infecting the technology of consciousness raising, however, was a painful irony that caused explosive rifts between feminists: shared experiences, undergirded by very particular social locations, were nonetheless taken as the basis for analyzing the status of a universalized woman. What white women recognized in each other inevitably failed to account for the complexities of differently situated women. In short, the evidence of experience was produced by a technology that began by transforming what had previously been seen as individual idiosyncrasies into commonalities, thereby rendering perceptible, and marking as primary, one historically specific form of subjugation, but at the expense of effacing the multiple oppressions and structural complexities that cut across women's lives. Paradoxically, constituting

women in these universalizing terms even underwrote radical feminist efforts to make transnational alliances in the name of global sisterhood.[30]

In the 1970s, the act of vaginal self-exam was believed to perform a powerful consciousness raising effect that is often hard to imagine today. Downer described its effect as "that shock, that extremely rapid rise of consciousness. . . . [T]he women who did self exam, one second they were not able to open their legs and the next there it was, and no big deal. I mean it was that fast. It was extremely exciting." Crucial to this effect was the small group format. In a typical medical encounter the doctor diagnosed the patient; in a self-help clinic a woman was supposed to draw her own conclusions about her health status within the context of the consciousness raising format. Self-examination, despite its name, was not an exercise in individual self-reflection. Alone, it was easy for someone to perceive her genitalia as strange. Through comparative analysis women translated the experience of looking at their cervix into information about "women" as a class. Group acts interpellated women as part of a movement; single acts stayed "within the confines of her own four walls."[31] And like consciousness raising, the first lesson one learned in a self-help meeting was that of commonality. As Downer put this, "what you thought was peculiar to you was in fact shared by everyone."

Viewing Variation

> A Self Help Clinic is not a place. It is any group of women getting together to share experiences and learn about their own bodies through direct observations.[32]

A self-help clinic was an event, not a place. It might be held at a women's center, with participants perched on shabby sofas below a poster of a raised fist clenching a speculum, or it might be held in the privacy of a woman's home after her children and husband were safely sent away. As a rule, self-help clinics were held in nonmedicalized settings, with women examining themselves impromptu on couches, chairs, or pillow-topped tables. No sterile blue paper gowns or drapes here. Women wore their street clothes, taking off skirts, pants, and underwear, but casually leaving on socks and knee-highs. The kit to start a self-help clinic consisted of a cheap plastic vaginal speculum, plastic gloves, sterile lubricant, hand mirror, flashlight, cotton swabs, and cornstarch. These medical and household items were not sufficient. Supplies also included information on state abortion laws, the twenty-five cent *Birth Control Handbook,* a list of local abortion clinics, and access to a mimeograph machine.[33]

"Self Help Clinic" was the official name for a series of meetings organized by FWHCs, in which women, often strangers to each other, met for a set number of weeks facilitated by a lay health worker. Women also gathered in informally organized "self-help groups" that arose among

friends, through ads in feminist newsletters, or from a flyer pinned up at a feminist bookstore. Sometimes, after a formally organized clinic ended, women would continue meeting in their own advanced groups. Removed from the legal pressures of keeping an abortion clinic open, the independent advanced self-help group was the most experimental site in the self-help movement. It was within these maverick groups that the adage of studying female biology through one's own body was applied to more controversial topics, such as sexuality and female ejaculation. Menstrual extraction, constrained by its questionable legality, was only performed within the safety of a small group's secrecy. No one kept track of the number of self-help groups running at any one time.

What made a self-help clinic was not its institutional location, but its method based on consciousness raising. Self-help activists held that the ability to learn from experience was not natural to women, but had to be schooled. A self-help clinic would be directed by a more experienced self-helper, called a facilitator. The facilitator did not lecture or set rules, but instead set the tone for the group by her example. The facilitator was the first person in the group to perform a vaginal self-examination, breaking the taboo of nakedness by nonchalantly removing her clothes and inserting a speculum, all the while providing a narrative of what she was feeling and seeing: "here's my cervix, that looks like it usually does . . . the Os tips down, which is normal for me . . . I see some white secretions that don't bother me and tend to appear during the middle of my cycle . . ." and so on. The facilitator's role was not simply to demonstrate the mechanics of opening a speculum or to point out anatomical parts, but, more importantly, to model a mode of observation for other women to follow. At such introductory meetings it was not unusual for women to have never looked into their vaginas before, holding only a patchy apprehension of their reproductive anatomy. Often profoundly ignorant about technical terms gynecologists used, some women worried they harbored some disfigurement or pathology within.[34] Other women had lived with recalcitrant minor infections that made them feel foul. Women in a self-help meeting were likely to share a sense of estrangement from their bodies. The language the facilitator used provided a new way to see and to speak, as well as a new way to bond. Their mutual thrill at their own daring only served to enhance a feeling of solidarity.

In vaginal self-exam, unlike consciousness raising, "sharing experiences" shifted from describing past events to the *immediate* viewing of oneself and each other. Immediacy was conveyed through rich sensory narratives: the feeling of pressure as a speculum clicked into place, the pinkish color of the cervix with or without reddish hues, the moisture or dryness of the vaginal canal, the sweet or musky smell of secretions, and the look of the curly or toothy flesh of a hymen. A woman might even taste the sticky residue left on the speculum once it was removed. The

fine-grain description and even effusive language fostered a distinctive aesthetic sensibility that marked each woman's cervix and vagina as unique, often likened by self-helpers to the individuality of human faces. The sharpness and texture of the observations materialized a topography of small, incidental, individual differences.

When the LA Self Help Clinic was still housed in the Women's Center, women would drop by to share their new observations with Downer and Rothman: "Pop, they'd go up on the table and put in a speculum. 'Now look at this, I didn't see this two days ago.'"[35] In self-help clinics, participants were encouraged to take daily observations on their own, perhaps including a quick sketch of what they saw in a journal or calendar that they could later puzzle over with the group. These chronological traces could be assembled into a portrait of minute change over time, further expanding the topography of variation. Rather than comparing themselves with an abstract, universalized norm (as one might find in a medical textbook) the technique of vaginal self-exam relied on comparisons within small groups of women and with each woman's own chronicity. This schooled attention to slight variations in anatomical detail produced a topography through which the feminist self-help movement remapped healthfulness.

This rearticulation of healthfulness as a lush topography of shifting anatomical diversity was extended beyond macroscopic features to include microorganisms ubiquitously present in vaginas that could cause common and minor, although sometimes recalcitrant, infections. This microscopic variation was dubbed the "ecology of the vagina." When viewing a drop of vaginal secretions with a microscope, self-helpers taught themselves to see "sloughed-off cells from the vaginal wall, a few yeast plants, lots of bacteria and sometimes even a few one-celled animals, trichomonads."[36] If a woman was menstruating, she would see red blood cells. If she had recently had heterosexual sex, she might see sperm. As with their gross observations, self-helpers were concerned with noticing how the exact constituency of a vaginal ecology would change over time, often in synchrony with the changing pH of the menstrual cycle. A manual of procedures in a well-woman clinic, called the *Black Book*, written to defend against accusations of practicing medicine without a license stated that using a microscope

> is simply an aid to better eyesight. Like wearing glasses, it improves the eyes ability to detect things. Microscopes can be owned by anyone and are commonly used by students who learn to use them in class. Detecting the different organisms and distinguishing what they are doesn't take any more special ability than does a child's skill in telling what year and make passing cars are.[37]

Although strategically represented as a simple magnification of eyesight, the ability to perceive a wet mount slide as a "vaginal ecology" was

contingent on a learned technique of observation that assembled details into a relationship of changing diversity. Looking in a microscope was not a neutral gaze taking in a self-evident world; it was an action circumscribed by a political apparatus that re-represented entities already codified by conventional gynecology. Characterizing microscopy as simple to defend the legality of lay healthcare invoked a tension within the ideology of vaginal self-exam, and self-help more broadly: at the same time that self-help practices were clearly schooled techniques for learning "another way," they were also coded as "commonsense," "simple," or even at times "instinctive" to legitimate the deeds of laywomen, both to themselves and to others. According to much of feminist self-help rhetoric, an unencumbered understanding of the vagina was available to any woman who overcame social taboos and dared look.

Authority to judge one's own vagina and thus demystify reproductive anatomy was often analogized to the unexceptional act of examining one's own mouth. Unlike an organ, which one might think of when hearing the gynecological term internal exam, the mouth was a part of the body laypeople regularly inspected, took care of, and treated. Both were cavities open to the outside, with mucous membrane linings. Neither were sterile environments. Many things are put in the mouth, and so too with the vagina: fingers, penises, tampons, spermicidal foams and jellies, diaphragms, and/or douches. And other things came out, not least of which were babies. Thus, according to self-help ideology, a woman should feel licensed to have the same access and relationship to her vagina as she did to her mouth. "It seems odd, indeed," instructed the manual *How to Stay Out of the Gynecologist's Office*, "that the same woman who would not dream of going to a physician for a sore throat spends time and money in visits to the physician for vaginal infections that she could treat herself." Although the vagina has been long marked as inscrutable and unknowable–the site of women's secrets–in the history of medicine, psychoanalysis, and even some feminist theory, the feminist self-help movement recoded the vagina as accessible and knowable through commonsense and transparent techniques, like looking at your face in a mirror. In doing so, vaginal self-exam participated in a broader feminist reinscription of the vagina that included a shift of attention from "vaginal orgasms" to clitoral stimulation, explorations and affirmations of lesbian sexuality, artworks such as Judy Chicago's *The Dinner Party*, best-selling books such as Ellen Frankfort's *Vaginal Politics*, and Betty Dodson's genital art and female masturbation workshops. The practice of vaginal self-exam not only schooled women in fine-grain sensory observations, it simultaneously refigured their object of study–vaginas–in a way that authorized the very act of observing.[38]

Refiguring female anatomy became the explicit goal of empirical research projects conducted in advanced self-help groups. The clitoral

study of 1978, for example, which was undertaken as part of a collective Federation of FWHCs book project, captured the methodological mode of feminist self-help research, as well as the ambivalent place of sexuality within it. Sexuality and sexual function, in contrast to public presentations or self-help clinics, were frequently the topics of advanced self-help groups who not only studied the clitoris but also female ejaculation and lesbian sexuality. In general, however, the feminist self-help movement purposefully steered clear of sexualizing vaginal self-exam in large presentations meant to broadly appeal, thereby legitimizing the act for women who were threatened by homoeroticism. With the aid of their signature handle-up speculum, the clitoris was conveniently obscured while bringing the cervix into view.[39]

The technique of daily attention to the minute changes of one's vagina and cervix schooled in feminist self-help reached its pinnacle in the Menstrual Cycle Study (1975), also undertaken as part of the Federation book project.[40] Every morning for a full menstrual cycle, a cadre of nine women gathered to make thirty-six time-consuming observations about their own bodies. "We started out just wanting to measure *everything*, knowing full well–whoa! But lets start with that then we can break it down."[41] Rather than everything, the kinds of observations made were bounded by a technique of charting minute personalized details. The "woman's point of view" that the study aspired to capture was enacted as a swarm of qualitative and sensory observations. As in a typical vaginal self-exam, the character of the cervical opening, its color, consistency, and amount of secretions were noted. A common set of descriptors were agreed upon and then coded so that observations could be compared in a chart. Observations about consistency, for example, were coded with a "0" for unknown, "1" for bloody, "2" for watery, "3" for clumpy or creamy, "4" for slippery, egg whitish, or thinner than a mucus plug, and "5" for mucus plug, clear, gelatinous, or rubbery. The participants also recorded subjective events, such as tenderness, pain, cramping, libido, appetite, headaches, and fluid retention. They even devised an elaborate system for charting their moods from day to day. Although sensory observations dominated, the study also took a handful of simple measurements: saliva, vaginal secretions, and cervical mucus were measured with some pH paper and glucose test-tape; basal body temperature was taken before getting out of bed; pap smears were done daily; and cervical secretions were gathered with a cotton swab, placed on a slide, dried with a fixative, and then examined under a microscope for their ferning patterns. Last, a daily color photograph attempted to record the visual appearance of the cervix. Captions adorning this photographic series described each woman's age and reproductive history, including births, abortions, sexual activity, birth control method, and surgical procedures. The context provided by the captions was entirely

biological, with no information about women's ethnicity, class, employment, or other social locators, underscoring variation's biological, rather than social, nature.[42]

What was rendered perceptible through this elaborate and tedious cataloging of detail? The study did not conclude with a summary description of a menstrual cycle, nor did it identify a series of markers that identified distinct stages. Instead, the study concluded what it was designed to perceive–precisely the converse: women do not match an abstracted cycle and healthfulness can not be accurately measured through a once-a-year marker like a pap smear. Instead of characterizing the menstrual cycle as simple (paralleling their strategy with vaginal self-exam and abortion), they argued that it was more complex than medicine portrayed. What a "normal" menstrual cycle looked like, so they argued, could only be determined by studying "each woman's cycle within the context of the cycle itself as opposed to comparing to a norm," thereby "redefining and broadening the concept of 'normal' for women."[43] Thus, because doctors relied on annual visits and did not have the time to make such painstaking daily observations on each patient, women occupied a privileged position for understanding this complexity.

As an effort to practice research *otherwise*, the menstrual cycle study's relationship to technoscience was ambivalent. On the one hand, the study critiqued itself for not standardizing its data-collecting procedures better, thereby holding itself accountable to the terms of conventional research protocols. On the other hand, the study called for "feminist woman-controlled research" directly accountable to the experiences of the women conducting them. Even their more general emphasis on sensory observation was fraught with a tension between doing science and doing science otherwise. Although seen by the feminist self-help movement as a corrective to biomedicine's use of mechanical measures, qualitative sensory observations have also long been a part of scientific inquiry, from seventeenth-century instruments conceived of as extensions of the senses, to the Sensationists of the eighteenth century, to the clinical medical techniques of palpation still used today. Yet, at the same time, the historically contingent assemblage that composed feminist self-help practice allowed sensory observations to perform in ways that disrupted the conventional medical apprehension of bodies. Using odor as an organizing principle could, for example, produce a disorienting anatomical portrait unlike that found in any medical textbook. The woman's point of smell, so to speak, was used to create an image of female reproductive anatomy resembling a strange undersea creature surrounded by magnified bubbles of cellular sloughing (fig. 1).

As with the discursive technology of consciousness raising, vaginal self-exam and the menstrual cycle study apprehended phenomena according to a specific algorithm for charting the relationship between vari-

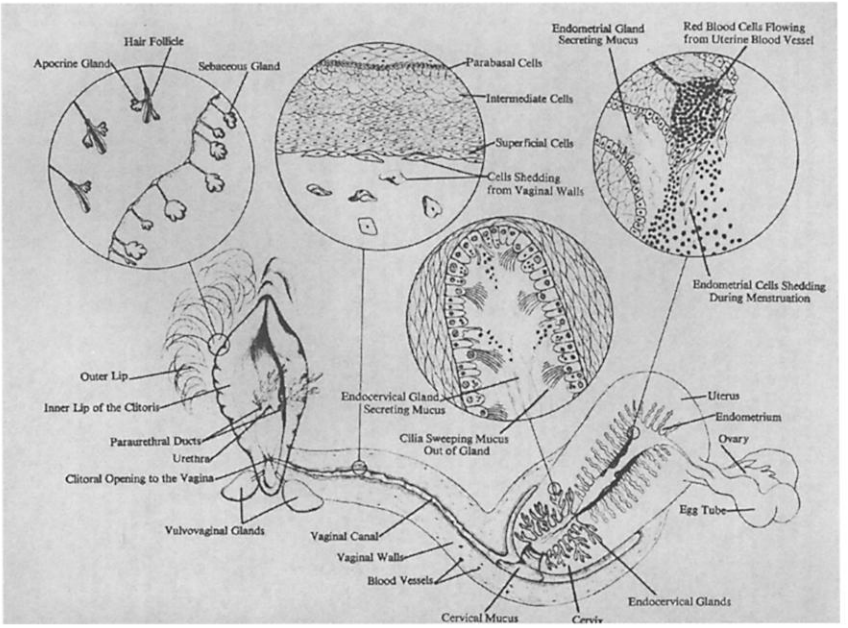

Fig 1. The source of smells in cellular processes, drawn in magnified bubbles. Illustrated by Suzann Gage, in Federation of Feminist Women's Health Centers, *How to Stay Out of the Gynecologist's Office* (Hollywood, Calif: Women to Women Publications, 1981), 10.

ation and commonality. Vaginal self-exam schooled women to perceive that they all shared deviations from the "biomedical norm," and that these deviations were accidental, not pathological. Biological variation–idiosyncratic health histories and anatomical quirks–was the incidental "experiences" to be gathered through a fine-grain corporeal attention. When anatomical variations were pooled in the self-help clinic, feminist self-helpers pointed to a shared reproductive body underneath–"below the waist and above the knees." Moreover, their intimate examination of reproductive variation was not primarily a search for ill health, but rather an effort to remove reproduction from its association with pathology, revaluing it in terms of, not despite of, individual biological variation. By collapsing health with reproduction in their rhetoric, as in the very name "Feminist Women's Health Center," they also replicated the wider, and older, cultural tendency to distinguish "woman" as a natural kind on the basis of her reproductive organs. The movement's emphasis on gynecology should be clearly positioned as a strategic element in a practical focus on abortion and a political ambition to seize control of reproduction.

Feminist self-help, like other social movements of the late-twentieth century, was nonetheless a decentralized and segmented social move-

ment, whose exact form was refashioned in each local instantiation. The movement's ideology of personal access to power and knowledge invited individual and local judgments and redefinitions about what constituted healthfulness. What counted as "health" not only differed from group to group, but also reflected the perspectives of the women who made up that group. By the 1980s, many U.S. women's health organizations organized explicitly around ethnicity or sexuality, such as the Asian Women's Reproductive and Sexual Health Empowerment Project, the Native American Women's Health Education Resource Center, and the National Latina Health Organization. Many of these projects adapted feminist self-help ideology, but not necessarily vaginal self-exam, recombining it with methods and traditions of activism forged within their own communities. For example, the National Black Women's Health Project (NBWHP), initially centered in Atlanta, drew on a long heritage of African American women's public health activism that intersected with early civil rights struggles. Using the ideology of self-knowledge as power, NBWHP developed a consciousness raising program called "Black and Female: What Is the Reality?" Eschewing a focus on gynecology, NBWHP addressed health issues such as heart disease, diabetes, and obesity that were prevalent in black communities, analyzing how health was linked with the material conditions of a racist and sexist society, including personal and community experiences of violence, rape and incest, and the internalization of oppressions. The predominantly white, middle-class U.S. feminist cells that focused on vaginal self-exam were peculiar for the way their privilege allowed them to organize around healthfulness instead of illness or suffering.[44]

Immodest Witness

Changing what women perceived when they looked at their bodies was not the only goal of collecting and comparing intimate sensory observations during vaginal self-exam. To describe the efforts of this technoscience otherwise as if observations were its primary concern would be a distortion of the project. The careful attention lavished on the minutia of reproductive anatomy produced more than a fine-grained apprehension of bodies, it was also a political act intended to redistribute power. In the heady days of the early 1970s, when radical feminists aspired to revolution and women's health activists sought to "take over women's medicine, nothing less," feminist self-helpers were fighting "the enemy," "the Man," or "the establishment." At the daily level of running a clinic, feminist self-help activists were engaged in often grueling efforts to keep their doors open in the face of opposition from medical associations, government, and the religious right. From its first year of operation, the LA Self Help Clinic found itself under police surveillance, which culminated in a police bust, broadcast live on television, in which Downer and Wilson

were charged with practicing medicine without a license. In Downer's case she was charged with, and then acquitted of, applying yogurt to another woman's cervix. After the trial, Downer was given as a gift the now well-known cartoon of a scantily clad Wonder Woman snatching a speculum from a doctor's hand and wielding it against the cowering figures of the pope, the district attorney, and the American Medical Association.[45] The now comical police bust over yogurt was only one of several incidents in which undercover women investigators attended self-help clinics. In the 1970s and early 1980s, the California Board of Medical Quality Assurance (BMQA) made numerous efforts to quash the work of lay health workers in FWHCs by brandishing the charge of practicing medicine without a license. By 1984, under the threat of losing access to state family planning funding, the BMQA's efforts met with success and FWHCs in California had to stop using lay health workers in group participatory clinics, instead hiring nurse practitioners to perform gynecological exams on women individually. By the mid-1980s, their struggles were played out against the background of a militant antiabortion movement that not only obstructed the day-to-day work of clinics, but also, at its most extreme, committed acts of violence including vandalism, arson, bombing, and even murder. After an arsonist burned the first FWHC in Los Angeles in 1985, it never reopened. In Redding, California, the FWHC has been burnt down and rebuilt no less than four times.

Under these pressures, the distribution of authority in clinics often became professionalized and more hierarchical.[46] The site for prefiguring the social relations of an antiauthoritarian future was increasingly concentrated on the moment of providing healthcare and the dynamics within self-help groups. Within the walls of the clinic, questions of power converged around the details of practices. Sitting on the floor in a circle, Downer explained, served a strategic purpose: "to minimize any kind of authoritarian carry over." On the abortion side of FWHCs, the details of technical procedures were deliberately organized to empower the woman client, from assigning the doctor the status of technician, to offering women the opportunity to examine their aborted tissue under a microscope. According to self-help doctrine, no expensive instruments, white coats, or prestigious degrees were necessary for basic gynecological healthcare. All you had to do was use your body to study your body. Actions of self-study were theorized as a means to take "control of our own bodies," as expressed in a familiar credo of the movement.

Within radical feminism, the call for women to take control of their bodies was inherited from the birth control movement earlier in the century and also from socialist visions of a revolution in which the proletariat seized the means of production. In this vein, Claudia Dreifus, editor of *Seizing Our Bodies,* declared, "It is not factories or post office that are being seized, but the limbs and organs of the human beings

who own them." Feminist self-helpers, and radical feminists more generally, also appropriated anticolonial discourse. The New York radical feminist poet Robin Morgan wrote in the introduction to a Colorado guide to feminist self-help:

> Women are a colonized people, with our history, values, and cross-cultural culture having been taken from us–a gynocidal attempt manifest most blatantly in the patriarch's seizure of our most basic and precious "land": our bodies have literally been taken from us, mined for their natural resources (sex and children), and deliberately mystified. . . . We must begin, as women, to reclaim our land, and the most concrete place to begin is with our own flesh. . . . Identification with the colonizer's standards melts away before the revelations dawning of a woman who clasps a speculum in one hand a mirror in the other.

While appropriating anticolonial discourse, U.S. feminist self-help often remained insensible to the recapitulation of the rhetoric of domination at work in their calls to take possession of their flesh through a conquering gaze. In its wide use, the call for women to take control of their own bodies was extremely flexible to a variety of feminist stances; Chicana or black feminists in the United States, and even transnational feminist networks asserted their rights to bodily control loudly and frequently, although through their own analytic bricolage.[407]

Within the feminist self-help movement, reclaiming the body from patriarchy was not intended to free the natural body from the grip of culture, for feminists self-helpers did not romanticize the experience of having unwanted pregnancies when birth control and abortion were illegal. Taking back control was a matter of asserting an *active* relationship to one's own biology. It was an assertion of dominion over one's self enacted through practice, and most often the use of technologies. Feminist self-help activists sharply differentiated their ethic of control from its deployment by population control projects, which they despised. They were quick to insist that reproductive control applied to both the freedom to bear and to not bear children, thereby including poor women and women of color's resistance to coercive and racist measures used to constrain their reproduction. The feminist emphasis on individual sovereignty functioned as a global ethic that avoided setting prescriptions.

In focusing closely on the body as the matrix in which freedom was to be won, radical feminists and women's health activists were able to ground their universalized feminist projects in a common embodiment. The title of the Boston Women's Health Book Collective's best-selling *Our Bodies, Ourselves* captured the elision between self, "woman," and body that permeated the women's health movement and that stood in contrast to efforts by academic feminists to articulate a "sex/gender" system in which the identity "woman" was made distinct from biology. Within feminist self-help, the presumption of a corporeal basis to wom-

anhood stood in counterpoint to their apprehension of bodies as instances of anatomical individualism (unraced and unclassed) and their ethic of individual autonomy over one's body. Embodiment was universal, but bodies were individual. Thus, the topography of individualized variation described by the feminist women's health movement created a particular apprehension of the importance of biology for feminists, a corporeal individualism that was not equivalent to the way the sex/gender system cordoned off "sex" as a fixed domain that was the antithesis of "gender's" social malleability.

The practice of vaginal self-examination served as the exemplar of this redistribution of power that allowed women to reclaim their bodies. The instructional photographs and illustrations in slide shows, mimeographed handouts, clinic pamphlets, and Federation books did not simply provide a straightforward set of directions for performing the practice of vaginal self-exam, these visual materials also drew a map of how power should circulate in the practice of research and healthcare. Additionally, the movement's images held strategic importance by "taking back" visual representations of female anatomy in a historical moment when new technologies of visualization extended the biomedical gaze. Building feminist self-help images was a visual vocabulary that constituted a material-semiotic figure that I call the *immodest witness*.

In reading the figure of the immodest witness of vaginal self-exam, I am borrowing from the use of figures in the work of Haraway: cyborgs, OncoMouse, and Modest Witness are material-semiotic figurations that are oppositional and yet contaminated means to queer technoscience. They are "performed images that can be inhabited."[48] I am suggesting that such a figure inhabited representations of vaginal self-exam, although it was not theorized as such. The visual tropes in representations of vaginal self-exam functioned not only as procedural instructions, but also as maps of resistance to conventional knowledge production.

In contrast to the ideal of a modest witness in modernist science, who desires to hold the personal details of their class, race, gender, religion, and mood apart from objective observation, a woman performing vaginal self-examination was an immodest witness, who not only refused the disembodied eye, but literally displayed her embodiment in an act of observing herself. The figure of the modest witness has its origins in the scientific revolution of the seventeenth century.[49] The modest witness of experimental science–gendered male, raced white, and thus located in an unmarked body and a "culture of no culture"–added nothing to his observations from the specificity of his own body.[50] The modest witness made himself humble, his senses were simply instruments, and he fashioned himself as the ventriloquist for the objects he studied. The modest witness was thus a subject-making figure that delineated the kinds of persons who could (unmarked subjects) and could not (marked sub-

jects) credibly produce knowledge.

The immodest witness of vaginal self-exam, in contrast, was explicitly both an object- and subject-making process. Although the representations of vaginal self-exam did convey bodies in terms of their variation, these images were more concerned with laying bare their labor and techniques and the specificity of the people using them than in attaining assent to a common truth. The immodest witness was concerned with unmasking the crafting of knowledge and drawing attention to who was allowed to partake in that labor.

The immodest witness was cleverly captured in the canonical self-help image of a woman examining herself with a mirror and a speculum (fig. 2). Unlike contemporaneous drawings of pelvic exams in gynecological textbooks that typically feature either a straight view into the vaginal canal, evoking the "beaver" shot of pornography, or a cross section of disembodied organs, this image of the immodest witness put the viewer in the eyes of the woman examining herself. Our gaze is taken over our own pubis and into the mirror we are holding between our legs. In the mirror, the speculum guides our gaze to our cervix, yet the mirror as a symbol of a transparent access to the world is resisted, because the illustration makes us aware of the mirror's frame and interpellates us into our own embodied gaze.

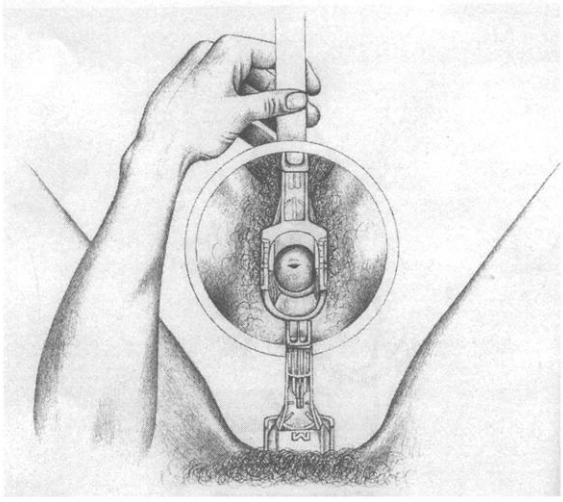

Fig 2. Following feminist self-help methodology, Susann Gage's illustration is of her own body. Federation of Feminist Women's Health Centers, *A New View of a Woman's Body* (Los Angeles: Feminist Health Press, 1991), 24.

The act of women studying themselves within immodest witnessing created a circuit that joined the observer and the observed in a single body. This circuit performed three interlocking kinds of political work. First, the immodest witness drew attention to her female, and hence marked, body. Using a visual vocabulary developed by Los Angeles feminist self-helper Suzann Gage, most images of vaginal self-exam embodied the anatomical part under discussion, not just within the outline of an abstract woman, but in the body of a *particular woman* who might sport a pair of glasses, have scraggly pubic hair, or slouch forward (fig. 3). Further, the women represented in these images were clearly raced and diverse, capturing both the reality of women who used

FWHCs (if not the directorship) and their idealized, although problematically conceived, global sisterhood. The proximity and personal access of the immodest witness's individualized observations–that is, the production of the evidence of experience in terms of intimate embodi-

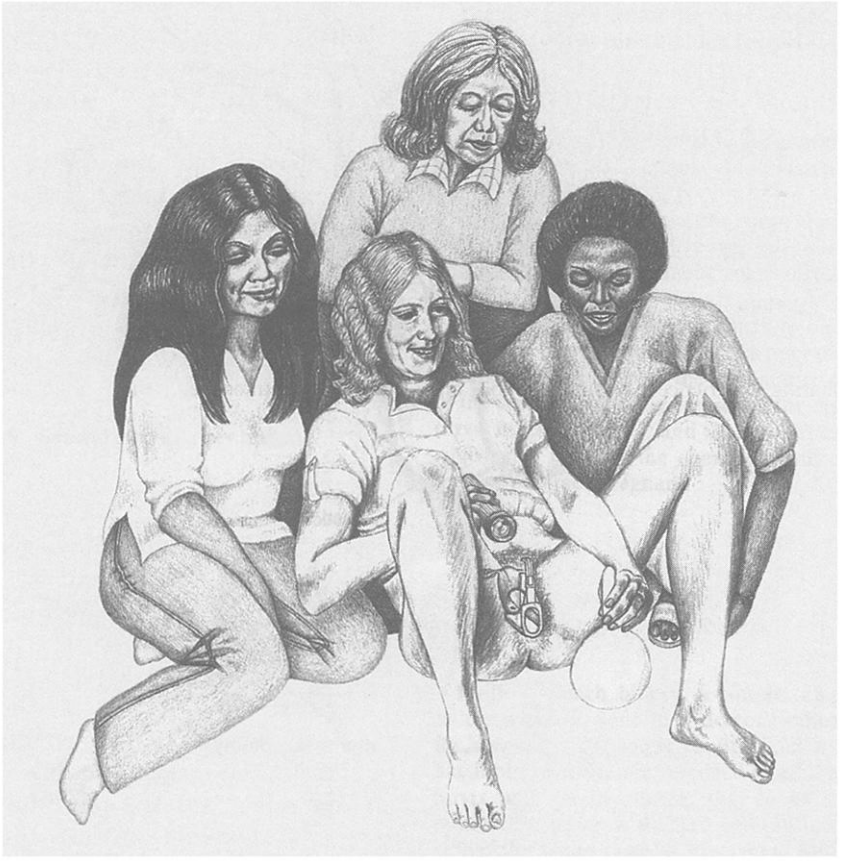

Fig 3. Illustration by Suzann Gage in Federation of Feminist Women's Health Centers, *A New View of a Woman's Body* (Los Angeles: Feminist Health Press, 1991), 152.

ment–lent a unique status no other observer could replicate.

The second political gesture performed by the immodest witness was the transformation of the observed from passive recipient of another's gaze into an agent capable of interpreting her own body and social relations. The doctrine of validating women's experience and the ideology of individual access to truth directly challenged the objectification of patients by gynecology and medicine. FWHCs even abandoned the word "patient" all together. Hands were an important trope in the figuration of the reflexive agency of the immodest witness, intended to convey the

use of the observer's senses and the activity of the woman being examined. For example, the illustrations of clitoral anatomy by Gage began with four drawings of fingers spreading the outer lips of a vagina, pulling back its hood, rolling the shaft, and squeezing the glans (fig. 4). If a woman's hands were not actively probing cavities or pulling back folds, they were still often visibly resting on her legs or stomach, signaling that the woman under examination remained an active part of the procedure.

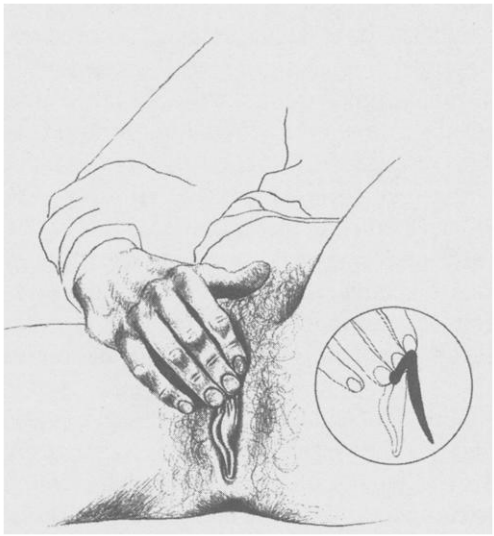

Fig 4. Illustration by Suzann Gage in Federation of Feminist Women's Health Centers, *A New View of a Woman's Body* (Los Angeles: Feminist Health Press, 1991), 36.

Third, immodest witnessing was a collective act, and thus feminist self-help literature is filled with images of women working in groups. The purpose of the group was not to collectively assent to a common truth, because each woman was expected to have her own individualized sensations, her own experience, and only she was authorized to make judgments about her own health. Within collective immodest witnessing, participants validated their observations by affirming, not the deindividualized objectivity of a fact, but rather each woman's ability to judge herself, her agency within her own skin. Thus, the other women participating in an instance of vaginal self-exam were also immodest, refusing to hold themselves distinct from the subject under their scrutiny. In a self-help group, women were supposed to recognize themselves in each other, and in doing so they interpellated each other into a subject position that was clearly an intervention into the gendering of knowledge production. They were both representatives of a politicized class and singular individuals, they were both implicated agents and phenomena that spoke for themselves. Thus, the marked female body of the immodest witness was the exemplar of a technoscience otherwise that not only changed what one perceived, but also the very status of the perceiver and her relationship to others.

The figure of the immodest witness was structured by this interplay between women as individualities and women as members of a class.

This interplay, however, was not innocent. The tension between a common corporeality and individualism excluded other ways of marking difference and drawing coalitions. In the preface to *Our Bodies, Ourselves*, for example, the collective stated, "[i]n some ways, learning about our womanhood from the inside out has allowed us to cross over the socially created barriers of race, color, income and class, and to feel a sense of identity with all women in the experience of being female."[51] Moreover, the ideology of individualized control was premised on the bracketing off of, and even the erasure of, the complex circumstances that actualized some women as agents over the fate of others. The assumption that women were invested in the fate of each other belied the way women could be situated differently by the very same act or issue. Although the figure of the immodest witness performed a radical redirection of the play of power in observations and research, making visible the place of the subject in the production of knowledge, the immodest witness foregrounded gendered and individualized embodiment at the expense of a more complexly situated, and thus complicit, map of subject-making in knowledge production.

Relatives, if not the direct offspring, of the immodest witness of vaginal self-exam can be found in more or less altered forms, retrospectively dubbed standpoint theory, in the works of Dorothy Smith, Nancy Hartsock, Sandra Harding, Patricia Hill Collins, as well as in the works of Haraway and Chela Sandoval. Common to these feminist theories are visions of knowledge production that begin with located experiences. For Harding's "standpoint theory,"

> starting thought–theorizing–from women's lives decreases the partiality and distortion in our images of nature and social relations. It creates knowledge–not just opinion–that is socially situated. It is still partial in both senses of the word–interested and incomplete; but it is less distorting than thought originating in the agendas and perspectives of the lives of dominant men.[52]

Unlike the individualized immodest witness, feminist standpoint theorists have increasingly made efforts to theorize standpoints within the complicated terrain of multiple *locations*, rather than on the basis of an unhistoricized or individualized *corporeality*.

As in consciousness raising, the critical potential of situated knowledges must be fashioned, but this still leaves open the practical question of how. How might feminisms, and other liberatory projects, go about earning this critical perspective? "But *how*," asks Haraway, "to see from below is a problem requiring as much skill with bodies and language, with the mediations of vision, as the 'highest' techno-scientific visualizations."[53] How do specific techniques turn experience into a particular kind of evidence, and for what end? I believe the broad lesson to be learned from historicizing vaginal self-exam is that the problem of the "how" is as much a question of what practical work methods of

knowledge production can do in the world, as much a question of how certain methods rearrange power relations, as it is about finding better accounts of the world.

What was the fate of vaginal self-exam? Rarely practiced today, vaginal self-exam declined both for reasons from within the movement and without. As the Reagan era unfolded, militant anti-abortion activists besieged FWHCs. The day-to-day harassment and the imminent threat of violence created a "siege mentality" within the walls of the centers.[54] The incredible amount of energy, both emotional and physical, that went into escorting women through blockades, clinic security, or court cases; finding doctors willing to work under the threat of violence; and rebuilding destroyed clinics drastically redirected the labor of the feminist self-help movement.

From within the women's health movement, their very success at educating and empowering women deflated the consciousness raising power vaginal self-exam had enjoyed in the 1970s. A new ethic of healthcare arose among the middle class–a good patient should be well educated about her health and prepared to advocate for herself as a consumer within corporate medical institutions. Put simply, in the last thirty years the status of white, middle-class women as patients has dramatically changed, and so too did the biggest constituency that vaginal self-exam had appealed to.

NOTES

1. Rickie Solinger, "Chronology of Abortion Politics," in *Abortion Wars: A Half Century of Struggle*, ed. Rickie Solinger (Berkeley: University of California Press, 1998), xii-xiii: California had already loosened its abortion laws in 1967, but the high fees and necessity of a medical board's approval still placed legal abortions outside the reach of all but the privileged few. In 1967, Colorado and North Carolina also reformed their abortion laws. In 1970, New York, Hawaii, and Washington legalized abortion. On the feminist scene in Los Angeles, see Sherna Berger Gluck et al., "Whose Feminism, Whose History? Reflections on Excavating the History of (the) U.S. Women's Movement," in *Community Activism and Feminist Politics: Organizing across Race, Class, and Gender*, ed. Nancy Naples (New York: Routledge, 1998), 57-80. My reconstruction of these events are based on interviews with Lorraine Rothman and Carol Downer.
2. Lorraine Rothman, interview by author, 23 Oct. 1999.
3. On the Army of Three, see Ninia Baehr, *Abortion without Apologies: A Radical History for the 1990s* (Boston: South End Press, 1990). Carol Downer, interview by author, 24 Oct. 1999. See also Patricia Maginnis and Lena Clarke Phelan, *The Abortion Handbook for Responsible Women* (North Hollywood, Calif.: Contact Books, 1969);
4. Rothman, interview.
5. On the history of radical feminism, see Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis: University of Minnesota Press, 1989); Sara Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left* (New York: Vintage, 1979); on the small group format, see

Jo Freeman, *The Politics of Women's Liberation: A Case Study of an Emerging Social Movement and Its Relation to the Policy Process* (New York: David McKay, 1975).

6. On the history of the pelvic exam, see Audrey Davis, "Life Insurance and the Physical Examination: A Chapter in the Rise of American Medical Technology," *Bulletin of the History of Medicine* 55 (Fall 1981): 392-406; and Terri Kapsalis, *Public Privates: Performing Gynecology from Both Ends of the Speculum* (Durham, N.C.: Duke University Press, 1997). For early critiques of exploitative medical practices, see National Women's Health Network, "Sterilization Abuse: What It Is and How It Can Be Controlled" (Washington, D.C.: National Women's Health Network, 1981): Helen Rodriguez-Trias, "Sterilization Abuse," in *Biological Woman–the Convenient Myth*, ed. Ruth Hubbard, Mary Sue Henefin, and Barbara Fried (Cambridge: Schenkman, 1982); Adele Clarke, "Subtle Forms of Sterilization Abuse: A Reproductive Rights Analysis," in *Test-Tube Women: What Future for Motherhood?* ed. Rita Arditti, Renate Klein, and Shelly Minden (London: Pandora Press, 1984), 188-212.

→ Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17 (Summer 1991): 773-97, 25.

8. For an example of the academic focus on epistemic concerns in standpoint theory, see the comments and responses sparked → Susan Hekman, in "Truth and Method: Feminist Standpoint Theory Revisited," *Signs* 22 (Winter 1997): 341-97.

9. Downer, interview.

10. Federation of Feminist Women's Health Centers, *A New View of a Woman's Body* (Los Angeles: Feminist Health Press, 1991).

11. Downer, interview. "Taking back turf" was a phrase that circulated among activists, rather than in materials for public consumption, as expressed to the author in an interview with Dido Hasper, Shauna Heckert, and Eileen Schnitger of the Chico Feminist Women's Health Center, November 1999.

12. Colleen Wilson lessened her involvement in the movement around the time of her 1972 trial.

13. Medical supply stores were quite willing to sell their merchandise and thus self-help clinics met with little resistance in that regard. An offshoot of these tests was that some of the women who tested positive asked for help obtaining abortions. Downer and Rothman then negotiated with a local hospital to provide abortions under strict conditions. They specified what the doctor should wear, the technique used, and importantly, the price. In return, the self-help clinic received fifteen dollars, provided the initial counseling, and accompanied the woman through the whole procedure. (Downer, interview).

14. Lolly Hirsch, "The Breeders," in *The Witch's Os*, ed. Millie Alleyn (Stanford, Conn.: New Moon Publishers, 1972), 24.

15. One such church basement presentation in New York City was attended by Ellen Frankfort, who, based on that encounter, would write the best-selling book *Vaginal Politics* (New York: Bantam Books, 1972).

16. This lack of reflexivity about racism is pervasive in white feminist memoirs of this era: see Barbara Smith, "'Feisty Characters' and 'Other People's Causes': Memories of White Racism and U.S. Feminism," in *The Feminist Memoir Project: Voices from Women's Liberation*, ed. Rachel Blau DuPlessis and Ann Snitow (New York: Crown Publishing, 1998), 477-81.

17. Downer, interview.

18. For a description of the procedures in a well-woman clinic, see Federation of Feminist Women's Health Centers, *How to Stay Out of the Gynecologist's Office* (Hollywood, Calif.: Women to Women Publications, 1981), and the manual called the "Black Book," *Well Woman Health Care in Woman Controlled Clinics* (Los Angeles: Feminist Women's Health Center, 1976); on feminist self-help treatments, see Chris Nelson, *Self-Help Home Remedies* (Chico, Calif.: Chico Feminist Women's Health Center, 1977).

19. *A New View of a Woman's Body*, 17.
20. Although the research took place in the mid-1970s as part of a single unpublished manuscript titled "Women's Health in Women's Hands," the material was divided up into several books that were not published until much later. *How to Stay Out of the Gynecologist's Office* (1981); *A New View of a Woman's Body* (1991); and Ginny Cassidy-Brinn, Francie Hornstein, Carol Downer, and Federation of Feminist Women's Health Centers, *Woman Centered Pregnancy and Birth* (Pittsburgh: Cleis Press, 1984).
21. Such allied centers were founded in Detroit, Mich.; Ames City, Iowa; Gainesville, Fla.; Cambridge and Amherst, Mass.; Santa Cruz, Calif.; New Haven, Conn.; Chicago, Ill.; St. Louis, Mo.; Concord, N.H.; Philadelphia, Penn.; Tijuana, Mexico; Vancouver, Canada; and Berlin, Germany. On the reticulate, decentralized, and segmented form of late-twentieth-century social movements, see Luther P. Gerlach, and Virginia H. Hine, *People, Power, Change: Movements of Social Transformation* (Indianapolis: Bobbs-Merrill, 1970).
22. Deborah Khun McGregor, *From Midwives to Medicine* (New Brunswick, N.J.: Rutgers University Press, 1998).
23. Donna Haraway, *Modest_Witness@Second_Millennium. FemaleMan_Meets_OncoMouse* (New York: Routledge, 1997), 193.
24. On consciousness raising, see Echols, 82-92; and Kathie Sarachild, "Consciousness Raising: A Radical Weapon," in *Feminist Revolution*, ed. Redstockings (New York: Random House, 1975), 144-50. On New Left ideology, see Doug Rossinow, *The Politics of Authenticity: Liberalism, Christianity, and the New Left in America* (New York: Columbia University Press, 1998).
25. Echols, 85-86. For examples of the two poles of this debate, see Ti-Grace Atkinson, "Resignation from N.O.W.," in *Amazon Odyssey* (New York: Links, 1974), 9-11; and Joreen, "Trashing: The Dark Side of Sisterhood," *Ms.*, April 1976, 49-51, 92-98.
26. Betty Friedan, *The Feminine Mystique* (New York: Dell, 1963), 11.
27. Given as a talk in March 1969 and reprinted in Carol Hanish, "The Personal Is Political," in *Feminist Revolution*, 204-5.
28. Kathie Sarachild, "A Program for Feminist Consciousness-Raising," in *Feminist Revolution*, 202-3; this was originally delivered at the First National Women's Liberation Conference, Chicago, 27 Nov. 1968; Sarachild, "Consciousness-Raising: A Radical Weapon," also in *Feminist Revolution*, was first presented as a talk at the First National Conference of Stewardesses for Women's Rights, New York, 12 Mar. 1973.
29. Pamela Allen, "Free Space," in *Radical Feminism*, ed. Anne Koedt, Ellen Levine, and Anita Rapone (New York: Quadrangle Books, 1973), 271-79. The puzzle metaphor from Rothman, interview.
30. Sarachild, "Consciousness-Raising: A Radical Weapon," 147. On "universalizing" in global feminism, see Robin Morgan, ed., *Sisterhood Is Global: The International Women's Movement Anthology* (New York: Doubleday, 1984); and for a critique, see Chandra Talpade Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourses," *Boundary 2*, 12, no. 3/13, no. 1 (1984): 333-59.
31. West Coast Sisters, "Self Help Clinic, Part II," mimeograph, 1971.
32. Francie Hornstein, Carol Downer, and Shelly Farber, "Self Help and Health: A Report," mimeograph (Washington Women's Self Help and Los Angeles Feminist Women's Health Center, 1976).
33. Montreal Health Press, *The Birth Control Handbook* (1967); list of supplies from West Coast Sisters, "How to Start Your Self-Help Clinic, Level II," mimeograph, 1971.
34. Cervical Erosion and Tipped Uterus were two examples of technical terms commonly used by gynecologists to describe women's reproductive anatomy that the feminist self-help movement quickly redefined as healthy variation. *How to Stay Out of the Gynecologist's Office*, 31-32, 82-83.

35. Rothman, interview.
36. *How to Stay Out of the Gynecologist's Office*, 24-25.
37. "Vaginal Infection Slides (Wet Mount)," in *Well Woman Health Care in Woman Controlled Clinics*.
38. On the professional separation of the mouth from the rest of the body, see Sarah Nettleton, *Power, Pain, and Dentistry* (Philadelphia: Open University Press, 1992). The quotations are from *How to Stay Out of the Gynecologist's Office*, 24-25. For the broader cultural politics, see Amelia Jones, ed., *Sexual Politics: Judy Chicago's "Dinner Party" in Feminist Art History* (Berkeley: University of California Press, 1996); Ellen Frankfort; and Betty Dodson, *Liberating Masturbation: A Meditation on Self Love* (New York: Bodysex Designs, 1974).
39. The women who took part in the clitoral study of 1978 were Carol Downer, Suzann Gage, Sherry Schiffer, Lorraine Rothman, Francie Hornstein, Lynn Heidelberg, Kathleen Hodge, Lynn Walker, Chris Clear, and Nancy Walker. Lesbians were part of the feminist self-help movement from the beginning, and numerous women's health centers had lesbian health clinic;. see *Lesbian Health Matters!* (Santa Cruz, Calif.: Santa Cruz Women's Health Center, 1980); Jennifer Terry, "Agendas for Lesbian Health: Countering the Ills of Homophobia," in *Revisioning Women, Health, and Healing*, ed. Adele Clarke and Virginia Olesen (New York: Routledge, 1998), 324-42.
40. The women who participated in this study were Suzann Gage, Carol Downer, Karen Grant, Lynn Heidelberg, Kathy Hodge, Francie Hornstein, Margo Miller, Sylvia Morales, and Lorraine Rothman.
41. Rothman, interview.
42. Sylvia Morales, a professional filmmaker, captured the close-up images of the cervix for the Menstrual Cycle Study that were published in *A New View of a Woman's Body*. She also worked with the Los Angeles Feminist Women's Health Center in making the vaginal self-exam film *A New View of Myself* (1975) and later became famous for her documentary *Chicana* (1979). The omission of social location was purposeful; see "Clinic Record," in *Well Woman Health Care in Woman Controlled Clinics*.
43. "Self-Help Study: Observing Changes in the Menstrual Cycle," mimeograph (Los Angeles: Feminist Women's Health Center, 1975).
44. On partial perspective, → Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," *Feminist Studies* 14 (Fall 1988): 575-99; on difference in the contemporary women's health movement, see Sheryl Burt Ruzek, Virginia Olesen, and Adele Clarke, eds., *Women's Health Complexities and Differences* (Columbus: Ohio State University Press, 1997); on the history of African American women's health activism, see Edith Butler, "The First National Conference on Black Women's Health Issues," in *Women's Health: Readings on Social, Economic, and Political Issues*, ed. Nancy Worcester and Marianne Whatley (Dubuque, Iowa: Kendall/Hunt, 1988), 37-41; Byllye Avery, "Breathing Life into Ourselves: The Evolution of the National Black Women's Health Project," in *The Black Women's Health Book: Speaking for Ourselves*, ed. Evelyn White (Seattle: Seal Press, 1990), 4-10; Deborah Grayson, "'Necessity Was the Midwife of Our Politics': Black Women's Health Activism in the 'Post'-Civil Rights Era, 1980-1996," in *Still Lifting, Still Climbing: African American Women's Contemporary Activism*, ed. Kimberly Springer (New York: New York University Press, 1999), 131-48; Susan Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America* (Philadelphia: University of Pennsylvania Press, 1995).
45. The police were hoping to catch the women performing a menstrual extraction, and when they failed they fell back on the ludicrous yogurt charge. Wilson plea-bargained on her more complicated charge; the origins of this frequently reprinted graphic were reported to me by Rothman. For an analysis of the work of Wonder Woman in this

image, see Haraway, *Modest_Witness*.
46. Wendy Simonds, *Abortion at Work: Ideology and Practice in a Feminist Clinic* (New Brunswick, N.J.: Rutgers University Press, 1996), 137-68.
47. Claudia Dreifus, ed., introduction to *Seizing Our Bodies* (New York: Vintage, 1977), xxxi (for a genealogy of this credo, see Michelle Murphy, "Liberation through Control in the Body Politics of U.S. Radical Feminism," in *The Moral Authority of Nature*, ed. Lorraine Daston and Fernando Vidal [Chicago: University of Chicago Press, 2003]); Robin Morgan, introduction to *Circle One: A Woman's Beginning Guide to Self Health and Sexuality*, ed. Elizabeth Campbell and Vicki Ziegler (pamphlet, 1975), 3. For the appreciation of anticolonial discourse, see Haraway, *Modest_Witness*.
48. Haraway, *Modest_Witness*, 8-14 (quote on 11).
49. Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (Princeton: Princeton University Press, 1985).
50. Sharon Traweek, *Beamtimes and Lifetimes* (Cambridge: Harvard University Press, 1988), 162.
51. Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book by and for Women* (New York: Simon and Schuster, 1971), 2.
52. Sandra Harding, "Subjectivity, Experience, and Knowledge: An Epistemology from/for the Rainbow Coalition Politics," in *Who Can Speak? Authority and Critical Identity*, ed. Judith Roof and Robyn Wiegman (Urbana: University of Illinois Press, 1995), 124.
53. Haraway, "Situated Knowledges," 584.
54. This phrase is from an interview with Hasper, Heckert, and Schnitger.