

Intersectionality between gene and gender: biopolitics and the control of risky female bodies

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The aim of this paper is to explore the role of biological identity factors in reinforcing oppression experienced in the marketplace, and assess what a study of the intersectionality between gender and genetic identity has to offer to the macromarketing scholarship. To do so, we discuss the concept of geneticism drawing on the sociology of health and illness, before connecting it to other 'isms' of oppression. Thus, we attend to the cultural, social and historical contexts of the construction of a genetic identity, which leads to consider the intimate connection between gene and race¹ (Siddhartha, 2016). Then an illustrative case is provided, which relates gene to gender; namely the BRCA gene mutation and breast and ovarian cancers. Within this case, we focus on the rise of the market of prevention in the context of genetic propensity to breast and ovarian cancers, partly due to the possibility of reconstruction of the heteronormative female body through the breast reconstruction surgery. Our analysis illuminates the experiences of oppression in the marketplace resulting from geneticism, but also the politics of access to genetic knowledge. Finally, the case is connected back to the discussion on gender, intersectionality and macromarketing.

To illustrate the intersectionality between gender and genetic identity, this paper focuses on the market for preventive solutions for breast and ovarian cancers. We use a multitude of

¹ We will explore, in the full paper, the historic relationship between eugenics and genetics, and how genetics discourse has sought to carve out a distinct and untainted area. American eugenics was embedded in an openly racist ideology of white supremacy (Allen, 1983), and eugenics' programmes were focused on controlling and reducing the breeding of the unfit/genetically defective (or what was defined as such). It is therefore not surprising to see the efforts of genetics science to demarcate its commitments from those of eugenics throughout history. Probably the most notable narrative is the depiction of genetics knowledge as a platform for individual choice. At the core of the rhetoric of individual choice is the freedom to choose – therefore contrasting it with the coercive discourse of eugenics. However, and as we will discuss in depth in our full paper, these distinctions largely depend on the social, historical and cultural contexts where they are traced. Indeed, genetics reproduces and reinforces several eugenics ideologies, as has been debated in the sociology of health and illness literature. This is particularly relevant when considering how it shapes the causal attributions between the individual, the disease, and the state (Kerr, 2004, Tutton, 2012, Rose, 2007).

public online sources such as newspapers (including Angelina Jolie's letter to *The New York Times*, 'my medical choice' (Jolie, 2013), which has sparked an enormous interest amongst various market actors), activist' websites, and online support groups. We emphasise prevention in the context of genetic propensity for these illnesses. We focus on a specific set of genes, the BRCA genes (BRCA1 and BRCA2). The inheritance of a BRCA mutation is associated with an increased risk of developing breast and ovarian cancers over a lifetime. Our objective is to examine the performativity of knowledge claims about the gene, the body and the disease affecting the newly redefined at-risk entities (Butler, 1993; Lupton, 2012); as well as the new consumption practices targeted at these entities, centred on risk prevention and the reconstruction of the heteronormative body (Klawiter, 2008; King, 2004). Thus, we highlight genetic determinism or 'geneticism' (Lippmann, 1991; Nelkin and Lindee, 1995) as a possible medium of oppression. Genetic determinism or 'geneticism' comes into play when a disease is talked about predominantly in terms of genetic causality. Within geneticism, the gene is understood as a strong determinant of the essence of personal identity², as it provides a 'scientific' explanation for the occurrence of degeneracy. The mapping of the genome defines and delineates the normal human body through the othering of diseases and other imperfections. Thus, it constructs the human body as a flawed version of a supposedly existent ideal, perfect code (Van Dijk, 1998). We aim to highlight, within this paper, the interplay of geneticism and other means of oppression, such as sexism and heterosexism, in constituting women bodies as sites of control. In keeping with a macromarketing perspective, we look across a range of market actors with a particular emphasis upon the positioning of women as consumers of prevention in the era of genetic citizenship (Kerr, 2004).

The empirical work brings to the fore the transformation of the discourse of survivorship to *previvorship* through the movement of the locus of action from ill to pre-ill bodies. This discourse has a pivotal role in mobilising action, both from the affected women and the various market actors. Locating our research within a feminist poststructuralist framework, we discuss the various narratives and symbols of survivorship and previvorship, and their co-constitutive relationship with the marketization of breast cancer movement. This the redefinition of its prevention, and the shaping of a market around preventive solutions. As we

² The way genetics determines the essence of personal identity is different from eugenics, as it marks a shift from the '*gene as controller*' to the '*genome as book of life*' or '*master code*' (Van Dijk, 1998).

trace these discursive movements, we demonstrate the involvement of two major approaches to breast cancer activism. On the one hand, the mainstream activism focuses essentially on fundraising, and has worked towards the destigmatisation of the disease, research funding, screening and education. The mobilisation around the pink ribbon is a great example of such activism. Mainstream activism contributed strongly into shaping the treatments, the screening methods, as well as the number of spaces for support available for patients. However, this type of activism does not necessarily challenge the established approaches of its areas of action (research, screening and education), as has been pointed out by feminist critiques (Klawiter, 2008; King, 2004). On the contrary, it reiterates and reinforces the geneticism discourse. On the other hand, feminist activism has been geared towards political action. The main purpose of these activists is destabilising the dominant methods of understanding and acting on breast cancer. Some of the major topics that it addresses are environmental contaminants as a cause for cancer (as opposed to a sole focus on genetic determinants), the blurring of the lines between prevention and early detection, as well as issues of access to the marginalised such as poor people, ethnic minorities, disabled, and LGBT women.

These two movements do not diverge only through their commitments but also through the framing of the female body. Whilst the mainstream breast cancer movement promoted unscarred, heterofeminine albeit cancerised bodies, feminist activists championed making spaces available for the expression of “alternative images, alternative discourses, and alternative ways of embodying breast cancer” (Klawiter, 2008, p. 169). We uncover similar practices within the pre-ill female body, carrier of a faulty gene – or BRCA positive. Within this context, taking control of the occurrence of breast cancer through preventive surgery, is interwoven with the possibility of re-enactment of the heteronormative body through reconstructive surgery³. This latter approach provides previvorship a ‘*restitution narrative*’ (Frank, 1995), where the ‘loss’ of womanhood through the removal of breasts can be fixed

³ By re-enactment of heteronormative body through reconstructive surgery, we do not imply that female sexuality interferes with their access to treatment (or at least, we do not explore this aspect), nor that there is a typical physical representation of LGBTI female bodies. Instead, we refer to the heteronormative conceptualisations of the female body, and the making of the ‘possibility’ of reconstruction as a necessity, and an integral part of the preventive procedures. This in turn marginalises the scarred, one breasted and un-breasted female bodies following preventive surgery – whether this visual representation is due to issues of access (financial, geographical, legal, etc.), or to individual choice.

through various technologies of the body. These technologies of the body (Foucault, 2004) such as breast reconstruction, prostheses, wigs and a careful choice of clothing, transform breast cancer survivors' bodies, so they can mirror the image of healthy ones – an ideal that is encouraged within the survivorship discourse. We trace the spatio-temporal movement of the 'restitution narrative', as it travels from cancerous to pre-cancerous bodies, from the ill to the pre-ill, aided by the geneticisation discourse.

In focusing on geneticism, we provide an understanding of an additional layer of intersectional identities. While destabilising the control of the body by conceptualising a part of it as defectuous, genetics discourse fosters simultaneously a sense of control, by making additional options available to reduce uncertainty, and re-enacts what is considered as a 'normal' female body through a heteronormative lens. However, if we consider the need to organise and control something frightening and chaotic as stemming from its initial representation as such, then the centrality of the notion of control of degeneracy to genetics becomes problematic. By shedding the light on these considerations, we hope to extend the literature on women bodies as sites of control within the macromarketing and critical marketing literature (Gurrieri et al, 2013; Maclaran et al.,2009), by highlighting the role of geneticism in pushing the neoliberal body project under the banner of individual choice.

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