

## preface

ONE OF THE MOST INFLUENTIAL accomplishments of Second Wave feminism was its emphasis on “our bodies” as intimately but also politically “ourselves” in ways that would revolutionize family planning and healthcare for women. On the other hand, individual autonomy, feminism repeatedly reminded us, was always achieved or constrained in specific social contexts. This issue of *Feminist Studies* features essays revisiting these central themes of earlier feminisms in differing global and historical contexts. One cluster of articles returns to history to find the historical agency of women in constraining encounters: colonial Swedish accounts of seventeenth- and eighteenth-century Native women, the legends of Sacagawea, and the delicate drawings of Estelle Ishigo, documenting her imprisonment with her Japanese American husband in the U.S. concentration camps during World War II. Another cluster of articles focuses on the body and healthcare systems as sites of political contention: through family planning and sterilization abuse, through the incongruity between the language of choice and the experience of involuntary pregnancy loss, through the habitual treatment of women patients in upscale New York hospitals, and even through the deployment of maternity metaphors in late-nineteenth-century British fiction by women.

In the first cluster are two essays on Native women as they are represented through dominant discourses. Swedish historian Gunlög Fur makes a significant intervention into the feminist discourse on ethnographic “margins” in her essay, “Reading Margins: Colonial Encounters in Sápmi and Lenapehoking in the Seventeenth and Eighteenth Centuries.” Despite the very brief mentions of Native women in accounts of New Sweden in the Delaware valley of the United States and of Sápmi, or Lappland, in northern Scandinavia, Fur finds compelling evidence for the centrality of these women’s stories to our understanding of colonial encounters. Methodologically, she uses the concept of margins as “a tool

to discovering women,” “a concept designating the process of marginalization,” and “a strategy” for explicating “cultural in-between positions.” The essay is also fascinating for the glimpses she provides of astonishing Native women, from Carl Lapp, whose widow insisted she had never known he had a female body; to Notike, who disputed land ownership with the governor of the New Sweden colony; to Beata, whose visions encouraged her fellow Delawares to keep to Native rather than Christian customs; to French Margaret and her daughter Esther, described as killing white prisoners in the wars of colonial America.

The rewriting of history is also central to Laura E. Donaldson’s review essay on books about the young Shoshone mother named Sacagawea, the face on the U.S. dollar coin and a participant in the Lewis and Clark exploratory expedition. Taken up and eulogized as the pilot on the expedition by suffrage activist Eva Emery Dye and the Sacagawea Statue Association, Sacagawea became a figure in school pageants and U.S. national mythology. Recent books about her, however, demythologize the Native woman while foregrounding Native rather than purely Euroamerican perspectives. Thus one version of Sacagawea incorporates Native traditions and legends to explain her story, while another contrasts her imagined perceptions with excerpts from the journals of Lewis and Clark. Those journals reveal that Sacagawea was an abused wife, and Donaldson argues that it “would be difficult to realize the restorative capacities of Native American women’s studies without an honest, albeit painful, assessment of domestic abuse.” Yet Donaldson concludes that the new texts on Sacagawea do make “a crucial contribution to the development of both a healing and historically responsible Native American women’s studies.”

Both healing and historical responsibility are also essential to this issue’s art essay by Jane Dusselier, which documents the delicate and evocative drawings that Estelle Ishigo made of life in the Japanese American concentration camp at Heart Mountain, Wyoming. Her drawings show in subtle watercolors the overcrowding and dispiriting conditions as well as the moments of group bonding and diversion in the camps.

Turning to the cluster of essays on the body and healthcare, we begin with an essay that explores the less direct kinds of bodily imagery and

rhetoric that nevertheless influence the thinking that informs the political arena in which women's healthcare and reproductive choices are structured. In "‘Were Not These Words Conceived in Her Mind?’ Gender/Sex and Metaphors of Maternity at the Fin de Siècle," Brenda R. Weber describes three works of fiction written in the 1890s by lesser-known British women—Mary Cholmondeley, Rhoda Broughton, and Elizabeth Robins. The "deterministic logic" and "rigid polarization between female and male" during this period produced some nuanced responses: the three women writers "were both confined by the cultural straitjacket and able to wiggle free of it," Weber claims. Her focus is particularly on the framing of the woman writer as a mother to her text, a conflation that allowed the professional woman to inhabit the realm of the feminine, on the one hand, while expanding the range of what the feminine might mean. The authors who created "women writer characters who conceived and birthed textual children" expanded sex/gender categories, but with ambivalent results.

Feminist rhetoric may occlude some intimate experiences for women in other areas. Linda Layne appeals to the legacy of the Second Wave women's health movement while drawing attention to one of its lacunae: help for women whose pregnancies end in loss against their wishes. For a host of reasons, including the emphasis on choice in the reproductive rights movement and the upbeat tone of manuals for mothers, such women are likely not to be well informed of the possibility or processes of pregnancy loss, which currently occurs in one-fifth of recognized pregnancies in the United States. Layne draws on her personal experiences of seven miscarriages to suggest improved prevention and better access to care.

Improving the social context and institutions of healthcare has also been a consistent feminist theme. However, illness strikes each woman individually, often with devastating effect. A harrowing hospital visit is described in Naomi Weisstein's personal memoir. A pioneering feminist psychologist and activist, Weisstein found her career dramatically truncated by the chronic and debilitating disease of Chronic Fatigue Syndrome. Her moving essay, "The House of Love, or My Dangerous Hospital Adventure," reports with wit and restraint the ordeal of her visit to a very good hospital where, nevertheless, "the first rule is don't believe

the patient.” The patient who attempts to guide her own care may simply be labeled a “troublemaking old lady” within the elaborate “honeycomb of job status, gender, race, class, good looks, and experience” that structures the advanced modern urban hospital. Weisstein expands her personal experience into utopian musings of what a “house of healing” might be. Another piece of creative writing in this issue highlights the paradoxes of advanced healthcare in the United States. Srimati Mukherjee’s short story, “When It Is Green and Not Blue,” details the emotions of a woman going to a hospital clinic for a breast cancer check up. She compares her experiences in Philadelphia with those she remembers from Calcutta and develops a temporary but sustaining community with the other patients awaiting their diagnoses and with the helpful technicians.

Finally, Christina Ewig’s account of the “hijacking” of global feminism that led to the “family planning debacle in Peru” in the 1990s shows how feminist rhetoric can undermine the agency of poor and indigenous women in making their own healthcare and reproductive decisions. Apparently inspired by the language of reproductive rights adopted at the United Nations conferences in Cairo and Beijing, President Alberto Fujimori reversed prior Peruvian policy, which had closely adhered to the guidance of the Roman Catholic Church. As Ewig describes, however, the transformed family planning policies were less responsive to women’s autonomy than to population control, leading to the coercive sterilizations of poor and indigenous women. Ewig argues that the use of feminist discourses and the participation of feminists themselves in monitoring the program hampered Peruvian feminists’ responses once the abusive practices were revealed, and she cautions feminists against overreliance on the state in contrast to alliances with poor and indigenous women.

We close the issue with a news report, written by Cynthia L. Cooper, about the recent referendum on South Dakota’s highly restrictive anti-choice law. Because small states like South Dakota are especially vulnerable to nationally organized attacks on reproductive rights, Cooper exhorts us to strengthen pro-choice forces in every state.

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