Body and embodiment in the experience of abortion for Mexican women: the sexual body, the fertile body, and the body of abortion

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In April 2007, Mexico City's Legislative Assembly passed a law that decriminalized abortion up to 12 weeks of pregnancy, and established that the Ministry of Health was to provide the service. This has allowed Mexican women to seek a legal termination of pregnancy (LTP) without any legal procedure at all, therefore setting different coordinates for the experience. This article explores the above issues through the qualitative analysis of 24 interviews with women who had an LTP in Mexico City public clinics during 2008 and 2009. The way the body is *discursively* constructed during the process of voluntary abortion is discussed, by looking at how its materiality is present in women's narratives. Consequently, the relations established between the subject and her body in the context of pregnancy and its termination are also looked at. The analysis shows that three kinds of embodiment come through in women's narratives of their experience of abortion: the sexual body, the fertile body, and the body of abortion.

Key words

Mexico, reproductive rights, abortion, women's bodies

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Introduction

Not having a child: a revolution
Marie-Magdeleine Chatel

When a woman is conditioned by the family environment or social impositions to accept motherhood against her wishes, a predisposition to abortion is created as a reaction to submission.
Silvia Viggetti-Finzi

In April 2007, Mexico City's Legislative Assembly passed a law that decriminalized abortion up to 12 weeks of gestation and established the guidelines for the Ministry of Health to provide safe medical services to women seeking it.¹ By April 2012, roughly 78,544 women had undergone free legal terminations of pregnancy (LTP) without major complications (GIRE 2012a). Although it is true that Mexican women have always resorted to abortion to terminate an unwanted or unplanned pregnancy, today they have the opportunity to seek a legal abortion up to 12 weeks of gestation without having to follow any legal procedures.

A woman's body is the protagonist in the experience of abortion. Apart from the specific circumstances of each voluntary termination of pregnancy, it is an event that takes place in a body transformed by specific social relations. Albeit anchored in the reproductive capacities of women's bodies, abortion happens within particular historical conditions, including legal regulation. What effects does legalization have on the ways women describe and experience the body in this process? Does it set different coordinates for this bodily experience?

Precisely because it is a volitional intervention in the materiality of the body, abortion is not merely a physiological given. It is a body process immersed in multiple social relations, where sex/gender relations are the most immediate. I support the argument put forward by Shilling that "human bodies are taken up and transformed as a result of living in society, but they remain material, physical, and biological entities" (1993:11). In this regard, the social conditions, the relationships, the emotions, and the meanings that women experience during sexual intercourse, pregnancy, and abortion are as central as the bodily intervention itself.

An abortion is a bodily event, not only in its material aspect but also in its psycho-social and even political dimensions. As with all body processes, it is not possible to clearly differentiate here between the biological and the social, nor is it possible to reduce one to the other; rather, we are looking at a process of embodiment, that is, "an experience of the body that is historical and social but not altogether signifiable nor simply discursive" (Parrini 2008:15).²

This article explores these issues through the qualitative analysis of interviews with women who sought an LTP in Mexico City government clinics between February 2008 and February 2009. As part of a broader research study, 24 women were interviewed in two public hospitals, immediately after health practitioners had confirmed the abortion had been completed. Although the interviews provided material

for many possible analytical approaches, for the purposes of this article we were interested in exploring how the body is *discursively* constructed during the process of voluntary abortion. Evidently, we could access the materiality of the body but we sought to explore the forms such materiality takes in women's narratives. In so doing, clues about historically specific forms of subjectivation will be found partly related to feminist discourses that position women as subjects of decision *concerning* their bodies (Lamas 2009). Since they were constructed as two distinct entities in the accounts, this article analyzes the ways in which the subject relates to her body in the process of pregnancy and its termination, within a context of newly acquired legality and safety.

The background: the socially determined experience of legal abortion

The experience of legal abortion discussed here happens amidst sociodemographic changes in women's social conditions in Mexico. The National Institute of Geography and Statistics (INEGI) summarizes some of these changes, as follows:

Among many [changes] is the artificial decrease in fertility and its impact on the family-making process; delay in first marriage; increased dissolution of marriage and a subsequent trend toward dissociating sexual, conjugal, and reproductive life; a growing presence of women in the workplace; increased education opportunities for women and men, hence a higher schooling level among young people; as well as a steady decline in income that has forced other family members to join the labor market (INEGI 2009).

The distribution of these changes, however, is uneven not only by gender but also among the female population itself. Women's living conditions in big urban centers have improved a lot more than in rural areas and especially in indigenous communities. For example, although fertility regulation is a widespread aspiration for women in Mexico, in urban and rural areas the percentage of contraceptive use is 74.6 percent and 58.1 percent, respectively. Fertility in Mexico has decreased (from 7.3 children per woman of reproductive age in 1960 to 2.0 children at present) mainly among urban women who are married or living with a partner.³ Furthermore, there has been a delay in first marriage (Quilodrn 2000), whereas age at first intercourse has decreased (Welti 2005).

These trends have been possible thanks to a series of cultural changes that produce a certain experience⁴ of sexuality and reproduction and, consequently, of the relations between subjects and their bodies. Thus, women's biological reproductive capabilities become forms of embodiment, marked by specific historical coordinates. Particularly in the case of the process of decriminalizing abortion, what is emerging is "a dispute for cultural meanings, for the positioning of women's bodies, of sexuality, couples, and the family at the heart of the struggle to give meaning to identities, social practices, values, beliefs, and of the nature of the State itself" (Maier 2008:9).

It can be argued that currently in Mexico, the female reproductive body is in a tug-of-war between social discourses that fight for hegemony over its control and production. Catholic morality and population control policies are juxtaposed with modern conceptions of freedom, equality, and self-determination as represented in feminist movements.

Beyond discourses created by the church's hierarchy, Catholic morality—with its emphasis on Marianism, represented in Mexico by the worship of the Virgin of

Guadalupe—has translated into specific processes of women's subjectivation, such as the equivalence between *woman* and *mother*, and the exaltation of motherhood. Such worship lies in the alleged de-eroticization of women because, as is stated: "there is no more matriarchal image than the Christian mother of God who bore a child without male assistance" (Warner 1991). Nonetheless, notably, this process consists more of controlling than of eliminating pleasure and sexual practice, as guilt attached to sex is crucial for sexual regulation, especially in the case of women.

The hegemony of such Catholic discourses has had to grapple, however, with the deployment of *biopower* in Mexico⁵—represented especially by family-planning policies—which despite seeking to regulate fertility, have promoted the notion of *choice* by fostering contraceptive use at public health services. Although contraception has often allowed Mexican women to decide on the number and spacing of their pregnancies, the ways such policies have been implemented have focused more on reducing population growth than on offering the conditions necessary to exercise reproductive choice.⁶ At any rate, the decriminalization of abortion might not have happened in Mexico without the set of circumstances created by three decades of public policy on family planning and the emergence of a new and fundamental political actor: feminist discourses on women's rights to decide over their bodies. What "body" is it, then, that is being discussed in the interviews analyzed in this article? In the interview conversations, three kinds of embodiments appeared, three forms of narrative construction of the body involved in the process of abortion: the sexual body, the fertile body, and the body of abortion.

First act: the sexual body

Although it is a necessary condition for the pregnancy, in the interviews the sexual body appears rather as a silhouette drawn by its absence; it is pregnancy that reveals it. What is referred to here is not the female or male *sexed* body⁷ but the body of sexual and/or erotic practices; that is, the body of vaginal, embedded in personal and social relations that frame sexual relations and eventually pregnancy. In fact, the type of relationship women had with their sexual partner is one of the most important reasons that are used in arguing for the termination of a pregnancy. If the relationship is not regarded as stable (marriage, living together), or if it is inconvenient (extramarital, occasional, or violent), pregnancy is experienced as a complication, even if the child is wanted.

I never expected to get pregnant. We didn't use any [contraceptive] methods because my relationship is a little unstable. Sometimes he's with me, sometimes he's not. He goes away sometimes. So I didn't use contraception because . . . I guess I was lazy. [Rebeca]

Such relational dynamics reveal the subjectivating power of some gender institutions in Mexican society and culture. Different forms of women's subordination are expressed in acts of violence, in the feeling of failure or inadequacy women feel in the absence of a man/partner, or in the emotionality associated with women's role in the construction of romantic love. At any rate, intercourse is mentioned only in order to explain how a pregnancy happened, because neither sex nor pleasure is described in the testimonies. The following excerpt is an example:

I couldn't afford the contraceptive patch. 'You know what?' I told him, 'Abstinence; there's no other way. Or let's do other things but not penetration.' I also told him, 'There are condoms. Why not use a condom?' But the condom slipped off or something. I don't even remember what happened but I remember saying, 'Hey,

didn't it come off? Do you still have it on?' And he told me, 'Oh come on, just forget about it!' [Sabina, 21, one child, three pregnancies, one clandestine and one legal abortion]

It is important to state that the scarce testimonies around sexual practice do not mean that eroticism is absent from women's experiences. Rather, the fact that they were interviewed in the context of a troubling situation like an unexpected pregnancy and its interruption may have been partially responsible for this silence.

Second act: the fertile body

Since the second wave of feminism, the movement has insisted on the fact that enabling conditions for women's control of their own fertility are central to their emancipation (Knibiehler 2001). For some feminists, the biological body and the reproductive functions differentiated by sex serve as the setting where domination and subordination of women can occur (Shilling 1993). However, despite the emancipating potential of regulating their fertility, the interviewees did not question the project of motherhood, but were concerned about its *timeliness*. In this way, the increasing social legitimacy of postponing pregnancy is expressed, although they did not deny the desire of wanting to have a child in the future.

I had mixed feelings. It was as if a part of me . . . I was thinking, 'Well, it's for the best because this is not the best time in my life; for starters, I don't have a job.' I wouldn't have a child at this stage. I've always said, 'Why bring children [into this world] to suffer?' Don't you agree? I've always said that when I have a child, it'll be because I'm going to give him/her everything. [Maria, 25, single, two pregnancies and two abortions]

Motherhood remains an unquestioned value and aspiration for the women interviewed. They all spoke of abortion as their decision not to be mothers *this time*, but *in order to be better mothers at a later time*, whether for the children they already had or for the children they wanted to have in the future. What we see here is the subjective effects of the naturalization of motherhood whereby "women's capacity to gestate and give birth is socially regarded as women's 'essence.' Thus, caring for other human beings is a 'natural' task for women" (Lamas 2010). Here, the historically constructed equivalence between *woman* and *mother* becomes both nature and identity; or in particular, a *natural* identity, that is, in order to be a woman, she must be a mother.⁸

There is an interesting nuance, however, that emerges from the narratives. The mark for the identity of *woman* is not so much being a mother as *wanting to be* a mother. Consequently, what is not voiced in the interviews is precisely the *absence* of such desire. In the one case in which a woman explicitly said she did not want to be a mother, she also stated that in this pregnancy she was primarily seeking confirmation of her fertility.

The truth is, I thought, 'either I'm sterile or he's sterile' . . . but you can see now that none of us are [giggling]. Lately, yes, the idea of knowing [if I was fertile] started bugging me, but, actually it isn't very important to me because I'm not like that . . . taking care of children and all that . . . I don't like it. [Claudia, 21, single, no children]

The above fragment suggests that the need to *confirm one's fertility—rather than the desire to have children*—is paramount in order to fully comply with a prescribed

female identity. To establish the capacity to breed thus becomes a separate process from motherhood. It is the *potentiality* rather than *the reality* of motherhood which brings joy.

I think that when we were little girls, all of us learned to be mothers by playing with dolls, by playing Mom and Dad. So to me, it's always been important to know that I was fertile. First, I felt happy; for a fleeting moment I really knew what it means to be happy. And after the happiness, two minutes later, you start wondering, 'What am I going to do?' [Miriam, 21, single, no children]

Like Miriam, several interviewees said they were excited to know that they were pregnant *but at the same time*, for different reasons, they did not particularly *want* that child. The interviews showed that the desire to become pregnant was not the same as the wish to have a child. Pregnancy was wanted, rather, as a confirmation of fertility. This distinction is crucial for the understanding of the meaning of the process of sex, pregnancy, and abortion.

Throughout their lives, all the interviewees have been familiar with different contraceptive methods, from the calendar-based method to the intrauterine device (IUD); from hormonal contraceptives (patches and pills) to the condom. This is consistent with data from national surveys which shows that the condom and the Pill are the most widely known contraceptive methods among Mexican women. Nonetheless, knowledge on the *correct use* of the methods is not equally disseminated. Although more than 90 percent of the population surveyed had heard about oral contraceptives, only 65.4 percent knew when to take them. Moreover, the surveys showed that almost 40 percent of the women were not able to identify the fertile days in their menstrual cycles (Palma and Palma 2003).

The interviews under analysis revealed that when women stopped using IUDs, pills, injectables, and/or patches—because of their undesirable side effects—and started using the rhythm method or the condom, they became pregnant. Most participants talked about the condom tearing or slipping off, but not about failure of other methods. Others said that they became pregnant while using the rhythm method, which for some was routine. Finally, still others reported not having used any form of contraception at all. In this regard, during their interviews many of them performed a kind of confession, *a mea culpa*.

We didn't use anything because my partner is a little bit unstable—sometimes he's here, sometimes he's not. So, I was not careful because of . . . well, indecision. I was using an IUD but one day I decided to have it removed. So now we have this [pregnancy], because I was not careful; my mistake. I'd been having sex for six or seven months without getting pregnant, so I got overconfident and got pregnant. [Rebeca, 31, three children]

To whom is Rebeca apologizing? Although she does not mention anyone in particular, Rebeca seems to apologize to society *as a whole*, as if she had failed to live up to certain expectations. Being the depository of the use of contraception—as is the case of each woman who apologizes for the pregnancy—she is also burdened with the responsibility for the success or failure of population control policies. Hidden underneath this blaming is women's place of subordination in gendered sexual relations, which largely creates the difficulties for women preventing pregnancies. Social subordination is thus condensed in specific—sexual—relations.

Furthermore, in all cases covered in this research, pregnancy came as a surprise. “At that moment, you’re obviously not expecting it,” “the pregnancy happened . . . it was a mistake,” “I never thought I’d get pregnant,” are all extracts from the interviews. The pregnancy is thus experienced as the result of an accident, as if the body *imposed itself* on the subject despite the fact that, as Veggetti-Finzi points out, “being pregnant requires women’s active participation⁹—a behavior conducive to fertilization” (1991: 66).

The thing is that, supposedly, I keep to the calendar, but the damn calendar! . . . I’d had a very, very long relationship with this person, and that’s why we sometimes weren’t careful. So, yes, it was irresponsible on my part. [María, 25, no children, two pregnancies, one clandestine and one legal abortion]

It could then be said that the interviewees described their pregnancies strictly as *lapses* or *bungled acts*, in this case, expressed within the field of the body.

[Bungled acts] are not accidents, but valid psychic acts. They have their meaning; they arise through the collaboration—or better, the mutual interference—of two different intentions (Freud 1915–1963:2,143).

In this analysis, what might those *different intentions* be? Apparently, there is a strong interest to confirm one’s own fertility even though it interferes with the conscious intention of not procreating at that time: two conflicting desires that struggle with one another having the body as the stage. To understand this, it is important to look at the subjectivating power of social discourses. I agree with Tubert in that:

The representations that make up the social imaginary have an enormous power to simplify because all of women’s possible desires are reduced to one—having a child—since motherhood would create a homogeneous female identity (1996:9).¹⁰

Hence, the fertile body is at the same time obedient and indomitable. If we accept the hypothesis that pregnancy is in this case a bungled act, then it constitutes the expression of a desire that may not be conscious—as revealed in both the surprise and the joy some women experienced when they learned the news. Nonetheless, at another level, the fertile body is rebellious, because it does not comply with women’s *rational* will.

Motherhood is inscribed into this dual register: on the one hand, it carries out an individual project and takes a central place in the construction of identity; on the other hand, it bursts into the individual as an alien, timeless dimension (Viggetti-Finzi 1991:69).

Therefore, women’s difficulty in using contraception properly is understandable in the context of this psychosocial conflict. Furthermore, if fertility is not a sensory process, if it is not felt in the body, it is not recognized as a real possibility. “Everything happens hidden for the female body, outside its consciousness. Nothing tells us that fertilization has occurred: the body is mute in this regard” (Viggetti-Finzi 1991:69). Only later, the absence of menses marks the event. In this context, biomedical discourses on contraception require women to carry out a process of abstraction where *concepts*—not sensations or experiences—such as “sperm,” “egg,” “fertilization,” “implantation,” are regarded as realities *in the body* (Parrini 2010), so that the subject—separated from the sensory body—can effectively intervene on it. This poses important questions for family planning campaigns because they are based on the assumption that they target a totally coherent subject. However, since they target women’s rationality exclusively, they fail to

take into account the complexity of the experience. Further, while these policies ask women to prevent a *possibility*, abortion intervenes on a *reality*.

Third act: the body of abortion

Abortion seeks to restore the hierarchy of the subject over the body because it is a *volitional* intervention that seeks to correct the mistake or accident of the pregnancy and to restore the subject's control over her life:

I was really scared, very worried, but now that everything is over, I feel more relaxed. I know now that I can pursue my goals, I can do what I've always wanted. Later, I'll have a baby . . . after I've reached my goals, because I'd really like to have a child, but it will happen when I have something to offer it. [Liz, 21, single]

In this process, medical abortion¹¹ as an expression of institutionalized knowledge plays a fundamental role. It functions as a mediator that contributes to restore a previous relationship between the subject and her body. Admittedly, although clandestine abortion also plays this mediating role, the context of legality discussed here makes a substantial difference to the experience. The presence of the State as the guarantor of the intervention allowed women to feel confident about the quality of the procedure; that is, it assured them that LTPs would be carried out without risking their physical integrity and that in the case of complications, they would receive proper care.

Perhaps coming here is boring because of the paperwork and everything, but you come here knowing that if something happens to you, you'll be hospitalized, they'll give you a blood transfusion, fluids; you'll stay here. Nothing compares to the peace of mind you get when you come to the clinic. [Sabina, 21, one child, three pregnancies]

Thus, medical knowledge and its institutions mediate between the subject and the body in two ways. First, they hold the materiality of the intervention through medication and care; second, they offer women a *language* that allows them to relate to their body and to interpret the physiological processes that take place during the abortion. Therefore, doctors and women collaborate in order to carry out women's decisions. If the service provider, institutionally and symbolically sanctioned by the State, behaves respectfully, he or she becomes the woman's ally.

Since it is medical/chemical abortion that is provided in health services, the prescription requires users to take the medication according to specific instructions. Medical staff also trains women to monitor their own physical reactions and to evaluate if they remain within normal limits. Subject and body are thus split to establish a sort of dialogue—a dialogue between sensory materiality and a rationality informed by science. This relationship is different from those we have analyzed in the two previous embodiments, albeit through processes that women fear and are unable to control, the body executes the order issued by the subject through the chemical intervention.

Paradoxically, once the process has started, it is the body that determines the final outcome of the intervention.¹² The expulsion is regarded as an unpleasant event because of the physical reactions involved: sweating, cramps, general discomfort, abdominal pain, bleeding, headache, and diarrhea. The body becomes present in all its otherness and materiality, acting on its own under the subject's watchful eye. Once the effect has started, the body becomes a quasi-independent entity, as Flores (2010) states, "an alien

mass of intensities that surprises the subject; therefore, body consciousness itself is a key element for a successful abortion.”

I suffered a lot when the doctor gave me the first dose and nothing happened . . . the second dose did it for me, but I suffered a lot; it was very strong, the pain was too strong. . . . It was very painful because I had really strong cramps; the doctor explained to me how I was going to start passing the water. I was alone in my room, and my mother came to check on me. The cramps were really strong, I couldn't even . . . I peed in a bucket so as not to go to the bathroom and to check out what I was passing, but the pain I had was like giving birth; the pain was really bad, very bad; then the chills, the sweat. Then I passed something that looked like flesh, like skin, and the doctor told me that that had been the baby. Yes, it was an experience that I had truly never had before. [Isabel, 47, single, mother and grandmother]

As is the case in this fragment, some women construct the embryo as a body within their body, and when they call it “baby,” it takes on the quality of a subject. Undoubtedly, in this symbolic construction the widespread use of echography plays an important role (Franklin 1991). As stated by Isaacson:

The development of real-time ultrasound changes the moment at which the fetus is identified as a living entity, split off and separate from the woman. Women now can confirm their pregnant status long before they feel the fetus within them, suggesting that fetuses may be conceptualized as independent individuals months before they are born (1996:464).

Such representations have been the basis for Mexican right-wing groups' campaigns to blame women who terminate their pregnancies. These efforts successfully influenced political negotiations that, during 2009, led to amending local constitutions¹³ in 17 states of the country, arguing to “protect life from the moment of conception and until natural death.” This way, the Catholic Church and its allies reduced women to gestating wombs, depriving them of their status as subjects in the name of the exaltation of motherhood. During a day of prayer against abortion, the organizers explained:

We simply organized a day of prayer to ask congressmen to prevent the passing of that law, because doing so is fundamental to defend forsaken mothers and the little ones whose lives they seek to cut short before birth (Serrano 2007).

Here, evidently, women are not subjects in charge of their lives but minors in need of tutelage and in conflict with the gestating “little ones.” An extreme example of this emerges from a statement by then President of the National Pro-life Committee, Jorge Serrano Limón: “The only person we should take into account is the child, who is inside his mother. He does not have a say as to whether he wants to be killed” (*Milenio*, March 25, 2007).

Further, the President of the Pontifical Council for the Family, Cardinal Alfonso López Trujillo, asserted:

We live in a world that confuses crime with right; and people, particularly women, whose conscience is tamed and dozed off, believe that this right frees them to make decisions regarding the unborn, as if the unborn were an appendix with which they can do as they please (*El Universal*, March 26, 2007).¹⁴

Although some interviewees used a similar symbolic construction when they talked of a body within their body, it was not always referred to as a subject. Lucila said:

I didn't have much trouble because they gave me the medicine, and I got rid of the embryo that same day. In other words, it wasn't as aggressive as I thought it would be, you see? I felt very relaxed with this method. [19, married, two children]

Although in some cases the termination of pregnancy might have been a process fraught with ambivalence, in the end it was considered a good decision for the women and/or their families and even for the unborn baby. Another interviewee said:

Sometimes I think about it and say, 'It was a life, and I took away its chance to live. Then I think to myself, 'But what was I bringing it to? To suffer?' Because my life has been quite ugly, financially and morally. [Tere, 34, single]

Thus, the purely material dimension of the embryo does not automatically produce the symbolic existence of a child, and it is among those women most identified with the woman-mother equivalence and/or who want the child most, that the experience of expulsion itself can produce emotionally and physically painful effects. Unfortunately, such possibility increases when women about to be admitted to health services are approached by pro-life groups who show them photographs or models representing the fetus in order to stir up guilt, fear of punishment, and ambivalence.

Unlike surgical abortion, which depends solely on the health providers' performance, medical abortion requires women's active participation. Strictly speaking, the physician does not perform the abortion because in the end, the woman carries out the actions that will eventually lead to the termination:

I received my medicine; they told me how to take it, the way my body would react, what was not going to happen, what I shouldn't do, how abundant [the bleeding would be]. The effects I was going to experience after taking the medicine would depend on my body. I was home; I made myself comfortable and waited for it to happen. After the second dose . . . no, with the first dose my stomach got upset; after the second dose, half an hour later, the bleeding began. I had an intense pain in my belly; your ovaries hurt, you feel sick, physically sick. But emotionally, you cope. You have to think that what you're doing is your decision and that's that. [Miriam]

Medical abortion in this case represents a practice of autonomy because it allows women to decide when, where, and with whom they carry it out—hence its growing acceptance, particularly among women who live in contexts where abortion is illegal (Berer 2005b). In that regard, medical abortion carried out by women themselves constitutes a fracture in bio-power, because the science and technology developed to produce, maintain, and regulate life according to the dictates of power are used to resist it and to carry out a personal decision that does not submit to them. Furthermore, the individuals that are supposed to be the agents of their own normalization carry out their *a-normalization* by detaching themselves from the identity—in this case, the *woman=mother* identity—that was assigned to them in accordance to the historical production of gender in Mexico.

The setting: the political dispute for women's bodies

Echoes of current social struggles for the regulation of women's bodies can be felt in the construction of the three embodiments we have analyzed so far (the sexual body, the fertile body and the body of abortion). Insofar as they are being pulled in different directions by opposing social discourses,¹⁵ not only bodies but women themselves are

torn between conflicting normative frames. Long-term discourses of Catholic mores regarding motherhood and women's chastity compete with biomedical notions of the benefits of family planning, and with a more recent and powerful political actor: feminist claims of reproductive choice and women's ownership of their bodies. All three discourses emphasize control over women's bodies, albeit in different aspects. While Catholic morality demands control over *sexual desire and pleasure*, biomedical approaches underscore control of *fertility*. Finally, feminist agendas put forward women's rights to control their bodies. What effects does this cultural dispute have on women's embodiments?

In the last decade, as never before, women's sexual and reproductive bodies have become a field of intense political struggle in Mexico. This can be seen especially in the debates over the inclusion of emergency contraception in public health services (1998–2004) and over the gradual legalization of abortion in Mexico City (2000–2007). As said before, women's sexuality and its reproductive consequences have been constructed as a field of biopower, as a disputed space to be governed by social institutions: the space where “population” and subjectivity intersect. In this context, the very definition of sexuality, its management and control, are subject to debate. Thus, political actors discuss who should or should not be entitled to control women's sexual and reproductive decisions: social institutions or women themselves. Particularly in the case of abortion, it is women's sexual and reproductive autonomy which seems to be particularly contentious.

On the one hand, centuries-old Catholic institutional discourses claim ownership of women's bodies through constructing motherhood as the “natural” fate of women, and sexual pleasure—especially women's—as a sin, and thus as a site of power. During the legislative abortion debates of 2007, the Mexican bishops issued the following statement:

Even in Mexican society, which is characterized by its people's humanity and faith, and by efforts to defend life and the family, we can hear voices who advocate for the legalization of abortion in the name of a misunderstood freedom and defense of women (Conferencia Episcopal Mexicana 2007).

Such precaution against “women's freedom” is not solely the landmark of the Church's spokesmen, but seems to be present in the experiences and discourses of women themselves. In the interviews, some of them criticized the possibility of women using legal abortion as a contraceptive method by pointing out the widespread availability of contraceptives and the health risks involved in repeated abortions, but also the sexual *misconduct* allegedly associated with multiple unplanned pregnancies.

A girl from school was telling me that she had gone through it, that she had had an abortion three or four times. I don't agree with that, because your life is at risk. So if you don't want to have children and you just want to sleep around, you better get an operation and that's the end of the story. [Susana 23, student, single]

In this narrative, the way in which women face conflicting demands of how to relate to their own bodies is clearly expressed: while some expose themselves to repeated abortions, they do not seem to prevent pregnancy as effectively. As said above, since the seventies, when the first population policy was issued in the country, an unstable but fortunate meeting with women's needs to control their own fertility granted increasing legitimacy to the language of “family planning”. However successful

such a strategy has been in reducing fertility rates, it has not fully empowered women to decide whether *or not* to have children, but only *when and how many*.

In this context, when it comes to sexual pleasure, cultural notions that place motherhood at the center of women's identity have not been entirely challenged by modern discourses of birth control. Furthermore, what is totally absent from public health approaches in Mexico is the open recognition of women's sexual activity, let alone the advantages contraceptives can bring to their sexual pleasure.

Interestingly, however, this issue was not present either in feminist advocacy for legal abortion, which centered on the language of reproductive choice and the reclaim of women's decision over their own bodies. For instance, prominent feminist Marta Lamas emphasized the *desire* of motherhood when presenting her arguments for legalization before the Supreme Court:

Voluntary motherhood is the ethical decision of a subject that is responsible for herself. In order to defend women's autonomy, motherhood should stop being considered as destiny and should start to be seen as a work of love that, in order to be fully accomplished, requires something else: desire (2008:3).

In fact, it could be said that, although in Mexico the phrase "sexual and reproductive rights" has been used as a central agenda of the feminist movement, the "sexual" has been generally overridden by the "reproductive," the demand for enabling conditions for women's pleasure has not been as central. Despite the fact that sexuality and reproduction often appear merged in feminist discourses, women's eroticism and non-reproductive sexual practices have been obscured by the pre-eminence of procreation. Such differential meanings serve as hegemonic constructions that set specific coordinates of subjectivation, embodiment, and emotionality. Furthermore, they have effects on subjective processes of exercising sexual rights, as well as on women's erotic experiences and relationships. The sense of entitlement to decisions over the sexual, on the one hand, and procreation, on the other, are not equivalent and do not presuppose each other (Amuchástegui 2007).

Apart from structural considerations, due to motherhood's centrality in the production of the subject "woman" in Mexican culture, the feminist aspiration that seeks to separate sexuality from reproduction seems to have been only partly fulfilled. For instance, while the interviewees did decide upon their reproductive capacities, this did not necessarily come from the search for freedom in sexual experience. In other words, sexuality and reproduction have not been separated in its very origins: sexual intercourse. Notions of women's sexual desire and pleasure as dangerous (Vance 1989; Miller 2004) have not been completely dissolved by modern discourses of sexual pleasure and choice. Therefore, for most of the participants, to actively prevent pregnancy would reveal that they wanted to have sex *only for the purpose of pleasure*. In a Marian culture such as the Mexican, that possibility seems quite unacceptable. The demand for women to be chaste has more to do with *abstinence from sexual pleasure* than abstinence from sexual *activity*. This cultural and subjective conflict seems to impinge on the erratic practices of contraception found in the interviews, which constantly expose women to the risk of unplanned pregnancy. While the conditions for a child's birth are rationally assessed as inadequate, the denial of pleasure as a legitimate experience and the pressure towards motherhood make it difficult to prevent pregnancy.

In this context, abortion might actually be preferable to the open pursuit of eroticism even if the woman cannot—or will not—give birth to the child she is expecting. Faced with the symbolic impossibility of acknowledging that she does not want to become a mother, and that she cannot enjoy sex, the sequence pregnancy-abortion allows her not to be an *actual* mother by being a *potential* one, paradoxically by complying—although partially—with compulsory procreation. A dilemma is thus posed to women: what is more threatening, to intentionally enjoy non-reproductive sex or to risk pregnancy? It seems that to be a *potential mother* is regarded as more respectable than to be—and to feel—stigmatized as an *accomplished whore*. In this sense, legal abortion could be thought of as a compromise formation; in psychoanalytical terms as a process in which “both the unconscious wish and the demands of defense may be satisfied by the same formation—in a single compromise” (Laplanche and Pontalis 1983:161). Legal abortion could thus be thought of as a sort of *social symptom* of the cultural conflict between the historical cult of motherhood and the movement towards the emancipation of women. In summary, autonomy for women in Mexico has been gained more in the field of reproduction than that of sexuality. How are these women, in the face of the new right to legal abortion, relating to feminist discourses of the ownership of the body?

Although this cultural and subjective configuration is present in all the narratives, there is an important difference evident between single women and those who were in a relationship. The latter explained the abortion with reasons associated with their conditions of subordination; that is, their financial dependence on men, sexual division of labor, and exhaustion derived from childbearing and household chores. Young single women, in turn, gave priority to their perceived incompetence to assume the responsibility of raising a child, and to their personal aspirations (education, professional development, work, etc.). Thus, quite differently from their previous generation or their married peers, instead of getting married *because* of the pregnancy, these young women are delaying marriage *in spite of* the pregnancy. Also, while not too long ago among married women, motherhood was and is the platform for the defense of their own rights (Ortiz Ortega et al. 1998), these young participants now present themselves as subjects of decision without having to resort to motherhood.

These staggering differences suggest that a new subject *woman* may be emerging in Mexico; a subject for herself instead of a subject for others; a subject that decides upon her life and her body even in contradiction to normative identity frameworks. Based on the social structural conditions discussed here, this budding new subject signals the subjective effects of a modernity that values autonomy, freedom, and decision-making for women.

What we are witnessing with this emerging subject is that feminism is not only a political movement, but actually works within a wider cultural formation process. As Ludlow states, “individual empowerment does not guarantee freedom from cultural narratives that work to define and shame women. That kind of freedom comes only through social change” (2008:39).

Thus, rooted in discourses of human rights, feminist claims of freedom, notions of ownership of the body and autonomy resonate strongly with modern ideas of citizenship. And they work against projects of women’s alienation and subordination held by right-wing political actors. In the case of the legalization of abortion, the state—under the guise of the Mexico City government—was shaped within this cultural

formation. The experience of legal abortion as discussed here signals the historic success of a version of modernity that acknowledges women's greater autonomy and equal citizenship. Such narratives, however incomplete or contradictory, seems irreversible in Mexican contemporary culture.

Notes

¹ The reform to the Mexico City Penal Code establishes that abortion is "the termination of pregnancy *after 12 weeks of gestation*." The code establishes that pregnancy is "the part of the process of human reproduction that starts with *the implantation* of the embryo in the endometrium" (Article 144, Mexico City's Penal Code; my emphasis).

² All translations from the Spanish are mine.

³ Estimates by the National Population Council (CONAPO), based on national demographic surveys.

⁴ According to Foucault, experience is "the correlation, in a culture, between domains of knowledge, types of normativity, and forms of subjectivity" (1988:8).

⁵ The concept of biopower, coined by Foucault, states that sexuality is the "*locus* where power had access . . . to the life of the body and the life of the species. [It represents] the entry of life into history, that is, the entry of phenomena peculiar to the life of the human species into the order of knowledge and power, into the sphere of political techniques" (1981:176).

⁶ This is evidenced by the disproportionately higher percentage of bilateral tubal ligation procedures (45 percent), compared to other non-permanent fertility control methods (Palma & Palma 2007).

⁷ I follow Butler's (2001) critique of sex as a naturalized category: the sexed body is not the biological base for the edifice of gender, but rather the product of gender intelligibility.

⁸ In her brief history of motherhood, Knibiehler believes that Simone de Beauvoir's *The Second Sex* "sparked a Copernican revolution in women's identity by definitely dissociating the woman from the mother" (2000:94).

⁹ Except of course in the case of rape, which none of the interviewees reported. Rather, they all described consensual sexual partnerships, as far as their social relations of subordination allowed.

¹⁰ Although we recognize the individual unconscious dimension of this process, we believe that to approach it only within the frame of the Oedipal conflict is not enough to understand it. For example, although Chatel (1996) takes into consideration historical cultural trends such as the naturalization of motherhood, new developments in contraception, and feminist discourses, she isolates the "psychic" field of the process, where pregnancy is positioned within the configuration of the mother-daughter relationship in the context of the Oedipal triangle.

¹¹ The procedure consists of taking oral medication (misoprostol combined with mifepristone) to induce an abortion. Currently in Mexico City public hospitals, medical abortion is the most commonly used method; aspiration and medical scrape are used for incomplete abortions and/or possible complications.

¹² When the first dose does not produce a complete abortion, patients are instructed on the correct use of subsequent doses.

¹³ Although with different wordings, all state constitutions included an article about "life as an inherent right of every human being. The State will protect and guarantee this right." The states' reforms that were set up after legalization of abortion in Mexico City added "from the moment of conception [or fertilization]," or defined the unborn to be "considered as a person for all legal effects." For a complete table of the states' reforms, see http://www.gire.org.mx/images/stories/ley/ReformasAbortoConstitucion_270712.pdf

¹⁴ The author wishes to thank Guadalupe Cruz for sharing her research on the process of legalization of abortion in Mexico City.

¹⁵ Discourses are not only what is said, but also social “practices that systematically form the objects of which they speak” (Foucault 1972:48) and which direct “the materiality of power operating on the very bodies of individuals” (Foucault quoted in Gordon 1980:55).

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Résumé

En avril 2007, l'Assemblée Législative de la ville de Mexico approuve la légalisation de l'avortement avant 12^e semaine de gestation et donne l'ordre au Secrétariat à la Santé local de garantir la provision du service. Cela a permis aux femmes mexicaines de réaliser des interruptions volontaires de la grossesse (IVG), sans processus judiciaire, ce qui établit ainsi de nouvelles conditions pour l'expérience d'avortement. Ce texte analyse 24 entretiens avec des femmes ayant eu une IVG dans des cliniques publiques de la ville de Mexico entre 2008 et 2009. L'article examine les différentes modalités de la construction discursive du corps au cours du processus d'avortement légal, en explorant les façons dont la matérialité du corps se présente dans les discours. Les rapports entre le sujet et son corps pendant la grossesse sont également explorés. L'analyse montre trois types de corporalités dans les discours des femmes sur l'expérience de l'avortement: le corps sexuel, le corps fertile/fécond et le corps de l'avortement.

Resumen

En abril de 2007 la Asamblea Legislativa del Distrito Federal aprobó la legalización del aborto hasta la décimo segunda semana de gestación, e instruyó a la Secretaría de Salud local a proveer el servicio. Esto ha permitido a las mujeres mexicanas realizar la interrupción legal del embarazo (ILE), sin que medie proceso judicial alguno, estableciendo así nuevas coordenadas para la experiencia. El presente artículo explora estas cuestiones a través del análisis cualitativo de 24 entrevistas a mujeres que llevaron a cabo una ILE en clínicas públicas de la Ciudad de México entre 2008 y 2009. Se discuten las maneras en que el cuerpo se construye discursivamente durante el proceso de aborto legal, al explorar cómo su materialidad se presenta en las narrativas. Se exploran también las relaciones que se establecen entre el sujeto y su cuerpo en el contexto del embarazo. El análisis muestra tres tipos de corporalidad en las narrativas de las mujeres sobre la experiencia del aborto: el cuerpo sexual, el cuerpo fértil y el cuerpo del aborto.