Plenary lectures:

“Sexual Violence, Sacrifice, and Political Communities”
Robin May Schott, Danish Institute for International Studies

In the present era, we have become familiar with the coupling of sexual violence and political conflicts. When Serbian paramilitary soldiers committed mass rapes against Bosnian Muslim during the wars in 1990’s, it was part of a project of Serbian nation-building. And when Hutus raped a quarter million Tutsi women during the genocide in Rwanda, the violence was also fed by a passion to “sanitize” the country from Tutsi. In this way we have become used to thinking of sexual violence as a phenomenon that takes place between warring parties, so that rape is understood as an attack on the enemy who is unable to protect its women and its territory. But with this habit of thought, we overlook the ways in which sexual violence within a community also may play a decisive role for political transformations. To understand the role of sexual violence within political communities, I discuss the notion of tragic crisis and the idea of sacrifice, where one is forced to yield up what is precious in the name of some greater value. I present some of the central features of sacrificial patterns and consider the extent to which these patterns illuminate the links between human sexuality, internal violence and collective political transformations.

“Different embodiments of life with dementia: anthropological sensibilities, STS interferences, and possibilities for action in care”
Ingunn Moser, Diakonhjemmet University College Oslo

It is often assumed that it was an alliance between patient associations and neuroscience, which originally made dementia a matter for intervention. In parallel ways, social and cultural studies of medicine and health often attribute the power to define and act upon matters of life to biomedicine and science. The concern here is that the science centrism of these studies contribute to the dominance of science and biomedicine by granting these analytical privileges. As a result, alternative modes of acting, for instance in care, are disarticulated and made absent. This presentation mobilizes the sensibilities of anthropology to difference and draws upon excerpts of data from fieldwork in dementia care to show this and argues that there are different practices that act upon life and its limits; that these enact different versions of life and dementia; and that they matter because they shape how people are cared for and live and die with dementia.
I A. Violence Vulnerability and Trauma

“The Body, Violence and Memory”
Rashmika Pandya, The American University in Cairo

This paper looks at how violence, particularly in the forms of rape and torture, inscribes itself on society at large through collective memories which are both somatic and conscious. Using Philosopher Susan Brison's notions of post and pre memories, I argue that we need to assess the ways in which such violence is inscribed on the embodied being. By post and pre memory Brison indicates memories that we inherit from other's experiences (post memories) that affect how we comport ourselves in the world by creating an anticipation or expectation of violence (pre memory). Relying on the work of Feminist and Phenomenological theorists that have focused on the lived body, my focus is on the societal impact of these social and personal inscriptions. In recounting her own rape and attempted murder, Brison focuses on how her experience shattered her previous assumptions of relative safety in the world, how this experience required her to reconstruct her life and this entailed a transformation of her past as well a rethinking of her present and future possibilities. Other personal accounts of violence and much of the current trauma discourse also stress the impact on the continuity of a life (which relies on a stable past we can return to) that victims of violence experience. There are interesting implications for a notion of fluidity of the past that this implies not only for the victims of violence but, in relation to post and pre memories, for all of us.

“Women war narratives in Kosova: an ideological trap?”
Kassia Aleksic

This contribution is based on an anthropological research field -- women NGOs in Kosova-- that has become emotionally saturated by war narratives. The high emotional charge has made it difficult to produce a critical analysis on women NGOs, and especially on the issue of the donors' market that feeds on the essentialization of identities and dissociates women issues from politics.

In what way has the embodiment of the war patriarchal schemes met the dominant ideology of globalization during the post-war reconstruction process? How does the trauma conveyed by war narratives justify the ideological confinement of the women's movement? How do emotions obstruct power relations? The hypothesis of suffering used as a tool to neutralize sociopolitical interests in the context of women NGOs must be raised. However, no conclusion can be drawn without an epistemological approach that questions whether the problem of war narratives wasn't caused by the anthropologist's initial bias of being half-Serbian. Moreover, how does the issue of an overly-emotional research field relate to the anthropologist being a woman, involved in intersubjective dialogues with other women?

This case study reveals how subjects overcome their socially and politically constructed identities by embracing the meanings ascribed to their bodies. However challenging to the initial feminist standpoint, this issue ought to be confronted in order to deepen our understanding of the body's flexibility.

“An Unsafe Body: The Precarious Threads of an Akratic Subject”
Julia Horncastle, Murdoch University

This paper examines “akrasia” (commonly understood in philosophy and psychology as a weakness, or loss, of will). Using a feminist and queer phenomenological approach, the paper theorises a specific form of akratic embodiment – one that whilst easily viewed as vulnerable and unsafe, is also deeply engaged with the paradox of human existence. That
This is a short discussion paper, but it engages specifically with the complexities of a loss of will to live. It seeks to extend suicide discourse, beyond a mainstream paradigm of illness, into a non-normative (queer) framework that situates liveable, embodied, human life and suicide ideation together. Recent suicidology such as Webb’s (2010) has also rejected mainstream medical discourse and turns to a spiritual model to provide an alternative theory. In this paper, I introduce another theoretical alternative, explained as a “sui-teleic subjectivity” (a way of being that is self-propulsive and sensitised to an “end” point or “ending”). This provides a contemporaneous and creative critique of the classic “unsafe” body – one that wants to end itself.

There are two paradoxes that pervade this paper, one, as above, is the broad unsolvable problem of human being (which has been the subject of ongoing cogitation about the human condition since at least Socrates). Indeed, it is a derivation of “akrasia” in Aristotle’s Nicomachean Ethics that this paper utilises. This paradox of being has a complicated and subtle extension because it works equally logically from two opposing premises – it can rest on the normative premise that the act of living, and human life itself is good, valuable and morally attributed, (that is, one should value human life). Or, it can rest on the non-normative premise that there is no special worthiness to human life, that the pursuit of human life and its industry is arbitrary at best. This means that the akratic subject can go against her/his better judgement (that life is worth pursuing) and loses the will to live. And it also means that the akratic subject can go against her/his better judgement (that life is not worth pursuing) and “puts up” with living. It is an exploration of the latter position, which can be cast as queer, that this paper mostly is concerned. A contrast is made in this paper between the figure of the ‘sinthomosexual’ in Edelman’s (2005) critique of reproductive futurism and the concept of the will to inclusion, and the sui-teleic figure. The second paradox is that of being akratic to life yet still existing – and this existence is compounded with a conscious engagement (will) towards the former paradox.

In terms of a feminist intervention into this queered paradigm of “putting up with” the practice of life – the everyday actions of living – this paper parallels the question about the purpose of life with the question about the purpose of feminism. Using the film Agora (2009) as a textual starting point, this paper situates the “unsafe feminist body” as a potentially akratic site. Given that the film portrays a violent and saddening story for feminists (specifically it is Hypatia’s downfall story), it can be read through a pessimistic his(hers)torical lens – that little has changed in terms of women’s oppression since the fifth century AD.

The paper suggests that the vulnerabilities of both queer and feminist subjects hang by threads but it does not aim to resolve queer or feminist pessimism, rather it seeks new ways to perceive embodied crisis. The paper dignifies akratic (sui-teleic) subjectivity such that the unsafe body can be understood as valuable.

I B. Governing Bodily Integrity

“Sexual Rights: The rights of the human body and bodily integrity”
Sólveig Anna Bóasdottir, The University of Iceland

Feminists have been working for decades for formal recognition of “women’s human rights” and prohibitions of violence against women. This work is well documented in the
outcome documents of the 1990s UN conferences, in Vienna, Cairo and Beijing opening up
the space for recognition of reproductive, sexual and other bodily integrity rights. Rights of
the body and bodily integrity are, to be sure, not new invention. Rather they build on
longstanding principles contained in the Universal Declaration of Human Rights, the
Covenants on Civil and Political and Economic, Social and Cultural Rights, the Convention
on the Elimination of Discrimination Against women and other – principles such as the
right to life, to security of the person, to gender equality, and to the enjoyment of the highest
attainable standard of physical and mental health, as well as to freedom and from torture,
deradation and abuse. These abstract rights, on may say, the 1990s UN conferences took to
a new level.

The focus in my paper is on the meaning of the concept sexual rights. The concept of
sexual rights which has gained much attention after year 2004, I argue, offers a potential for
an approach that goes beyond identity politics. Instead of associating rights with particular
categories of people, like ‘women’s rights’ or ‘gay rights’, sexual rights are thought along the
same lines as human rights, namely to be relevant for all. In that way is it possible to shift the
debate from being about certain groups of people oppressing other groups, to identifying the
underlying structures of inequality. This broadening of the perspective moves us past the
primary focus on women, however necessary in the 1990s, to a multi-racial, multi-gender
vision of sexual and bodily rights for the twenty-first century.

“Addiction: Science Proves It’s All in Your Head (Brain Actually)!”
Peg O’Connor, Gustavus Adolphus College

n.b. This title is meant to be ironic

For centuries, alcoholism was regarded as a moral failure of an individual; it was the
quintessential character defect. The alcoholic was one who simply lacked the will or the
courage to stop drinking. With the advent of the discipline of psychology, the dominant
explanation is that people drink or use mood altering substances because we are unstable or
troubled in deep and abiding ways. The tumult of our inner lives causes us to drink to excess
and to the point of total annihilation. Risk

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venting such loss and being unable to change course
and leave the path of destruction surely must be a kind of irrationality or insanity, which are
best addressed in a therapeutic setting. The more progressive psychologists and psychiatrists
treat addiction as a disease that has biopsychosocial influences, acknowledging genetic
components but seeing these as only part of the story.

Several recent studies in neuroscience have explored the relationship between brain
chemistry and addiction. Addiction, these studies suggest, may be a consequence of a
combination of genes or levels of dopamine and serotonin. While these studies are in their
infancy, this emerging explanation for why some people become addicts hypothesizes that
our pleasure circuitry is malfunctioning. This circuitry is largely a matter of dopamine; those
who have addictions seem to have a suppressed dopamine signaling ability. This means that
it takes much higher levels of stimulation to reach the level of satisfaction that others reach
with moderate indulgence. Many substances and circumstances can bring about pleasurable
responses, but alcohol, cocaine, and nicotine seem especially to light up the pleasure
circuitry, hence their addictive allure for some. The move is to treat addiction as a chronic
physical condition, one that needs regular monitoring and management, much like diabetes
or asthma.

It is important that these biological considerations be explored vigorously and
carefully. At the same time, it is imperative that advances from both other medical and
nonmedical fields not be summarily rejected. As many feminists have chronicled for decades
in many disciplines, once a topic/condition/experience becomes medicalized, it becomes legitimized. The legitimacy often creates a new category of “experts,” and those who have long term familiarity with and knowledge about that situation are suddenly cast in the role of perhaps well-meaning but ultimately uninformed witness, dabbler, or worst case, interloper. In the present case, psychiatrists and psychologists find themselves marginalized in a field in which they have held an epistemic authority. Marginalized at least as much, if not more, are recovered alcoholics and any sort of treatment facility practitioner working from a twelve step model or other self- and mutual-help principles. This paper is an attempt to reintroduce these newly-marginalized voices, in order to explore the question: How do we avoid the reduction of people with addictions to bodies and brains of a certain type?

Foucault’s notion of biopower is relevant, first in terms of the normalization of scientific conception of health and the related construction of “types of people.” In turn, this raises concerns about the production of knowledge about these types which in turn affects public policy decisions.

“Sadean Bodies in Crisis: Torturous Bodily Encounters as the Symptom of a Decisive Biopolitical Regime in the Writings of Marquis de Sade”
Alexandra Claudia Manta, Central European University

The writings of Donatien Alphonse Francois, Marquis de Sade (1740 -1814) have long been neglected either as a particularly distasteful form of pornography (Phillips 2005, Goulemot 1998), or as an incongruous philosophical work (Brix 2007) - one whose major task has been to assemble, and comment on, by satirically 'extremizing,' 17th - 18th centuries strands of natural philosophy, natural history, political philosophy, theology as well as emerging 'scientific' imaginaries of the body in the wake of human and animal experiments on the meaning and manifestation of 'organic life' (Barroux 2009, Boulad-Ayoub & Torero-Ibad 2009, Koumba 2009, Kozul 2009, Saïd-Martin 2009). The present paper engages with the Sadean texts from a biopolitical perspective, constituted around the ways in which power grapples with bodies through a sovereign act of deciding on their 'making/ 'unmaking'/ 'remaking' in relation to continuously assigned possibilities for life/ death. My approach is framed by Michel Foucault and Giorgio Agamben, who also take up Sade very briefly in their works - The Order of Things, and Homo Sacer respectively -. precisely on the issue of how new governmental regimes of power become interested in the life and death of bodies.

Sadean texts provide for a concept of 'torture' as a paradigmatic form of relationality between bodies, which brings up the question of a politics of 'torture' as the paragon of political government of life. 'Torture', sexual or not, is a meeting point between pleased and suffering bodies, bodies always climaxing and critically reworked in terms of their insides/ outsides, bodies that melt with each other in a tensional moment of power when they are opened up, put at risk, and decided upon. I call the advent of this decision, as both legitimated within, and legitimizing the (biopolitical) regime of power, sadism – a reconceptualization of the already widely used post-Sadean psychoanalytical terminology. This moment of deciding, and therefore, differentiating with a purpose, enables the continual definition of the 'bio- material' with which power works: as a body to be killed or allowed to live. It is on this continual redefinition that power rests as power.

Starting from a problematization of the Hallerian physiological theory of the distinction between sensibility/ irritability (broadly an issue of defining the body's capacity for 'sensation'), I discuss the ways in which 'life,' historically framed in terms of 'sensuous experience' or embodied sensation, cannot exist outside, but only as an effect within a field of power. There, a decision effects what is and what is not, what counts and what does not
count as 'living,' and which type of 'livingness' gets acknowledged and which does not. Experience would thus be that which experimentally emerges as fundamentally non-experimental, and this is political insofar as it constitutes a (sovereign) logic of action of power, which keeps (painful) sensation as the indeterminate which needs to be continuously determined. It is in function of this decision on pain – what the other's pain is, when it is, what it does – that Sadean bodies are constituted within and through a shifting, indefinite, unpredictable politics of differentiation between them, with respect to their capacities for life/ death.

**I C. Representations and Discourses of Bodies in Crisis**

“Chronic diseases: processes of objectifying illness and gender”
Ulrike Manz, Goethe University Frankfurt am Main

In the course of chronic illness, the weakened body increasingly becomes the object of professional action. Doctors, physical, and speech therapists all treat the body of the ill person based on the acquired body of expert knowledge. As the body grows weaker, this is also accompanied by changes in the way the ill person is perceived by others. To the extent that their deteriorating health condition becomes visible, these persons are increasingly labeled as belonging to the group of the “ill” and are addressed accordingly in terms of this “objective” characteristic. In this sense, the course of a chronic illness can be described as a gradually progressing process of objectifying the body. In my presentation, I ask about the significance of gender in this process and how the chronically ill deal and cope with such objectification. Using interviews from an ongoing research project on the conceptions of the body among the chronically ill, I will demonstrate two aspects: First, one of the major effects of objectifying the ill body is neutralizing gender. Second, objectification is an ambivalent experience for the chronically ill person; while it is experienced as a process of limiting and rendering insignificant one's own scope of action, on the one hand, it also opens up new opportunities for action and new forms of self-perception, on the other. This finding will be discussed in the light of feminist theories of objectification, as advocated, for instance, by Martha Nussbaum. What does it mean when objectification does not serve to signify but to neutralize gender, when it does not limit but expand the scope of action? The presentation will close by putting some more general arguments up for discussion concerning the relation between the body, illness, and gender.

“Heroin withdrawal: a body in crisis”
Ian Walmsley, University of the West of England

Heroin addiction is unique among contemporary problems because of the extent of its social impact. Few other conditions have mobilized such as range of institutional responses and involved so many professions and disciplines as heroin addiction. At the level of the body, heroin produces a physical dependency, with its pharmacological effects only weakening after four to six hours. At this point, the body of the heroin user moves closer towards the problematic experience of 'heroin withdrawal'. In contemporary accounts, this experience is often compared to the influenza virus and its symptoms are described as non-life threatening and manageable. However, despite the claims that heroin withdrawal is non-fatal, considerable resources have been invested by drug users and treatment providers in preventing this event from happening or alleviating the symptoms associated with this experience. In this paper, I examine how a particular discourse of the ‘withdrawing body’ - a
body in crisis - emerged at the end of the nineteenth century and demonstrate how this discourse, rather than any other, continues to inform our current thinking and responses to heroin withdrawal.

“A fearful physical, social and moral wretchedness’: 150 years of vulvovaginal pain in medicine”
Ulrika Nilsson, Stockholm University

Women’s vulvovaginal pain has for long been of concern to physicians. The understanding and treating of vulvovaginal pain has changed with societal changes, most profoundly with the modernization of medicine such as the founding of the modern medical profession of gynaecology from c. 1860; subsequently followed by specialties such as psychiatry, sexology, neurology etc. This may not be a surprise since change is almost taken for granted by the historian. On the other hand vulvovaginal pain, especially of the vulvovestibulitis kind, is commonly presented as a late time phenomenon, said to have appeared from the 1970’s – 80’s and on, and to be drastically increasing among young women today.

In this paper I will outline and historicize the various explanatory models of vulvovaginal pain, attempted treatments, and silences. There are two or perhaps three very distinct phases in the understanding of vulvovaginal pain: 1) a pre-modern or pre-discursive phase, 2) a very long modern discursive phase; and 3) a possible third phase that is and has been taking different shapes within various settings during the last couple of decades. I will localize the models and their origins within historically and culturally specific contexts, and attempt to deconstruct them.

Since the formation of the modern specialty of gynaecology, initiating the discursive phase, the understandings of vulvovaginal pain and the various methods of treatment has contained a remarkable continuity. The continuity is deeply ingrained with and interdependent of the (re)construction of cultural and medical notions of femininity, masculinity, women’s bodies, sexuality and reproduction. These notions are highly normative and contain severe health risks for women today – not merely for women with pain, but for a large quantity of women that in doing heteronormative femininity simultaneously risk generating pain.

II A. Intersubjective Understandings of Bodies in Crisis

“Global Bodies: Rethinking World-Travelling through Lukas Moodysson’s Mammoth”
Jenny Björklund, Uppsala University

Lukas Moodysson’s film Mammoth (2009) takes place in several locations around the world: New York City, The Philippines and Thailand. It depicts characters with different ethnic, economic and national backgrounds and raises questions concerning globalization, inequalities and capitalism. In this paper I wish to explore a concept that I will call “global bodies”. The bodies in the film are characterized by diversity, and they travel all over the world. They are also connected through bonds of kinship, friendship, love or business, and the travelling and the bonds between the bodies make the world smaller. Despite this striving to transgress boundaries through physical movement and bodily bonds, most of the bodies are not engaged in what María Lugones has called “world-travelling”, since they do not travel to each other’s worlds in the spirit of “loving perception” (Lugones 1987). Still, the main characters cannot be said to engage in “arrogant perception” either (Lugones 1987).
The economically and culturally privileged main characters try (in some ways) to change the world into a better place and to bridge the global and economic divides, but instead their bodies wind up exploiting and violating other less privileged bodies as well as our planet and its resources. I will explore the relationship between bodies in crisis in Mammoth: Which bodies are seen as vulnerable? Is the violation of bodies that takes place in the film the same as transgressing bodily boundaries? I will also discuss the relationship between the bodies and the world (Earth), which in a sense can be seen as a body we all have to interact with in order to survive.

“It doesn’t hurt to cut myself, but it hurts like hell not to”: When suffering becomes invisible, mute and constant – how to detect and describe it?

Anita Moe, University of Oslo

This paper addresses methodological challenges related to the listening to and presenting of invisible and mute suffering. The context is a qualitative research project in which women’s experiences and understanding of their self-cutting behaviour is explored. The research project’s empirical material are interviews with women who have severe self-cutting experience. Two contrasting analytical readings of the same empirical material over a length of time (7 years), informed by the methodological framework of interpretative phenomenological analysis, illustrate how my readings of the material shifted from observing meaning and structure to being overwhelmingly chaotic. The focus is on the dynamics between these two diverging stories, between the visible, encouraging meaningfulness of the self-cutting story and the invisible, discouraging ‘muteness’ of the chaotic story that surfaces beneath.

When 11 women are given the chance to address and investigate their self-cutting explicitly a central characteristic of every interview is how invested they are in their self-cutting story/biography (when and how they started, when and how it peaked and when and why they ended to cut themselves), at the same time as they feel removed from it – they tell me that they either cut themselves less now than they once did or that they do not cut themselves at all anymore. Nevertheless, they miss the cutting. The self-cutting activity has reached a (more or less final) end, and this physical ending of an activity that still plays a major psychological role in the story of themselves/their life-story has dramatic, but invisible and ‘mute’ consequences. In the stories that recur when the women talk about their self-cutting, its biography and the cutting event itself, they are the subjects and agents of an act which – during our investigation in the interviews as well as in my analytical readings of the empirical material – appears meaningful and understandable to themselves and me.

This sense of agency and meaning has an abrupt end, however: when they end their self-cutting activity. There is a discrepancy in how the women experience ‘the others’ perceiving of the ending of the self-cutting activity contrary to their own: ‘The others’ are experienced as thinking of the ending as the story’s final (positive) peak, whereas to the women, the story peaked when the effect of the cutting was at its heights. The ending, however, is described as tragic, and pawns the way for another, very different story, in which the women find themselves trapped as helpless objects without any grasp or understanding of what is going on. This story is difficult to detect and to listen to, as it is incomprehensible to them, and characterised a strong sense of being disconnected (from their mind, body and the ability to relate to others). Body-talk is prominent when this “undercurrent-story” is being told. In pain, they describe a neglected body that is both felt as explosive and distant/void. But most importantly, the ongoing internal crisis has lost its external stage (the skin). This has
dramatically catastrophic, but often invisible and mute consequences for the women who no longer cut themselves, but still suffer severely.

My own movement through the research material – the gradual shift from meaning to chaos – is a central object of investigation. To conclude, I ask if this shift and my movement also might offer insights in terms of understanding, research on and treatment of self-cutting behaviour.

“Bodies in crisis: lived emotions and interpersonal space”

Hildur Kalman, Umeå University

When collective crises surface and strike, as well as when collective threat, loss and sorrow are experienced as in the aftermath of the bomb and the shooting in Oslo and at Utøya the 22nd of July 2011 – many of those that are afflicted feel and express the need to stay together, or seek the company of others. In this way emotions such as pain, fear, worry, and the onset of an, until recently unforeseen, and troubled future are experienced and lived together. In this paper I aim to explore how the expression and acknowledgement of the emotions that emerge in crisis are inflected by the ways in which interpersonal space is lived. Not only in terms of how the outline of a new and common future may be envisaged collectively, but how this very future takes form from the ways in which emotions are lived, expressed and acknowledged, together.

As a point of departure for my discussion I will take an earlier work of Naomi Scheman and myself, in which we explored the connection and tension between the expression and the acknowledgement of pain. To be more precise; we explored interpersonal space between the two: how it is that pain’s expression and acknowledgement are always inflected by the space between the one in pain and the other, and how, in turn, pain’s expression and acknowledgement inflect that space. To inflect, grammatically, is to mark words - by gender, number, tense, mood, indicating a constitutive difference: our words are always inflected somehow or other. In this sense, we claim, that the expression or suppression of pain, its being acknowledged or ignored, marks interpersonal space and is marked by it.

Collective crises, losses and threats – makes one witness the loss, grief and troubles of others, many of which one may not know, but with whom one shares the experience and emotions of crisis, sorrow and trouble. How does interpersonal space inflect such collective experiences and emotions, and how do these emotions inflect that space? What makes for the opportunity or absence of expression and/or acknowledgement, what are the constraints? The space between the sufferers, fellow-sufferers and witnesses is not just the space between two or many people, even as inflected by social role. The distance may not only be physical, but also social, cultural, and economic; and witnesses may well be caught up forms of complicity they may not even be aware of. The distance is, thus, inflected in ways that are not entirely in the power of individuals; and acknowledgement is always multiply mediated, determining the significance of any response. Elements such as narrative and mass media’s discourse may enhance or obstruct solidarity and sympathy, in terms of building commonalities as well as distance.
II B. Body Weight I: The Body and the State

“Visible and Invisible Bodies in the U.S. Financial Crisis”
Jyl Josephson, Rutgers University

In the aftermath of the financial crisis and economic downturn, inequalities in the U.S. have been exacerbated and poverty has increased. The recession, mortgage foreclosure crisis, and jobless recovery have disproportionately harmed African Americans and Latinos, who have higher unemployment rates than whites and who have been more severely affected by subprime mortgages. Yet there has been so little coverage of these basic aspects of the economic crisis that a report in July 2011 that showed significantly increased inequalities of wealth since the financial crisis was greeted (briefly) with astonishment by the U.S. media.

Similarly, while there was much coverage of the “mancession” in the early part of the economic downturn in 2008 and 2009, there has been very little coverage of the fact that men have gained jobs in the slow recovery, while women have actually lost jobs. This has been particularly true as state and local governments have laid off workers in 2011 with the end of federal stimulus money; women are overrepresented particularly in teaching jobs, where cuts are expected to continue.

This paper will argue that the inattention, in public discourse as well as in public policy, to the deeply unequal effects of the harms created by the economic downturn and ongoing economic crisis is due in part to differences in whose pain is seen as understandable, legible, and innocent, and whose pain is seen as incomprehensible and/or self-inflicted. In the housing crisis, for example, despite overwhelming evidence that minority neighborhoods were in fact targeted for subprime loans and many people who were eligible for standard loans were given subprime loans, the discourse quickly shifted from unscrupulous real estate firms and lenders to undeserving borrowers. The sympathetic coverage of men losing jobs in traditionally male occupations such as construction and financial services in 2009 has not been extended to women workers losing jobs in traditional occupations such as teaching in 2011.

Male workers losing their jobs and middle class white families losing their homes are recognized as suffering; women workers and African American and Latino/a homeowners are not recognized as experiencing pain when their losses are of social goods that they are not seen as rightly deserving. Thus, the deficit in sympathetic recognition of economic suffering is a deficit in the recognition of loss of what is not seen as deserved in the first place.

“Job loss in economic crisis: The leverage of gender and body weight”
Tinna L. Ásgeirsdóttir, Harpa H. Berndsen, Bryndís Þ. Guðmundsdóttir, Bryndís A. Gunnarsdóttir and Hugrún J. Halldórsdóttir, University of Iceland

In this study we examine the relationship between obesity, alcohol misuse, smoking and changes in employment status following the Icelandic economic meltdown of 2008 by gender. The effect on income was also observed. The data utilized in this study is a health and lifestyle panel survey carried out by the Public Health Institute of Iceland in both 2007 and 2009. The sample is a stratified random sample of 9,807 Icelanders, ranging in age from 18 to 79. The net-response rate in 2007 was 60.8%. A total of 42.1% of the original sample took part in the survey both in 2007 and 2009. Probit analysis was used. Pre-crisis body weight in women is positively related to subsequent job following the economic crises in Iceland. The point estimates indicate that the relationship is also positive for men although not statistically significant. The point estimates of the analysis on the relationship between
BMI and income indicate a negatively relationship for women, but a positive one for men. A statistically significant relationship between pre-crisis alcohol misuse or smoking and job loss in the crises was not found but the relationship between alcohol misuse and employment was positive for men in 2007. The relationship between being a daily smoker and employment was negative for men and women in 2009. The reasons for male-female differences in job loss by body weight are consistent with previous results in the literature on the effect of body weight on labor-market outcomes. Reasons have so far only been hypothesized, but not empirically tested.

“Neoliberal Bodies and Fatness”
Hannele Harjunen, University of Jyväskylä

The body has been at the centre of intensive sociological and feminist inquiry at least since the 1980s. Social, political, and moral aspects of the body have been extensively investigated. In particular, the Foucauldian disciplining side of the body has been in focus: how discourses and discursive practices produce normative bodies, how bodies are being governed and how different technologies of power produce, for example, gendered bodies and subjects. Interestingly, so far the economic dimension of the body has been rarely examined in social scientific and/or feminist research on the body, (notwithstanding the Marxist critique of the capitalist system and its exploitation of the body of the worker). Yet, bodies are quite inevitably produced by the economic conditions and the economic approach that prevail.

My objective in this paper is to explore how the gendered and material body becomes intelligible in the context of neoliberal approach concerning social and health policy. In particular, I am interested in how the neoliberal economic discourse and discursive practice work on the fat body. My aim is to generate knowledge on both the bodily experience of fatness and the social, political, cultural orders that shape, define, and govern said experiences. I draw from my own previous research relating to gendered norms and ideals concerning the body size, critical social research that deciphers the tangled motivations behind health policies, and emerging research on the effects of neoliberalism on the body (e.g. Sutton 2007 & 2010).

II C. Bodily Experience of Organ Donation

“Fertility in Crisis, Reproduction in Transition: Cross-Border Egg Donation in Post-Socialist Europe”
Jenny Gunnarsson Payne, Södertörn University

It has been said of new reproductive technologies that they have “diversified, globalised, and denaturalised” human reproduction (Inhorn 2008). Not only have assisted reproductive technologies (ARTs) developed and spread throughout the world at a rapid pace, but this has given rise to a global market of cross-border reproductive care (also known as ‘reproductive tourism’). Limitations in national laws and state regulations—as well as expensive treatments, that are disadvantageous for infertility patients themselves—become profitable opportunities for infertility centres located in countries with less restrictive regulations (cf. Ferraretti et.al 2009) and cheaper prices, with the corollary being that a highly competitive market of reproductive care has been created. On the one hand, it has been argued that cross-border reproductive care can function as “a ‘safety valve’ that reduces moral conflict and thus contributes to the peaceful coexistence of different moral and religious views” (Pennings
2004, 2006). More critical voices against this increasing marketisation of human reproduction have, however, also been raised, both with regards to the health and autonomy of the patient (e.g. egg donation recipient) and the ‘third party’ involved in medical procedures such as surrogacy and egg donation (e.g. surrogate, donor).

For individual patients, the emotional journey leading them to seeking fertility treatment abroad is, indeed, riddled with crises: from the event of receiving a diagnosis of infertility to finding out that treatment may not be available in one’s home country constitutes yet another crisis. Furthermore, experiencing failed treatment, miscarriages or stillbirths, such a crisis may become a lengthy process; and, for yet others, the very expenses involved in seeking care abroad may cause a crisis in their private economy. In short, the ‘safety valve’ that cross-border reproductive care may constitute—for European Union member states, as well as individual citizens—can, on the one hand be understood as a solution to a number of crises (caused by lack of egg donors, lack of economic funds, lack of available methods etc.). On the other hand, however, for many individual patients, the very same ‘safety valve’ that is cross-border reproductive care, may well become the beginning of a long crisis ridden journey with no guaranteed solution.

To this end, this paper shall explore the narratives of six Swedish cross-border egg recipients who have turned to a fertility clinic in Riga, Latvia, for treatment, some of whom have ultimately conceived a pregnancy and/or child as a result of the treatment, and others who are still struggling to cope with their infertility. How do they describe the causes and effects of their infertility? How do they reason around their limited access to infertility treatment (such as age or long waiting lists)? In what way might cross-border reproductive care be understood as a solution to the personal crisis that is involuntary childlessness—and to what extent might their opportunities to seek infertility treatment abroad have prolonged, or even cemented their state of crisis?

“Exceptional Sub-Humans, Murderous Carers and the Ethics of Organ Donation in Contemporary Dystopian Fiction”
Donna McCormack, Helsinki Collegium for Advanced Studies

Organ donation is currently framed through a medical ethics which emphasises the purported shortfall in supply. Employing a market-based rhetoric, transplant teams, ethicists and governments urge more people to donate their body parts to save the lives of the ever-increasing number of patients waiting for an organ. Visceral waste and supposed spare matter are valuable resources and commodities essential to the lives of others, the progress of biotechnologies and the growing desire to extend life at all costs.

Transplant policies, practices and ideologies, formulated through a narrative of progress where some lives must be prolonged, are bringing about a crisis in both ethics and in the meaning and experience of an embodied self. Contemporary dystopian fiction not only questions the central tenets of transplant discourse, but also reveals the violence done to some in order to give life to others. In contrast to transplant histories and media representations, this fiction focuses on the lives of the donors and the potential future of a global society where the shortage in organ donors has been solved. Drawing on the work of Kazuo Ishiguro and Ninni Holmqvist, this paper examines how the creation of a sub-human population allows for a democratic state of exception. Building on Giorgio Agamben’s work on the death camps and Michel Foucault’s ideas on the clinic and its disciplinary powers, I explore how supposed sub-human bodies are transformed into biomatter and therefore useful only for their viscera.
Drawing on histories of colonial rule, eugenics and global inequalities, this paper argues that the current crisis in ethics and bodies in the field of biotechnologies opens up the possibility of rethinking our responsibility for and towards others. Here, responsibility is as much emotional and political, as it is bodily and ethical. To this extent, this paper proposes a rethinking of heteronormativity and its role in creating the exceptional sub-human donor and the murderous carer.

“Myopic eyes, transplanted hearts: from the suffering body to the hybrid discourses of contemporary theory”
Apostolos Lampropoulos, University of Cyprus

During the last decades, Theory has often been accused of over-sophistication and of being a provocatively non-narrative and significantly un-corporeal activity. This was not only due to the fact that Theory was giving priority to argumentation about structures, decenterments or collectivities, but also to the fact that, even when it was tackling issues such as torture or disability, it often did so in a rather abstract and depersonalized way. Nevertheless, the body has gained an important place in recent theoretical debates, both as an object of study and as a convenient metaphor for issues varying from parenthood to capitalism and from gender to colonialism. At the same time, some narratives (especially self-narratives and life-narratives) have started finding their place within the rhetoric of Theory, both as groundings in the ‘out-there’ and as a way of firmly politicizing a number of debates.

This paper focuses on the intertwining of body-related narratives and contemporary Theory. It places special emphasis on stories told by philosophers and dealing with the suffering body. More precisely, it discusses two atypical texts that one could call theoretical or philosophical body narratives: Hélène Cixous’s *Veils* (1998) and Jean-Luc Nancy’s *The Intruder* (2000). What will be studied in this paper is the fact that these texts narrate lived (and to some extent traumatic) corporeal experiences such as eye operation and heart transplantation, while at the same time they articulate a highly theorized discourse. In fact, this paper reads the two texts as a fascinating mingling in which narratives that feature a problematization of the self blend with Theory and even medical discourses; even more, it sees in them a considerable effort to re-launch Theory both as a meta-critical way thinking both with and through the body. In sum, the objective of the paper is to examine in what sense such hybrid texts are theoretical, how the individual corporeal experience relates to the narrative and to the political, and whether this can be a symptom either of a post-theoretical era or of a post-body moment of Theory.

III A. “Possibilities for a vulnerable citizen: rethinking ethics, politics and agency in the wake of the welfare state”
Ingeborg Svensson, Maria Jönsson, Sara Edenheim and Katarina Andersson, Umeå University

The background for this proposal is that we have established a research program at the Umeå Centre for Gender Studies with researchers from different academic fields, trying to reconfigure the relation between gender and vulnerability in our time.

**Overall background and aim:** The concept of vulnerability is of current interest in many context and fields today. Globalization, terrorism and climate changes are some of the greatest so called "challenges" or problems in our neo-liberal time – problems that in
different ways highlights the vulnerability and dependency of the human body. We want to investigate this vulnerability in relation to the redistribution of politics, care and reproductive work that is now going on in the so-called welfare states. We also want to investigate resistance in social movements that tries to deal with the human vulnerability and dependency rather than striving to emancipate the free, independent and autonomous subject. Drawing from different academic fields (arts, social sciences and public health) the aim with this research project is to reconfigure the relation between gender and vulnerability in our time. Vulnerability is analyzed through three major themes: a) politics and policy processes, b) care and reproductive work and c) political and artistic resistance. The presentation will consist of a general introduction and paper-presentations from each theme.

**Theme 1: The production and reorganization of politics and policy processes:** The depolitization of the political (Mouffe, 2005) has resulted in a new relation between the state and the individual, displacing not only the discourse on rights and freedom but also the positioning of vulnerability in relation to accountability and the idea of what constitutes a sustainable society. Through these new definitions of old concepts, this part of the program will focus on governance through analysis of governmental discourses and policies. International, national and regional levels of governance will be included, as well as historical perspectives and comparisons. Different areas of policies will be studied: labor market politics, gender equality politics, social insurance regulations, medical health discourse, immigration as well as regional and EU policies.

**Theme 2: The vulnerability of gender equality in the Swedish welfare context:** In this theme the aim is to study vulnerabilities and inequalities at a point in time where new constructions of the family-state-welfare-work nexus emerge as an effect of neoliberal changes within the welfare state along with a globalised care chain (Hochschild 2000). We are witnessing the de-establishment of public welfare care solutions, a development which redirects care obligations towards the family sometimes referred to as familization or re-familization. Thus new constructions of the family-state-welfare-work nexus are mediated, and former identities and relations of (in)equality emerge, whereas care-taking and care-giving still tend to be unequally distributed practices among women and men, migrants and citizens. Further it appears that the vulnerability liked to care work remain a central dimension in all social relations, and particularly so in intimate relations. The individual presentations will focus on the redistribution of responsibility and increased vulnerability in sectors like health care, domestic work and elderly care.

**Theme 3: New forms of vulnerable resistances:** This theme aims at rethinking vulnerability as a starting point for contemporary resistance (feminist, anti-colonial etc) rather than something that has to be overcome. The rethinking of vulnerability contests the attribution of vulnerability as a misfortune of individual or collective others that may be countered by an appropriate response. Rather than focusing on vulnerability in a specific and contingent situation it is thought as an ontological condition of human existence (Schildrick 2000, Butler 2003). Identity politics can be understood as a legitimate response to social and political vulnerability. But it has its shortcomings, in particular because it demands and creates recognizable, distinct subjects that may be granted rights. We want to explore the possibility of a fragile, non-heroic resistance that does not re-install the order it aims to deconstruct. We will thus examine positions of resistance where the self is not understood as independent and autonomous. The presentations will focus on concrete examples of “vulnerable resistances” in social movements and artistic expressions in our contemporary world.
III B. Body Weight II: Producing the Perfect Body

“Erasing embodied text: A Critical feminist analysis of the surface text and embodied flesh of ‘anorexic’ bodies”

Helen Malson, University of the West of England

Whilst such notions as cognitive distortion, predisposing personality, genetics and ‘a biopsychological vulnerability’ of female bodies continue to jostle for position in academic, clinical and popular aetiological explanations of ‘eating disorders’, the idea that ‘anorexia’ is ‘culture-bound’ has become widely accepted. ‘Culture’ however or, more precisely, that which is considered pathogenic about culture and hence ‘bound’ to ‘eating disorders’, tends very often to be understood ‘only’ as idealised media images of thin women and the concomitant prescription to ‘diet’. The pernicious effects of these ubiquitous images and prescriptions should not be minimised. But, at the same time, this perspective tends to produce a belittling stereotype in which those diagnosed as ‘anorexic’ are made to appear as the ultimate fashion victims; as ‘super-dieters’ who are (irrationally) over-influenced by idealised images of thin female bodies. Moreover, it has been argued, a near-exclusive focus on these media images occludes other ways in which cultural values and gender inequalities are implicated in mobilising ‘anorexic’ experiences and practices.

Indeed, feminist and critical feminist analyses have elucidated a multiplicity of ways in which girls’ and women’s ‘anorexic’ subjectivities are constituted and regulated by contemporary western cultural discourses. These analyses have produced sophisticated knowledges of ‘anorexia’ as expressive of a diverse range of sometimes contradictory societal values, concerns and dilemmas about not only gendered beauty but also, for example, individuality, consumerism, control, autonomy and numerous aspects of normative femininity. Critical feminists have thus ‘deconstructed’ the normal/pathological binary within which ‘anorexia’ has often been understood and illustrated the profound imbrication of a plethora of normative cultural values in mobilising ‘anorexic’ subjectivities.

Recently, however, it has been suggested that these critical feminist analyses may also be problematic in that they theorise and analyse the ‘anorexic’ body as a (multiply) inscribed surface to be read. Thus, it might be argued, they re-produce an understanding of ‘anorexic’ bodies as surface image or text - at the expense of attending to other less visible aspects of ‘anorexic’ embodiment such as sensations, emotions and (privately conducted) practices. Drawing on interviews with girls and women who self-identify as ‘anorexic’, this paper seeks to address this issue by attending to the ways in which ‘anorexic’ girls and women are constituted and regulated as both surface image and embodied subjects. ‘Anorexia’, I argue, can be understood as a practice in which the body is treated as if it were disembodied text or image to be erased and re-written. And, as such it can be seen to produce par excellence the plastic body of consumer culture that exists only as a simulacra or surface rhetoric. At the same time however, through the literal erasure of the body, ‘anorexia’ also insist on the limits of this construction of the body as image, emphasising the embodied nature of ‘anorexic’ subjectivities and the felt violence of organically inhabiting this image. By exploring young women’s constructions of ‘anorexic’ bodies as meaningful surfaces, hurting flesh, empty shells, and deathly spectres the paper seeks to explore a profoundly gendered interfacing of textualised bodies and embodied subjectivities.
“Today work is beauty is body is thinness’: Unattainable perfect body in Finnish eating disorder novels”

Hanna Mikkola, University of Eastern Finland

In this presentation, based on my doctoral thesis in Literary Research, I examine controversial demands, norms and ideals towards girls’ and women’s bodies represented in contemporary Finnish novels. The “answer” the protagonists find is eating disorders combined with for e. g. hard studying, isolation and solitude.

My material consists of five adults and adolescents’ novels published 1986–2003. These are Hannele Huovi’s Madonna (1986), Vuokko Tolonen’s Salainen keittokirja (Secret Cookery Book 1988), Laura Honkasalo’s Siskoni, enkelinluinen tyttö (My Sister, an Angel Boned Girl, 2001), Kira Poutanen’s Ihana meri (Wonderful Sea, 2001) and Sofi Oksanen’s Stalinin lehmät (Stalin’s Cows, 2003).

The theoretical framework of this multidisciplinary presentation is based mainly on different feminist cultural theories and different research on eating disorders. Through careful feminist close reading (Lahikainen 2007; Mills 1995) I have produced a versatile analysis where I combine detailed textual reading and contextualized approach of eating disorder phenomenon.

Firstly I examine the constant discrepancy in the actions protagonists conclude, when trying to achieve and above all maintain “the perfect body”. The protagonists, who have become ill, use huge amounts time and energy to maintain the body, and still the “perfect body escapes from them. When they then have constructed “the perfect body”, at least to some level, it requires continuous control of eating and sports. Here I utilize ideas such as body project (Bromberg 1997; Johansson 2001), societal fat-free (Puuronen 2004) and bodily responsibility (see Bordo 1993; Johansson 2001).

Secondly I study ideals, norms and demands described in the novels. I explore the constructions of the ideals with the gendered logics according which women’s (as well as men’s?) bodies have been restricted and manipulated through the history. Eating disorder behavior patterns can thus be interpreted as one extreme but understandable answers to these demands when explored through the context of the worlds of the novels.

Thirdly I analyze the pattern of continuous unfilled ideals. Eating disorders in the novels produce “perfect”, and according to some standards beautiful and desirable bodies. The protagonists result in weak, vulnerable, suffering, ugly and scary bodies, which do not anymore fill the ideals of (desirable and reproductive) girls’ and women’s bodies. Thus escaping from the reproductive Mother’s body they try to avoid, eating disorders make them lose they vitality totally. All this can be conceptualized e. g. through ideas of holding women as beautiful but passive (Bordo 1993). In eating disorders then exceed the boundaries of desirability and beauty, and then can also been interpreted as escape from the ideal fulfilling.

III C. Categorizations of Risky Bodies

“Ageing and disabled bodies in women-only sports events”

Karin S. Lindelöf, Stockholm University

This paper stems from an ongoing collaboration project between Stockholm University, Nordiska museet and Riksidrottsmuseet (Swedish Sports Museum), where women-only races and sports events are studied as cultural phenomena (www.nordiskamuseet.se/tjejlopp). The project focuses on contemporary Swedish conditions, with races such as Tjejvasan (30 km cross-country skiing), Tjejvättern (100 km road cycling), Tjejmilen (10 km road running) and
Vårruset (5 km road running), with historical and international comparisons. The empirical material consists of field observations, archives, exhibitions, interviews with participants and organizers, printed materials and websites of the races, as well as written stories from participants of the four races above (in 2011) about their own experiences and thoughts of the events.

Health is an important aspect of the studied events, both in the organizer’s promotion of the races and in the participating women’s own motivations and incentives for taking part. The health aspect has also been widely recognized in media reportings from the races. But what about bodies that are not so strong and healthy? What about bodies that are to some extent in crisis, but are still taking part in these sports events? The age span of the participants is very wide, so ageing bodies are common in the races, but disabled bodies are much less visible, as are for example anorectic bodies, although it is well known that eating disorders are common among athletes. In my paper I aim to put special focus on the ageing and disabled bodies, as well as other bodies in crisis, in the women-only sports events of my study.

“Experience of HIV and access to the physical and sport practice: are “the women” an homogeneous group?”

Julie Thomas, Université Montpellier 1

The HIV diagnosis very often leads to a “biographical disruption” in the social trajectory of the individuals (Bury, 1982), who comes along, most of the time, with a “body crisis”. Whether it is the relation to the body, to the sport activity, to the sexuality, or the questioning on its physical capacity / incapacity, this crisis although graved in the intimacy of the individual trajectories, might be considered as an analyzer of the social status that the HIV induces. In this context, could the difficulty, for persons living with HIV (PLHIV) to fit into the physical and sport activities be understood as an effect of their stigmatization in the environments of practice (Burke, 2002)? Meanwhile, might the medical incitement to practice a physical activity (Ferez and Luauté, 2009) be seized as an effect of the “chronicization” of this disease (Corbin and Strauss, 1991)?

These questions will be approached from a survey on “the access to the physical and sport activities of the PLHIV in France”. This survey contains a quantitative part realized by questionnaires (n = 514). The persons were questioned about their experience in physical and/or sporting activity, but also about their life with HIV, their therapeutic path, their relation to the body and to the aesthetics, as well as their sport involvement and their social situation.

The results highlight the heterogeneity of the feminine population, which is classically put together in the epidemiological studies. The existence of “one” homogeneous group of women towards their relation to the body and to the physical activity can thus be questioned. Some of these women deny any change nor body crisis due to HIV diagnosis, while some others have to deal with decrease of their physical capacities and their own look/relation to their body. Also the internalization and/or the incorporation of the medical orders to become a good “chronic patient” differs considerably. Indeed, significant gaps appear for a certain number of characteristics: date of contamination, economic and cultural resources, country of origin, institutional recognition of handicaps or incapacity, relation to the body, or representations of the medical staff.

Finally, the questioned women seem characterized by differentiated HIV’s and physical and sport activity’s experiences. In spite of the specificity of their expression in the feminine population we find, in this study, gaps which characterize the experience of all the PLHIV
tension between normalization and chronicization). This communication will detail the subgroups which emerge from results.

“HIV, Sexual Practice and Biological Citizenship: Exploring Embodied Understandings of Risk and Responsibility”

Ingrid Young, Newcastle University

Mark Davis has argued that since the mid-1990’s, a period deemed to be ‘post-crisis’ for HIV, few research projects have sought to describe and explore how gay and bisexual men themselves understand their experiences with treatment, risk and sexual practice. Moreover, Susan Kippax and Kane Race have argued that social sciences needs to catch up with the ways in which gay and bisexual men have understood and incorporated biomedical knowledge and biotechnologies into their individual sexual practice. This presentation will be based on research which has sought to respond to these claims. Situated in the North East of England, this research explored the ways in which gay and bisexual men identified, understood and responded to risk in sexual health. Findings from interviews with men aged 18 - 63 have demonstrated how gay and bisexual men are engaged in a creative, reflexive sexual practice which considers and responds to biomedical risk of infection. However, this sexual practice not only responds to public health warnings of HIV, but is firmly grounded in biomedical understandings of risk. The men I spoke to described the ways in which they had actively taken on board biomedical information around sexual health and integrated it into their sexual practice. They drew not only on sexual health messages about safer sex, but forms of biotechnological surveillance and ideas around how bodies experience and demonstrate illness. I will demonstrate how this active incorporation of biomedical information into everyday sexual practice reflects a form of biological citizenship (Rose 2007). However, the ways in which risk was understood and responded to was also framed through notions of a ‘shared history’ of HIV and perceptions of community practice. This paper will explore the ways in which the incorporation of biomedical knowledge and biotechnologies has been negotiated through a framework of community and identity and suggest how biological citizenship needs to take into account issues of sexuality, gender and community histories.

IV A. Mini-workshop

“From suffering to Symposiums: Healing Trauma while Raising Community Consciousness”

Genevieve Brackins, Florida State University

This workshop details the potential for creating social change through the cathartic forces of taboo breaking via organized group activism on university campuses. In working with college students over the last seven years it has been discovered that by gaining their trust through treating them with respect many disclose personal traumas which cannot be separated from grander institutionalized injustices. In providing these students with a platform for healing they are encouraged to take their healing journey beyond the boundaries of self. Motivated by personal pain these students are supported to turn to public service. Addressing institutionalized forms of violence and oppression has had a truly cathartic effect for individual students as well as a healing effect for the community at large. These instances of micro and macro healing have taken place in a plethora of ways including passing antimale hate resolutions through the student government senate, creating documentaries, screening documentaries and hosting expert panel discussions and creating the First annual
Gender and Sexual Violence Awareness Symposium. The need for breaking misogynic, homophobic and racist taboos was overwhelmingly documented by the success of the first symposium that grew in its second year into a national conference entitled Breaking Out of the Box: Redefining Masculinity [http://www.nomas.org/node/134]. In just its second year this activism had garnished the attention and support of state and national organizations including the National Organization of Men Against Sexism (NOMAS). This past April scholars and activist traveled from distant places including Turkey and Taiwan to Tallahassee, Florida. The ripple effect is truly in play here. By empowering one student at a time to heal their personal gendered traumas through community activism the world is being transformed.

IV B. Self-injury and Shame

“Self-injury and Interpellation: The Case of Ellie Nash”
Hans T. Sternudd, Linnaeus University

Questions about self-injury has attracted extensively interest during the last decades, the phenomena is said to have increased among adolescent females and young women. Self-injury is predominantly understood as a reaction to inner distress of various kind or as a fashion spread through different cultures (for instance various youth cultures like goth or EMO). In this paper I understand SI as a combination of those perspectives, which means that self-injury is understood as a reaction to feeling of badness but the way this is expressed are relying on resources activated in cultures. Using the character Ellie Nash from the Canadian teen drama Degrassi: The Next Generation as case this paper discuss questions about visual representations and discourses of bodies in crisis.

I suggest that a majority of self-injurers harm themselves because they are “taught” how to react to discomfort through interpersonal communication and cultural expressions, here I focus on the later. Theoretically this view is supported by interpellation and discourse theories, as well as research on cultural diseases and symptoms.

As the ethnologist Anna Johansson has observed the body of a self-injurer has become a “tool” to express inner crises – a “soul” in pain. The injured body communicate or visualise invisible feelings and emotions. Through history people always has had feelings of distress for various reasons, but the way these are expressed is varying over time due to different cultural practises. Self-injury has today become a meaningful way of expressing inner emotions. Here mediated narratives and visualisations becomes an important source, through them people can learn why self-injury is practiced, in which situations and how the act is executed. And maybe most important who is self-injuring – which creates possibilities of identification. Media provides narratives, manuscripts and role models to follow and reproduce. The character Ellie Nash that starts to injure herself during the third season of Degrassi: The Next Generation is one example of how this can be done. A reason for choosing Nash as a case is that she was pointed out by one informant that took part in my research as her introduction to self-injuring behaviour. Nash seems also to be important for many others judging from all the clips of her on YouTube. By examine her story we can begin to understand how self-injury can be explained and made intelligible, how it’s narrated, which props that is used, costume etc. We will also see how the activity is inscribed as a gendered practice.
“Body Shame and Gender: The Shameful Experience of Female Embodiment”
Luna Dolezal, University College Dublin

This presentation will discuss ‘body shame’ with respect to the experience of female embodiment. Body shame can be understood to be shame that arises as a result of some aspect or feature of the body’s appearance, behaviour or comportment which is perceived to vary from what one perceives to be social depictions of the ideal or acceptable body. My definition of the term ‘body shame’ is rather broad, encompassing shame that is straightforwardly about some aspect of the physical body, such as one’s skin, teeth or weight, and also shame about less obviously physical aspects of body appearance, such as behaviour or comportment. Body shame is a particularly potent form of shame. Not only is the body the part of ourselves that is immediately observable to others, it is also the seat of personhood, that which makes meaningful subjective experience possible.

The relation between the embodied self, shame and the world is not without complexity. On the one hand, shame is necessary, we cannot live or grow without it, nor should we endeavour to do so. Here, shame is an integral part of experience; it is everywhere, facilitating social interaction and making possible a coherent and stable social world. However, there are also times when shame can be limiting, where too much shame can be restricting and must be overcome for life to have the possibility of dignity and fulfilment. Indeed, when shame centres on the body and self, it can be profoundly limiting, negative or oppressive, inhibiting subjective experience. For instance, as I will argue, it can be used to manipulate and disadvantage a social group, such as instilling the crippling insecurities and anxieties that plague many women with respect to standards of appearance and attractiveness.

In this presentation, I will discuss the relationship between shame, gender and the female body, exploring the themes of objectification, alienation and narcissism as they relate to the experience of female embodiment. I will then turn to examine beauty imperatives, normalization and homogenization, discussing the manner through which women’s bodies are subject to control through the internalization of social norms. From there, the relationship between shame and female embodiment will be considered. It will be demonstrated that body shame plays a central role in female embodiment and that this can have negative consequences for women in terms of their agency, transcendence and subjectivity. In short, I will attempt to shed some light on why there are such profound gendered differences when considering the experience of body shame.

IV C. Reproductive Technologies and Bio-Ethics

“Gendered bodies, gendered subjectivities and regenerative medicine”
Julie Kent, University of the West of England

This paper explores the implications of regenerative medicine for thinking through the meaning of embodiment, gendered bodies and gendered subjectivities. It draws on sociological research which investigated the use of aborted fetal tissue in stem cell science, as a dimension of the gendered bioeconomy. The paper discusses the generativity of bodies, and the notion of bodily ‘regeneration’. In developing a feminist analysis of regenerative medicine it is suggested that we need to reflect on the normative assumptions underpinning the innovation and regulation of tissue and cell based therapies. We also need to consider the key ethical terms which currently frame and underpin women’s (and men’s) relationships
to these technologies and re-evaluate the meaning of concepts of self and subjectivity and the significance of embodiment for feminist theory.

“Challenging a ‘Panoptics of the Womb’: Phenomenological Responses to the Problem of Diminished Epistemic Authority in Pregnancy”
Lauren Freeman, Concordia University

This paper has a two-fold objective. First, it aims to show how the predominance of a visual paradigm of knowledge within pregnancy (i.e., ultrasonography and fetal heart monitors) diminishes women’s epistemic authority and puts them in a position of epistemic powerlessness, which results in two kinds of alienation: alienation from their pregnant bodies and alienation from the fetus. Second, it argues that certain resources in phenomenology can not only help us think through this problem of diminished epistemic authority, but alleviate it.

By focusing on the Leib (lived or living body) \(\text{Körper}\) (material body) distinction, Husserl’s account of Empfindnisse (sensings), and his emphasis on touch as a sensory modality, the paper demonstrates that phenomenology can help to offset the visual paradigm of knowledge that operates within pregnancy. The argument unfolds as follows. The Leib/\(\text{Körper}\) distinction is a correct one to make, for bodies are unlike other objects. Insofar, as there’s a distinction between Leib and \(\text{Körper}\), we should pay attention to it when we study and care for our own bodies and the bodies of others. Vision, however, fails to account for this distinction. It is only through the modality of touch that a double nature of the body is revealed to us. Insofar as the touching-touched relation can be applied to the relationship between mother and fetus, Husserl’s account of the phenomenon of “double sensation” – of the body touching itself – can be developed for our purposes. Husserl’s account of self-touch as a special case of the body becoming lived body is a resource which returns to the body, and to the kind of embodied knowledge under consideration, a special legitimacy that can’t be captured by visual representations. Sonographic images can indeed represent movements of the fetus, but they can’t replicate the feeling of what the woman experiences with such movements. Thus, we should supplement vision with touch when it comes to understanding pregnancy and caring for pregnant women. In order for this kind of embodied knowledge to regain the legitimacy that we are after, a shift is necessary within medical practice: from conceptualizing, understanding, and treating the body as \(\text{Körper}\) to conceptualizing, understanding, and treating the body as Leib. The result of this shift from \(\text{Körper}\) to Leib and the supplementation of touch-based knowledge will elevate the pregnant woman’s epistemic status.

In the end, the paper claims that by shifting the dominant paradigm of sight through which we understand pregnancy to a paradigm of touch, we can rethink both who counts as a knower and what counts as knowledge in ways that promote women’s epistemic authority and thereby help to alleviate their accompanying feelings of alienation.

V A. Vulnerable Bodies

“The Transgender Narrative of a Wrong Body, a Body in Crisis?”
Ulrica Engdahl, Linköping University

The wrong body narrative is common in transgender autobiographic accounts and in medical contexts surrounding transgender bodies and identities. It expresses a body in crisis; but what is the crisis about?
Generally the narrative of a wrong body is expressed as a state where the body and the gender identity don’t match, followed by a feeling of being estranged from and/or trapped in the body. This experience, interpreted as gender identity disorder (often) calls for medical measurements such as gender corrective surgery and hormonal treatment in order to receive legal gender reassignment, to be able to live as, and be seen and treated as a (self identified) gendered person. Furthermore, this procedure is conditioned by a number of criteria’s, which demands different medical and psychological examinations, which further manifests and constitutes the body as wrong.

But what happens if the trans body is rather conceptualized as a body in crisis than a wrong body. I do not attempt, though, to state that all transgender bodies are bodies in crisis, many trans bodies are comfortably and unproblematically experienced.

One reading of the wrong body narrative is that the body fails it’s subject in the ability to express his, her or hir felt gender identity; another is that of a body that contradicts the expectations of a subject’s own body. Yet another reading articulates that something is wrong with the gender norms surrounding the body and its ability of a gender expression that is possible for others to recognize as a subject’s felt sense of gender identity through the body.

What is apparent in all these different readings is a disjunction of the body (materiality) and the self (the subject), the body and its expression, the body and its perception, or the body and gender norms, which expresses another gender narrative, that of the distinction between sex and gender, implicitly placing sex with (corporeal) genitalia and gender with its (social) expression. The narrative of the wrong body is, hence, dependent on these disjunctions; it can’t be told (or experienced) without the separation of materiality and subject. Transgender health, therefore, relies on the consolidation of the sex and gender distinction as well as the body and self distinction.

I will, therefore, use a phenomenological reading of the wrong body narrative as a promising way to conceptualize the lived experience of a wrong body as a differently (non-normatively) gendered body in crisis. I will use the crisis as a starting point for an analysis of what is felt or articulated as wrong with the body in trans biographic accounts and where to place the wrongness, with the body, with gender norms constituting the felt sense of the body or with the medical and legal context that constrains (and constitute) the transgender body. What implications would such a frame have for transgender health and care, legal accounts of transgender identities and possibilities for transgender bodies expressions.

“Crisis of Intercorporeal Exposure: The Case of David Cronenberg’s M. Butterfly”
Lisa Folkmarson Käll, Uppsala University

David Cronenberg’s film M. Butterfly (1993) portrays the love affair between the French diplomat René Gallimard, stationed in China in the mid 1960’s, and the Chinese opera singer Song Liling. The affair is a play of power, fascination, secrets and seduction on both parts. Blinded by love or fascination Gallimard reveals classified information that Song takes straight to the communist party. After some time Gallimard returns to Paris where Song a few years later looks him up and “encourages” him to get involved in further spy activities. When these are exposed and both of them are brought to justice, what is also exposed is that Song Liling is “in fact” a man. Gallimard is put in prison where he during a stage performance as Madame Butterfly cuts his throat. Song Liling is deported to China.

On the surface one might say that the film is about a Chinese man who acts a woman on and off stage and who fools the viewers to much the same extent as he fools the man he, as
woman, submits to. But there is of course much more to the story than this. The film is saturated to say the least with subtext on different levels and different axes of identity blend in with one another without the possibility of isolation. The film in striking ways makes manifest the performativity of identity as well as the intersectional dimensions of identity categories.

My interest in the proposed paper is the ways in which the film M. Butterfly lays bare embodied subjectivity as intercorporeal exposure through its display of singular bodies encountering one another in and as crisis. Through a reading of the film I will explore the notion of intercorporeality in Maurice Merleau-Ponty’s later writings in Le visible et l’invisible. The notion of intercorporeality has been used to productively rethink and deepen the phenomenological notion of the lived body emphasizing its dynamic social, cultural and historical situatedness. Intercorporeal bodies are not self-enclosed entities with distinct boundaries but are rather extended into the world and receiving their boundaries as they encounter the world’s resistance and thereby also themselves and their own exteriority. The intercorporeal being of bodies is the very condition and ground for their singularity. I will argue for an understanding of embodied subjectivity as continuously emerging in mutual interrelation (in what I have in other writings referred to as an expressive process of selving and othering) in which the boundaries between bodies are continuously drawn and redrawn. In this process the self is exposure through and through as it emerges in relation to the other, to its own exteriority and to the very relation that forms its boundaries and founds its singularity (and that is by the same token formed by the boundaries and founded by the singularity of the self). Here I will further deepen my argument by locating it in relation to a discussion on the meaning of the notion of crisis in terms of a turning point (from the Greek krisis) and the act of separating, deciding or judging (from the Greek krinein).

The exposure of both Song and Gallimard to the world, to each other and to themselves is not simply the exposure of and to a lie. Rather, this exposure brought out in the portrayal of the characters and the relation between them draws our attention to the very core of embodied subjectivity as an outside which is lost without its surroundings. The question of whether Song is a man or a woman in many ways seems quite meaningless, in other ways and especially perhaps in relation to language and representation it is absolutely crucial. What he or she demonstrates is not simply how his or her body is inscribed with meaning and also expressive of meaning, but how his or her body is expressive of its inscriptions and inscribed with expressions. He or she truly embodies and illustrates how identity is not only, or not simply the inside of my most exterior outside but also that “my body’s depth of being is for me this perpetual ‘outside’ of my most intimate ‘inside’”, to borrow words from Jean-Paul Sartre (BN 461). What is displayed at the end of the film is the turning point and separation of crisis without any return: the despair of expressing oneself and being exposed to a void deprived of familiar identity and gestures of recognition. There is exposure to the other, to the world and to oneself but there is no sense of sharing with others in the world, no sense of sharing with oneself what once was recognizable in the world. The relation between self and world, self and other is stifled and so is the relation within oneself. The turning point of crisis is brought to a stand-still with no way to turn.

“Bioethics: a Crisis of Human Vulnerability”
Eva de Clercq, University of Pisa

The concept of vulnerability has become very fashionable today, both inside and outside the academic world. According to the dictionary definition ‘to be vulnerable’ means to be
‘susceptible to being wounded’. This leaves us with two, both legitimate, but apparently irreconcilable meanings: is this susceptibility to being wounded a universal condition that all people share and that has to be acknowledged or is it just a contingent characteristic of a certain group of people that has to be overcome through empowerment? Even if one sustains the thesis that vulnerability is a universal condition, that does not necessarily mean that one denies the fact that vulnerability may be differentiated. Both meanings seem to understand vulnerability as arising from embodiment: our body carries with it the constant possibility of being harmed by the actions and choices of other human beings and by biologically based catastrophes as epidemics, viruses, earthquakes, tsunamis and so on. Yet, there are persons who are more prone to violence and abuse than others because of certain physical contingencies or due to the social and political conditions in which they live. This gives rise to the idea of vulnerable groups. It is the latter understanding of vulnerability which has become a key issue in bioethical research regulations and guidelines from the late 1990s onward. Still, little consensus exists on what ‘vulnerability’ exactly means. Most regulations give examples of vulnerable populations who are unable to protect their own interests, such as children, prisoners, pregnant women, disabled persons, economically or educationally disadvantaged persons, elderly people etc. The problem with such a “population” approach is that it becomes too broad to be meaningful: so many categories are considered vulnerable that virtually all potential human subjects are included. Moreover, by using the vulnerability-label one risks paternalizing and stereotyping those subjects deemed vulnerable. These problems may explain the recent trend within bioethical literature of diminishing the concept’s importance. Although some authors have offered alternative ways of understanding vulnerability – as layers (Luna) or as types (Kipnis) – in the research context vulnerability continues to be met as something to be eliminated. More surprisingly, although the most fundamental fact about medicine is that it acts upon our bodies, the dominant literature in bioethics says very little about the body. Its lexicon is populated by terms regarding choice and consent. If the body is already discussed, it is referred to in terms of property and materiality, its symbolic meaning is hardly ever addressed. In this way the inherent vulnerability of the human condition is not adequately addressed. I will argue that such negligence is causing a symbolic crisis. To counter this crisis a rethinking of the notion of vulnerability within bioethics is sorely needed.

V B. Sexual Health Perspectives on Bodies in Crisis

“Tolerant, affirming and equal: Youthrelated sex, health and relationship clinics (UMOs) in multicultural environments – a tool for sexual integration?”
Maria Bäckman, Stockholm University

This paper stems from an ongoing project financed by the Swedish ”Riksbankens jubileumsfond”. The project focuses on the work made by the special health clinics in Sweden directed to prevent sexual and reproductive health for people between 13-23 years of age (”ungdomsmottagningar” [UMOs]). A consequently applied ethnographic method means that the study is undertaken in the studied context. The empirical material consists of both field observations and interviews with gynaecologists, midwives and welfare officers.

Many of today’s burning issues relate to the individual’s rights and circumstances in complex globalised societies. In particular, in contemporary multicultural Sweden a multitude of different ideas abound as to what constitutes appropriate sexual behaviour. By drawing attention to the specific prerequisites relating to UMOs in multicultural
environments, the project connects with current research on sexuality, gender, integration and the dissemination of information. At the same time it is clear that the Swedish UMOs (which has been a vital part of Swedish public health work among teenagers since the 1970s) – both in general and in environments in which several sexual norm systems coexist – is a surprisingly neglected research field.

The staff at the clinics constantly meet bodies in crisis: with venereal diseases, unwanted pregnancies et cetera. Usually this meeting is characterized by a medical focus that emphasizes on sameness and bridge over differences. The medicalization of the bodies entails that individuals with different backgrounds and histories can be regarded as variations of one and the same body. In my paper I want to discuss what the multicultural environment means for staff’s possibilities to create a fruitful dialogue with their young clients. I also want to discuss how a medical view and a cultural understanding of the teenagers are negotiated and how they both challenge and confirm each other.

“Experiences of Non-Consensual Sex Among Students of the Polytechnic Ibadan, Nigeria”

Oladipupo Samuel Olaleye, University of Ibadan

Non-Consensual Sex (NCS) encompasses a range of behaviours including unwanted sexually motivated touch, attempted rape, rape and non-contact forms of sexual abuse such as forced viewing of pornography. It is a major cause of reproductive health problems such as unwanted pregnancy, unsafe abortion and sexually transmitted infections. In Nigeria, previous studies on NCS largely focused on adolescents in secondary schools. More studies on the experiences among students in tertiary institutions need to be carried out to highlight the burden in these young adults. This study was aimed at determining the experiences of NCS among students of The Polytechnic Ibadan.

A cross-sectional survey was conducted among 594 students who were selected from the four halls of residence in the institution using a four-stage random sampling technique. Quantitative data were collected using a self-administered questionnaire which explored respondents’ demographic characteristics, sexual behaviour, experiences of NCS during the six months preceding the study and help-seeking behaviour. Qualitative data were collected using In-Depth Interview (IDI) of fourteen consenting victims of NCS. Descriptive statistics, Chi-square and logistic regression were used to analyse the quantitative data with level of significance set at 0.05 while the qualitative data were analysed using thematic approach.

Mean age of respondents was 22.7 ± 2.9 years and 58.9% were females. Fifty-six percent of respondents had experienced sexual intercourse and the mean age of sexual debut was 19.6 ± 3.2 years. Thirty three percent had experienced at least a form of NCS and out of these, 61.7% were females. Forms of NCS experienced by respondents included unwanted touch of breast or back side (18.0%), forced viewing of pornography (4.5%), attempted rape (7.4%) and rape (4.0%). Rape victims consisted of 54.2% females and 45.8% males. Out of those who were sexually experienced, 9.0% reported that their first sexual intercourse was due to rape. Respondents with a history of alcohol use (OR = 1.5, 95% CI = 1.03-2.23) and those who had a friend of the opposite sex (OR = 7.5, 95% CI = 1.75-31.8) were more likely to report the experience of any form of NCS. Significantly, males who had ever drunk alcohol reported the experience of unwanted touch than those who had never (21.5% vs 9.5%). Well known friends of the victims were the major perpetrators of all forms of NCS; unwanted touch (93.0%), forced viewing of pornography (95.4%), attempted rape (92.8%) and rape (76.5%). Female rape victims reported that lecturers were the perpetrators (23.0%)
and they did not seek help (82.4%). This was corroborated by the IDI results which showed that the only person who sought help among females visited a patent medicine seller. In-depth interview also revealed that most of the victims were raped at the perpetrator’s residence and the perpetrators were their acquaintances.

Non-consensual sex remains a social problem among the target population. However, attempt to seek help was a rare practice. This underscores the need to develop health education programmes that will enable polytechnic students to prevent the phenomenon and seek help when experienced.

“Challenged sexuality: how women suffering from vulvar pain try to reshape their sexual practice”
Renita Sörensdotter, Stockholm University

Cultural norms for sexuality and gender shape sexual practice; when women suffering from vulvar pain engage in sexual encounters with other people these norms are challenged, and the women in pain have to reshape their experience and performance of gender and sexuality. This study is about women suffering from the syndrome vulvar vestibulitis, which is a long-term painful genital condition mostly affecting young women. Previous research on vestibulitis has mainly been medical and psychological. Few studies question how cultural factors shape the interpretations and experiences of vestibulitis. The purpose of this paper is to explore how vulvar pain in relation to cultural norms for gender and sexuality influence sexual practices and gender identity among women suffering from vestibulitis.

Semi-structured interviews have been conducted with twenty-one women, which have been or are still suffering from vestibulitis. Their age is between 18 and 39. They live in different areas in Sweden. Most of them have a university degree or expect themselves to achieve one. Fifteen of the interviewed women mainly practice heterosexual sex. One of them does not want to define herself as heterosexual, but have no experience of sex with women – yet. Four have experiences of sexual encounters with both men and women. Another one has not engaged in any sexual practice at all. The last one has only had sexual encounters with women. The interviews have focussed on experiences of self, body, gender identity, sexual practice, relationships and treatment.

In the study it is clear that the experience of vulvar pain can be life altering considering sexual practice and gender identity. It is a syndrome with bodily, psychological and cultural consequences. Among other problems, women suffering from vestibulitis can usually not be penetrated vaginally, which mean that they cannot conform to heteronormative sexual practice. In order to avoid pain and get pleasure out of the sexual encounter they need to change and redefine their sexual practice, and during this process norms for gender and sexuality are challenged. This study show that norms and strategies for sexual practice and gender performance varies among women having sex with women and women having sex with men.

V C. Sharing Experience of Bodies in Crisis

“The Body with Alzheimer's Disease: Individual and Social Crisis?”
Chung-yi Chu, Ntl. Chung-Hsing University

In the short story “The Bear Came over the Mountain,” the famous contemporary Canadian short-story writer Alice Munro presents a crisis of responsibility in which Fiona, the wife of an old, childless couple, develops Alzheimer's disease and “forces” her husband
Grant to send her to a nursing home. This decision at first glance seems inevitable. Yet in the same story, another in-patient Aubrey is brought back home because his wife Marian decides that they could not afford the cost.

The story reminds us that institutionalized care is not necessarily the better option. Due to diminished income, sending your elders or beloved relatives to nursing homes now becomes the last resort for families who would take the burden upon themselves and become caregivers, or employ cheap imported foreign caregivers at home. This alternative reflects a changing attitude toward care-giving and sickness in old age.

Meanwhile, according to statistics, Alzheimer’s disease is also gender specific: women represent 72% of all cases of Alzheimer’s disease, whereas in the context of overall dementia, women represent 62% of cases. Yet the gender specificity emphasized in the short story is the different manners Grant and Marian try to cope with their spouse. After Fiona is sent to the nursing institution, Grant is at first forbidden to visit her for the first 30 days, in order for her to “settle down” in her new “home.” When Grant is finally allowed to visit Fiona, he finds her not recognizing him any more, and developing an intense affection for the aforementioned inmate Aubrey. This experience, however, reminds him of his previous extramarital affairs before his early retirement. Because of his disloyalty to Fiona at that time, he feels that her sickness is now retribution. This thinking mode reflects how self-centered Grant is. In contrast, Marian is more realistic in that she takes her husband’s dementia just as it is and makes practical provisions to take care of him by herself. The story ends ironically with Fiona suddenly remembers who Grant is for the time being, when the latter visits and attempts to bring Aubrey back to the nursing home to cheer her up.

The story can be read as a comment on how some governments have started thinking how to best prepare their citizens for this more and more common Alzheimer’s disease. If most people, like Grant, remain ignorant at the onset of the disease, they will be very ill-prepared for its subsequent long-term care-giving. And sending the patients to a professional institution is definitely not a better arrangement. Therefore, my paper would read the story in comparison with John Bayley’s Iris: a Memoir of Iris Murdoch, from an ethical view, in order to suggest a better way to accept and live with Alzheimer’s disease calmly by establishing new routines and new mentalities.

“Feeling at home: Men with chronic pain and narratives about being at The Rehab Clinic”

Birgitte Ahlsen, Anne Marit Mengshoel, Kari Nyheim Solbraekke, University of Oslo

People who suffer from medically unexplained chronic pain lack evidence that their pain is real and thus usually do not achieve status as real patients. Their situation is often described as being caught in a limbo; in between not real sick and not able to work and enjoy a social life (Mik-Meyer 2010;Nettleton et al. 2004). Although there is no cure for chronic pain, the patients frequently seek different forms of treatment, and they are often found in rehabilitation clinics. The current guidelines for treatment of patients with chronic pain recommend multi-disciplinary-focused rehabilitation, which is goal-directed and time-limited. Nevertheless, many patients with chronic pain often report of a lack of appropriate help from the health care system, and also of a feeling of being a nuisance to the health care professionals. Previous research on women’s experiences of being in treatment has emphasized the women’s need of being recognized by the health professionals. In this article we will examine how men with chronic pain present themselves as patients in rehabilitation. Our research questions are: What particular experiences do men’s stories about being at The Rehab Clinic communicate? How do these experiences interplay with dominant norms of
masculinity? And what can these stories tell about the men’s situation and their motivation for taking part in a rehabilitation program?

The material is drawn from qualitative interviews with 10 Norwegian men, ages 28-47, on rehabilitation because of chronic neck pain.

In the men’s stories, the rehabilitation clinic was initially referred to in terms of multidisciplinary-team, professional expertise and examinations. The importance of an individually adapted training program was typically emphasized. Parallel to this, in order to describe their experiences with being in treatment, the men also expressed feelings of being taken well care of, being listened to, and being in a community with others. As such the men’s stories seemed to resemble those of women described in previous studies (Steinhaug et al. 2002; Steinhaug and Malterud 2002). A narrative line was drawn from the material that went roughly like: Yesterday I was left to myself, today I am well taken care of, tomorrow I am afraid I will be left to myself again. The men’s stories are presented with a beginning, middle and end, representing the past, the present and the future. Our results indicate that although masculine identities are clearly narrated, there are also strong individual voices in the stories addressing human vulnerability and a need for social belonging.

Interestingly though, the need for social support that is expressed in the men’s stories, may come in conflict with the current guidelines for treatment of people with medically unexplained chronic pain, which highlight independency and self-reliance.

“Breast, hair, sweat, and tears: Discussion on identity in the wake of breast cancer”
Anna Morvall, Linköping University

In this presentation I will discuss how women inflicted by breast cancer collectively handle and discuss issues of femininity connected to a new bodily situation in the wake of breast cancer diagnosis and treatment. The conversations take place in a medium where the body is not directly present. Therefore the body will have to be presented in written text, and an important topic for me in my work is to look at how this is done. The empirical material consists of a collection of e-mails from a mailing list for women with breast cancer where changes in the experience and image of the body are often discussed and important topics.

The body that until then perhaps was experienced as healthy and as the foundation of a consistent and familiar identity is changed and may behave in new and unpredictable ways which alters the ways in which the body can be used and enrolled in the performance of femininity. Examples of this are loss of a part of or one whole breast due to mastectomy or side-effects from chemotherapy, radiation or hormone treatment such as loss of hair, eyebrows and lashes, ample perspiration, rheumy eyes, aches and pains.

In this vulnerable situation the mailing list offers help and support from peers. The presentation will show how this support is performed in connection to questions of embodiment and femininity. The presentation thus focuses women’s collective dealing with their own bodies in crises.

Theoretically, my research is informed by theories of bodily dis-, dys- and eu-appearance from the phenomenology of embodiment. I will show in my presentation how the women on the mailing list are in dialogue with an ideal femininity and how this shapes the women’s bodily experiences as expressed on the mailing list.