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The Transnational Circulation of Feminist Self-Help: The Second Act in the Fight for Abortion Rights?

By Lucile Ruault

In the 1970s, what was known in the United States as the feminist self-help movement became the vehicle for a broad array of demands going beyond reproductive rights. At the time, heterodox knowledge relating to gynecological health spread through networks of non-specialist women activists who looked upon institutionalized medicine with a critical eye and strove to create a people's health movement.

In this paper, I will examine how the *Mouvement pour la liberté de l'avortement et de la contraception* (MLAC, Movement for Abortion and Contraceptive Rights) appropriated the feminist counter-expertise movement following passage of the voluntary termination of pregnancy law in France in 1975. This study sheds light on a little-known aspect of the women's movement in France – the feminist critique of biomedicine¹ – and the way in which a transnational mobilization

1. For a survey of these protest practices and their “recuperation” in the 1980-1990s, see Ilana Löwy, “Le féminisme a-t-il changé la recherche biomédicale? Le Women's Health Movement et les transformations de la médecine aux États-Unis », *Travail, genre et sociétés*, 2 (14), 2005, pp. 103-104.

preserved the autonomy of recently “destabilized” local activist networks² while simultaneously transforming their assets. The reception of gynecological self-help offers an outstanding object of study for understanding the transnational circulation of feminist practices³ and productions in the 1970s. In what follows, I shall rely on cultural transfer analysis.⁴ It allows one to conceive phenomena of acculturation by emphasizing the context of the culture of reception, its dynamic ties with the exporting entity and the manner in which the model is reformulated or rejected. It is an essential conceptual tool for a socio-historical inquiry seeking to understand the conditions in which self-help became established.

Self-help consisted in a collective approach enabling women to take control of their bodies. It questioned the medical authorities and their protocols but also involved practical investigation and the collective development of knowledge and know-how (infections, fertility, menstrual cycle, hormones and so on). It promoted equal access to healthcare and knowledge among women about everything concerning their bodies. The movement had a vast following: in 1973, 1200 groups in the United States claimed to be part of the Women’s Health Movement, adopting a community approach to healthcare,⁵ with several hundred practicing gynecological self-care.

In France at the time, a large and flourishing abortion rights movement combined protests of the medical world with women’s sexual emancipation. MLAC was part of this: founded in April 1973, it brought together feminist networks, far left doctors – including the *Groupe information santé* (Health Information Group) – labor unions and leftwing and far left political groups. The various MLAC committees had local roots, a great deal of independence and broadly differed on several points, including their political leanings, activist composition and repertory of action.⁶ In addition to their propaganda activities, the MLACs encouraged women to acquire a better knowledge of their body over the course of weekly study sessions, discussion groups regarding contraception, abortions in the Netherlands or England and, sometimes, onsite public abortions by vacuum

2. Pascale Dufour, Isabelle Giraud, “Globalization and Political Change in the Women’s Movement: The Politics of Scale and Political Empowerment in the World March of Women”, *Social Science Quarterly*, 88 (5), 2007, pp. 1152-1173.

3. Bibia Pavard, “Du *Birth Control* au Planning familial (1955-1960) : un transfert militant”, *Histoire@Politique*, 3 (18), 2012, pp. 162-178.

4. See the advocacy-article by Michel Espagne, Michaël Werner, “La construction d’une référence culturelle allemande en France: genèse et histoire (1750-1914)”, *Annales ESC*, 42 (4), 1987, pp. 969-992.

5. Helen Marieskind, Barbara Ehrenreich, “Toward Socialist Medicine: The Women’s Health Movement”, *Social Policy*, 6 (2), 1975, pp. 34-42.

6. Michelle Zancarini-Fournel, “Histoire(s) du MLAC (1973-1975)”, *Clio*, 18, 2003, pp. 241-252 ; B. Pavard, “Quand la pratique fait mouvement. La méthode Karman dans les mobilisations pour l’avortement libre et gratuit (1972-1975)”, *Sociétés contemporaines*, 1 (85), 2012, pp. 43-63.

aspiration.⁷ At the intersection of feminism and the post-May 68 critical medicine movement,⁸ these groups immediately developed a rhetoric oriented towards users' autonomy.

For MLAC activists, the January 1975 passage (for a period of five years) of the voluntary termination of pregnancy law – known as the Veil Law – was an equivocal success. While some greeted it as a victorious outcome, others saw it as a “class law”. In any case, it put a sudden halt to the action of all those who – sometimes against the advice of politically committed doctors⁹ – had seized upon an abortion technique that would soon be taken up by the medical field. Yet several groups consisting of non-doctors endeavored to preserve or rekindle the mobilization. How and under what conditions did they take hold of the opportunity that self-help represented at this time of reconfiguration?

After surveying how feminist counter-expertise regarding the body was implemented via networks of transnational diffusion, I will consider the (social, practical, contextual) conditions under which self-help was appropriated by some MLACs in what had once again become a routine conjuncture. I will then show that this adaptation (however limited it may have been) and the change of spatial scale that accompanied it contributed to inspiring a new dynamic in activist networks. My argument is based upon an ongoing PhD research concerning the autonomous health practices that were developed by French women's collectives on the fringes of abortion-rights mobilizations between 1973 and 1984. By focusing on “dissident” groups, my study sheds light on what have so far been largely neglected aspects of MLAC history. Indeed, following the law's adoption, the MLACs of Aix-en-Provence (1973-1984), Lille (1973-1982), the 20th arrondissement of Paris (1973-1975, then 1976-1980) and the MLAAC of Lyon (second A for “accouchement”, 1979-1984) de facto broke with the movement's majority line by refusing to halt the performance of abortions by lay people.¹⁰ These groups were present in the handful of French women's mobilizations influenced by self-help in various fields, including fertility control, gynecological examination and therapy,, pregnancy

7. Known in France as the “Karman method” (a name that erases the involvement of women's collectives in developing it in favor of the Californian psychologist responsible for spreading it), it revolutionized the approach to abortion, rendering the procedure safe and simple. Abortion no longer required the introduction of a foreign body into the uterus (curette, catheter or the everyday tools of women's work) but could be performed by sucking out its content with the help of a cannula connected to an aspiration mechanism (syringe, inverted air pump, medical aspirator...). At the political level, it made it possible for those who used it to control the manner in which abortions were carried out.

8. Pascal Marichalar, Laure Pitti, “Réinventer la médecine ouvrière?”, *Actes de la recherche en sciences sociales*, 196-197, 2013, pp. 114-131.

9. Sandrine Garcia, “Expertise scientifique et capital militant. Le rôle des médecins dans la lutte pour la légalisation de l'avortement », *Actes de la recherche en sciences sociales*, 158, 2005, p. 114.

10. By “lay”, I do not presuppose lesser competence on the part of non-doctors. The activists in question were not ignorant; they had been initiated into gynecological knowledge. The term “lay” allows me to emphasize the manner in which the frontiers of the medical field were maintained: the dividing line consisted, on the one hand, in a difference of status between doctors (who were a priori experts in abortion) and *unskilled* women and, on the other, in this challenge on the part of non-professionals to the authority of medical knowledge.

and birth assistance. Their study permits one to understand the adaptations of this movement born elsewhere.

In investigating and writing about what I anticipated would be a convergence between self-help and MLAC, I had to come to terms with the scarcity of tangible evidence as well as uncertainty regarding the causalities and chronologies of these specific phenomena. The fact that self-help was ultimately taken up by minority segments of the French feminist struggle contrasts with the prominent role that the movement played in the United States. In order to develop historical knowledge of a process that is difficult to observe, I tried to get in touch with *ordinary* activists involved in *marginal* practices. Locating evidence of strange, often secret experiments and those who witnessed them firsthand meant empirically groping one's way forward, bouncing back and forth between archives and interviews: letters lead me to names, people to fleeting memories, and it was necessary to confirm and combine the traces,¹¹ interpret them, consider what they passed over in silence, hazard to guess and vary the scale of observation in an approach inspired by the evidential paradigm.¹² Prudent interpretation is unquestionably required to decipher and recount the comparative history of the self-help movement and the struggle for abortion rights.

Various sources highlight the ramifications of the women's health movement, the interactions between groups and their practices. For the foreign self-help movement, I studied the archives of the Geneva Women's Dispensary (Archives contestataires – AC) as well as those of the Women's Health Book Collective (BWHBC, Schlesinger Library, Boston). Drawing upon the scattered personal archives of activists, I assembled considerable material regarding dissident MLACs. I followed the same method in gathering the documents of two self-help groups in France (Paris' Self-Help Abbesses and Lyon's Femmes Pratique Santé) and a press review supplied by a woman who had worked on the French adaptation of *Our Bodies, Ourselves* (OBOS). A few MLAC archival documents (Archives du féminisme, Angers) as well as a study of women's movement newspapers (*Histoires d'Elles*, *L'information des femmes*, *Sorcières*, *Des femmes en mouvements*) allowed me to assess the degree to which they had been permeated by self-help. In order to successfully carry out this historic ethnography, my archival research was coupled with long retrospective interviews. The present article draws upon thirty of these interviews conducted with members of several MLACs (existing prior to and following the adoption of the Veil law), translators of OBOS and activists involved in the women's health cause or women's and self-help groups in France, Switzerland and Italy.

11. Camille Masclat, "La quête des féministes. Techniques et enjeux de reconstruction d'un mouvement social", *Genèses*, 2 (95), 2014, pp. 120-135.

12. Carlo Ginzburg, "Traces: racines d'un paradigme indiciaire", *Mythes, emblèmes, traces. Morphologie et histoire*, Paris, Flammarion, 1989 (1986), pp. 139-180.

The Transnational Promotion of Self-Help

Self-help originated in the early 1970s with a series of women's mobilizations in the United States that sought to overturn the prevailing, patriarchal medical culture. In 1969, the Boston Women's Health Collective was created and would become famous for writing *Our Bodies, Ourselves*.¹³ In the spring of that same year, the Jane Collective was created to help women receive illegal abortions. In 1971, Carol Downer and Lorraine Rothman – the inventors of the gynecological self-examination and menstrual extraction methods, respectively – conducted a major tour of the United States to promote self-help and then founded the Los Angeles Feminist Women's Health Center. Finally, in 1974, the National Women's Health Network was created and became active on the political scene, where it monitors the medico-pharmaceutical world and, more generally, ensures that women's voices are heard in public health decisions.¹⁴

As in the awareness-raising groups, the circulation of speech is a cardinal principle of this radical protest of medical knowledge, which entails working on the basis of lived experiences in the areas of sexuality, contraception, gynecological practices, abortion, menopause, allopathic treatments and childbirth, among others. Self-examination constitutes the most iconic gynecological self-help activity: with the help of a speculum, a mirror and a flashlight, a woman observes her vagina and cervix in the presence of others in order to take note of the diversity of anatomies, formulate diagnoses and above all get to know her own body. Some American feminists saw these learning sessions, which affirmed the significant overlap between the intimate and collective spheres, as possessing a revolutionary potential: they transgressed, not just the “established uses of their bodies”¹⁵ (modesty, shame, ignorance), but also the frontiers of medicine.

The present study's use of disparate fieldworks and the near absence of work on self-help in the history of French feminism conferred a rather exploratory dimension to my effort to reconstruct its networks of diffusion. One of the first occurrences of self-help in French feminist publications dates from spring 1973. In a pamphlet that brought together writings produced by various working groups of the *Mouvement de libération des femmes* (MLF – Women's Liberation Movement), two texts¹⁶ were devoted to American self-help groups. These consisted

13. Boston Women's Health Book Collective, *Our Bodies, Ourselves*, New York, Simon & Shuster, 1973. An earlier version circulated in 1970 under the title *Women and Their Bodies*.

14. These are the four founding narratives selected by Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990*, New Brunswick/New Jersey/London, Rutgers University Press, 2002, pp. 16-40.

15. Alice Delpech, “*Notre corps, nous-mêmes*. Un exemple d'appropriation féministe de savoirs médicaux entre expertise de soi et pédagogie féministe”, Master's thesis in sociology, Paris 8, 2013, p. 60.

16. *L'alternative: libérer nos corps ou libérer l'avortement*, Paris, Des femmes, 1973, pp. 57-58. Several thousand copies of this pamphlet were distributed by activists and then by the Gît-le-Coeur publishing house.

in the translation of an account by a North American woman¹⁷ and the report of a “réunion corps” (an internal meeting) of the Psychoanalysis and Politics movement regarding these initiatives. Nothing is said about the possibility of “taking action”. However, what distinguished the transmission of this model was precisely its empiricism.

The spread of self-help resulted from efforts on the part of North American feminists to incite a largescale mobilization. Favoring face-to-face interaction, several figures played a central role in this activist undertaking – indeed, at first glance, their notoriety and technical skill constituted the main resources¹⁸ allowing self-help to gain a foothold abroad.¹⁹ The fall 1973 European tour of Carol Downer and Debbie Law of the Los Angeles Feminist Women’s Health Center of Los Angeles was particularly effective: in six weeks, the two women visited eight countries and shared the *practice* of self-help “with over 3000 women”.²⁰ Amazed by what they had seen, many European feminists in this way discovered that it was possible to know and have access to their genitals, a privilege usually reserved to men and doctors.

The transmission of the self-help approach targeted already-existing groups. Created by an expatriate, the Brussels-based Anglophone feminist organization Women Overseas for Equality (WOE) arranged the North American women’s visit.²¹ In Paris, they were welcomed in collaboration with Simone de Beauvoir by two young activists. One of these was Élisabeth. Born into the ranks of the intellectual-bourgeoisie, Élisabeth describes her youth as “Franco-American”. Together with her language skills, Élisabeth’s knowledge of Parisian feminist circles was an asset: the young activists of that time were a priori perplexed about the self-help pioneers’ visit (“American women have nothing to teach us”).²² In fact, the trans-nationalization of self-help relied on cosmopolitan intermediaries who were both familiar with Anglo-American culture (at the time, a rare and decisive ability) and involved in local mobilizations that facilitated the introduction of this line of thinking. Evidence of this can be found in the translation of *Our Bodies, Ourselves*: six Anglophones, all involved in Parisian women’s groups, carried out the long job of adapting the book “in order to prime the French movement”²³

17. Telephone interview with Annie, 25 March 2015.

18. Born in 1933 into a white working-class family, Carol Downer was a housewife with six children. She began her career as an activist in 1969 in Women’s Lib and in the fight for the right to abortion in California. In 1972, her trial for illegally practicing medicine won her renown across the United States.

19. Johanna Siméant, “La transnationalisation de l’action collective”, in Olivier Fillieule, Éric Agrikoliansky, Isabelle Sommier (eds.), *Penser les mouvements sociaux*, Paris, La Découverte, 2010, pp. 121-144.

20. “Synopsis of the Feminist Women’s Health Centers’ Development”, AC, MLF-GE/S4/SS8 (author’s translation).

21. Vanessa D’Hooghe, “Spéculum, miroir et identités : le self-help gynécologique à Bruxelles dans les années soixante-dix », in Julie De Ganck, Vanessa D’Hooghe (ed.), *Regards sur le sexe, Sextant*, 30, 2013, Brussels, Éditions de l’Université de Bruxelles, pp. 146-147.

22. Interview with Élisabeth, Paris, 2 July 2014.

23. “Découvrir le plaisir d’être femme”, *Rouge*, 23 May 1977, p. 10.

and were in regular contact with its authors in Boston.²⁴ Following Downer and Law's visit to Geneva in October 1973, it was an "American woman friend" who "unblocked the situation" for a group of women who had until then been reluctant to practice self-examination.²⁵ Similarly, Paris' Self-Help Abbesses was created in September 1978 "on the initiative of a Canadian woman and drawing upon her familiarity with the American feminists' experience".²⁶

Nevertheless, such transmission did sometimes take place between Francophone women. Figures from the Dispensaire de Genève (Geneva Free Clinic) were thus soon able to play the part of self-help intermediaries, providing assistance, for example, to the Santé de Grenoble group (Grenoble Health group), which was created in 1977-1978. In doing so, they drew upon similar procedures for directly exposing women to the practice: "She welcomed us and said 'so I'll show you the various rooms of the Clinic... And then I'll show what we do.' So she led us into a room and we all sat on the floor. She had placed specula around the room. She removed her panties and told us: 'And there you go, have a look. That's the vulva. You take the speculum like this and slip it in like that. Then you take a mirror, look at the cervix, etc.' And you can imagine the look on faces of the Maison des femmes de Grenoble (Grenoble Women's House) activists! [she laughs]. [...] I was really surprised and thought to myself 'wow, you can go that far!' [...] Astounded and... well, really a little shocked. [...] And then there we were already imagining ourselves teaching the same thing to the others in Grenoble."²⁷

After the Californian women's first visit to Paris²⁸ and the "demonstration of their group gynecological examination practice",²⁹ at least one self-help group – les Impatientes – was created in early fall 1973. In its first year, the group counted eight members, some of whom were from North America.³⁰ However, it seems that, in France, this feminist approach to health only truly began to be adopted in the second half of the 1970s when a dozen little groups were created³¹ and joined

24. Archives of the BWHBC, Schlesinger Library, series XI, 75.4-74.5.

25. Rina Nissim, *Une sorcière des temps modernes. Le self-help et le mouvement Femmes et Santé*, Geneva, Mamamélis, 2014, p. 20.

26. *Petit guide de la cape cervicale*, undated pamphlet, p. 30, private archives. In its September 1979 news bulletin, Self-Help Abbesses explained that two of its members had visited feminist health centers in Los Angeles and Tallahassee and underscored the influence of the writings of North American and German women. AC, MLF-GE/S4/SS35/D72.

27. Telephone interview with Nelly, 27 April 2015.

28. Covered by *Libération* on its "women" page under the title "Connaître notre corps. Les expériences de gynécologie parallèle aux États-Unis", 22 November 1973.

29. 26 January 1976 letter from les Impatientes to the Geneva Free Clinic, AC, MLF-GE/S4/SS35/D72.

30. Telephone interview with Bernadette, 5 June 2015.

31. Alongside the MLACs studied here, I have identified a dozen self-help groups active between 1973 and the early 1980s (Grenoble, Lille, Lyon (2), Paris (4), Saint-Étienne, Strasbourg). There were of course more of them in reality. As A. Delpech underlines, informal groups certainly existed that were eager to keep some kind of secret and made no attempt to publicize their activities. A. Delpech, "Notre corps, nous-mêmes. Un exemple d'appropriation féministe de savoirs médicaux entre expertise de soi et pédagogie féministe", op. cit., p. 72. What's more, some women's groups, like that of Angers, only occasionally engaged in self-help activities, *L'information des femmes*, 12, January 1977, p. 4.

the international self-help nebula.³² These groups largely operated in isolation from one another and their activity was more or less reported in the publications of the feminist³³ and critical health³⁴ movements. As self-help acclimated feminist stances in France began to reflect North American themes, particularly in what regards criticism of chemical contraception, medical control and feminist birthing practices.

In the meantime, *Our Bodies, Ourselves*, the “self-help bible” that formalized this feminist knowledge, was a crucial vector of import. First published in 1977, the French version was a great success.³⁵ *Notre corps, nous-mêmes* is “the tangible symbol of the influence of American feminism on French feminism and of cultural and political transfer on both sides of the Atlantic”.³⁶ In March 1977, *Histoires d’Elles* devoted two articles to autonomous health practices – one on the home births of the Aix MLAC (“Quand les femmes s’inventent”, p. 3), the other one written by the adapters of *OBOS* (“Nous réapproprié notre corps”, p. 4). The latter promoted the book in these terms: “You will be able to make both individual and collective use of it by using it with other women to develop all possible initiatives: self-help groups, information meetings, hospital user committees.” Those surveyed considered the book to be immensely valuable, a practical guide that teaches you “how you are made” (to borrow an expression repeatedly used by those surveyed). Mixed with first-person accounts, diagrams and photographs, these accessible writings gave women the words they needed to talk about their bodies and encouraged them to reflect on their own experiences, comparing them with dominant knowledge. In this way, *OBOS*, its foreign adaptations and its differentiated receptions constituted an epistemological project that Kathy Davis has described as “knowledge politics”.³⁷ Capable of overcoming frontiers of class, race, age and sexual orientation, it played an essential role in spreading self-help among a diverse array of cultures³⁸ and infiltrated multiple feminist interpretive frameworks.

32. Borrowed from Christian Topalov (*Laboratoires du nouveau siècle. La nébuleuse réformatrice et ses réseaux en France, 1800-1914*, Paris, Éditions de l’EHESS, 1999), the metaphor of the “nebula” nicely describes this social space of “unsettled contours”, the diverse array of groups gravitating around the model of North American women and the positions of actresses who shared a revolutionary “common sense” regarding women’s health.

33. *Histoires d’Elles*, March 1977; *L’Information des femmes*, January and May-June 1977 ; *Le Temps des femmes*, June 1978 and May 1979 ; *Bulletin de liaison de la coordination nationale des groupes femmes*, December 1979.

34. A summer 1973 article on “free clinics in the USA” published in the medical system critique review *Tankonalasanté* does not mention the opening of women’s free clinics, though these were rapidly spreading at the time. An article on self-examination was published in the review’s fifth number (March 1978).

35. “Between 80,000 and 100,000 copies have been sold. It’s amazing! An entire generation of women have not only read it but have passed it on to their daughters.” Interview with an *OBOS* adapter, Paris, 21 March 2014.

36. M. Zancarini-Fournel, “Notre corps, nous-mêmes”, in Éliane Gubin et al., *Le siècle des féminismes*, Paris, L’Atelier, 2004, p. 209.

37. Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels across Borders*, Durham, Duke University Press, 2007, pp. 199-200.

38. According to K. Davis, *OBOS* figures among the « icons » of transnational feminism. In 2002, the book, translated into twenty languages, became an international bestseller.

The European visits of prominent self-help figures from the United States – Norma Swenson and Judy Norsigian of the Boston Women’s Health Collective made two of them (1977 and 1981) – were coupled with visits on the part of ordinary activists to various places where activities that might be receptive to feminist gynecological self-care experiments had begun to develop. This movement was subsequently promoted at International Women and Health meetings (Rome 1977, Hanover 1979, Geneva 1981, Amsterdam 1984...). Initially rather Eurocentric³⁹ – even if the presence of activists from Boston and California did not allow North American leadership in this area to be forgotten – these conferences and practical workshops drew activists and academics alike. Local events with federating themes played a similar role. One such was the widely reported Aix trial:⁴⁰ among the anonymous crowd that came to support the accused on March 10th, 1977, were the French adaptors of *OBOS*, their presence proving how counter-expertise on the body had become a focal point for growing relations within the women’s movement. However, the small number of French groups directly claiming to follow the self-help movement remained external to these exchanges. At the local level, their existence was kept limited (a dozen members per group) and fragmented. The Paris-area groups – Self-Help Abbesses, les Impatientes and a Belleville-based group – were unaware of one another’s existence. And though the Lyonnais group Femmes Pratique-Santé met Self-Help Abbesses and drafted a pamphlet with it, their joint project for a free clinic failed. The nebula was too loose to permit a women’s health movement to develop. It remains to be determined whether the interpretive frameworks of self-help were able to find more fertile ground in the MLACs, which had had a long experience of activist communication.

A Possible MLAC Transplant

Once the Veil law had been adopted, the MLAC leadership and most local activist groups stopped performing abortions on the grounds that the state would henceforth provide them via doctors. MLACs thus focused on enforcing and improving the law, opening family planning centers and providing support at trials (Aix 1977, Lille 1978, Le Pergola 1979, etc.). This prevailing trend overshadows a certain dissidence among a number of MLAC activists. This dissidence has left few traces in the archives and has been hitherto ignored in the historiography of these struggles.

In fact, a few collectives continued to practice abortions *despite* the law in order to compensate for its shortcomings (delays, prices, the excluded: female immigrants, foreigners and minors), challenge this form of social control and perpetuate the

39. R. Nissim, *Une sorcière des temps modernes. Le self-help et le mouvement Femmes et Santé*, op. cit., p. 138.

40. In January 1976, six activists from the Aix MLAC were charged with having carried out abortions and illegally practicing medicine.

practice of “de-medicalized” gynecological activities. The Aix MLAC federated these new “illegalists”. The campaign to prepare for its trial in 1976-1977 served as a focal point for those who wished to pursue efforts to give power over their bodies back to women. This led MLAC-20th to resume its activities in 1976 in what was an unfavorable legal and political context.⁴¹ Inactive since 1975, the activist networks reacted to this mobilizing event: Parisian women, “most of them from existing MLAC groups”,⁴² critically revisited their activist experience and considered the next steps that were to be taken. The knowledge it required and the international coverage it aroused made self-help an attractive conceptual and practical framework and it was sometimes explicitly called upon: “Others [...] see the establishment of ‘self-help’ of the American or Italian type as the best way to tackle the women’s question. What is important is to have a meeting place for women so that they can talk about their own experiences.”⁴³

According to a former member of MLAC-14^e named Juliette, the self-examination sessions in which she participated “provided an outlet for the frustrations [we felt] at the time the law was adopted”; they wanted “to further pursue what MLAC had moved in us”.⁴⁴ Faced with a law that left them feeling as if “someone had pulled the rug out from beneath them”,⁴⁵ they saw self-help as a way of pursuing the convictions that had been born in the MLACs. Surrendering the aspiration cannula to doctors was to give up an entire collective practice. Yet the continuity between MLAC and self-help did not go without saying: according to Juliette and Rina, there could even be a discrepancy between two practices of the body: where one was turned outwards – de-medicalized abortion practiced on others – the other consisted of a “more introverted experience”,⁴⁶ on that was more intimate and required relations of trust.

Most of the “dissident women” deny such a discrepancy: according to the women from Aix, Lyon and the Parisians who relaunched MLAC-20^e, they learned how to perform abortive gestures (positioning of speculum and pincers, pelvic examination) on their own bodies: “We used ourselves as guinea pigs,” as Louise puts it.⁴⁷ Only the Lille group did not include self-examination among activists in teaching how to perform abortions. Of all the MLAC dissidents, they also showed the least interest in gynecological self-help.

41. De facto tolerated between 1973 and 1975, extra-medical abortion was punishable by prison; with the new legislation, only doctors could practice it. What’s more, the Veil law did not abrogate the 1920 law that made abortion a “crime” and all propaganda for birth control continued to be forbidden.

42. Summary of the Montmorency meeting of the “Parisian MLACs, Sunday 20 March 77”, typescript document, Archives MLAC-20^e.

43. *Ibid.*

44. Interview with Juliette, Paris, 3 June 2014.

45. Summary of the Montmorency meeting of the “Parisian MLACs, Sunday 20 March 77”, op. cit.

46. Interview with Rina, Geneva, 9 February 2012.

47. Interview with Louise, Aix, 27 June 2015.

A cultural transfer does not amount to the mere transfer of an object: from abortion to gynecological self-care, the transposition of skills⁴⁸ resulted from a particular reflexivity in regards to the activist-practitioner's physical involvement. Yet another condition consisted in the acknowledged adoption of feminist rhetoric and feminine sociability, the virtues of which had been discovered over the course of the struggle. The fact that some of the MLACs studied here had sometimes recently become single-sex inclined them to redefine their collective identity and forms of protest.⁴⁹

For groups that carried out at-home abortions, the cultural transfer corresponded to an "attempt to [jointly] reinterpret"⁵⁰ their earlier involvement and self-help, which supported their activities. However negotiable it may have been from one local context to the next, the protest framework supplied by MLAC's instigators in 1973 did not augur well for rapprochement with a radical autonomous health-care model. At its creation, it sought to defend doctors who performed abortions and win recognition for abortion as a medical act. MLAC groups of non-doctors active after 1975 necessarily took their distance from the original ideological framework.⁵¹ What's more, in a context in which feminists' relationship with the medical order had had lost some of its asperity, the health movement's expertise proved essential in repositioning it.

Heirs of MLAC's political identity, the activists I interviewed lay claim to a form of activism inseparable from *practice* and neither recognize themselves in a waning MLAC that contributed to the "disinfection of abortion"⁵² nor in a theoretically-inclined MLF. "It is extremely interesting to note that this analysis [of the 'necessarily revolutionary' character of the fact of seizing upon 'forbidden' knowledge] was never truly performed by the women's movement and that we looked like mad women and were above all only tackling one aspect of things."⁵³ Isolated and in the minority, the MLAC that once again began to perform abortions felt they were "scorned"⁵⁴ by women's groups. Increasingly scarce resources and the perception that they were external to the feminist movement in France⁵⁵ favored modest but unprecedented openness to foreign influence.

48. This is not the place to consider the diversity of the post-1975 MLAC activists' dispositions and resources. It is nevertheless important to note that none of them belonged to the (para)medical corps; it was a particular form of socialization (the MLAC and the expertise developed there) that allowed them to acquire the skills mentioned above.

49. Verta Taylor, "Gender and Social Movements: Gender Processes in Women's Self-Help Movements", *Gender & Society*, 13 (1), 1999, pp. 8-33.

50. M. Espagne, M. Werner, "La construction d'une référence culturelle allemande en France : genèse et histoire (1750-1914)", *op. cit.*, p. 972.

51. Tract, "Essai d'analyse après quatre ans de pratique", 29 October 1976, MLAC archives of Aix.

52. Armelle Claudet, Bertrand Portier (MLAC Nanterre), "Procès du MLAC d'Aix, demain. De nouveau l'avortement", *Libération*, 9 March 1977.

53. "Historique du MLAC: d'Aix à Lyon", *Bulletin du MLAAC*, 1980.

54. 23 February 1981 letter from Marguerite, MLAAC archives.

55. Dissociation identified in the article entitled "C'est souvent 'hors du mouvement' que l'on a trouvé des groupes qui pratiquaient l'avortement, ou le *self-help*", *Le Temps des femmes*, May 1979, p. 18.

In order to legitimate the pursuit of their activities, these activists further developed the framework of initial injustice constructed by the MLAC.⁵⁶ Their demands vis-à-vis the medical system hardened and placed the blame on a pathologizing gynecology: “Even if these services were quantitatively sufficient, it remains the case that the institution treats women poorly. First by treating them as perpetually sick people: but the women who seek advice for contraception, abortion or pregnancy are not sick. [...] the isolating atmosphere of the doctor’s surgery, the attitude of most doctors-holders-of-knowledge, the total under-information of women, all of that converges to keep them in an infantile attitude of ignorance, passivity and dependence.”⁵⁷

One cannot hope to track the importation of self-help by these groups merely on the basis of their use of the term. This holds for my interviews: the activists disagreed as to the term’s definition and, indeed, made little use of it. Although the members of MLAC-20^e referred to their self-help sessions as “collective consultations”⁵⁸, those interviewed generally struggled to find words to describe the development of their activities and ideas: “self-help practices quote unquote”⁵⁹, “in the spirit of *Notre corps, nous-mêmes*”⁶⁰, “a do-it-yourself atmosphere”.⁶¹ In order to reconstruct this complex tangle, one should instead identify a vocabulary (“appropriate”, “take control of our bodies”, “recover our history”) and collection of practices (self-placement of the speculum, use of a mirror, critique of the pill, collective consultations with gynecologists)⁶² that cannot be reduced to self-examination. Starting in 1976, the Parisians’ pamphlets thus reveal a desire to “go further”⁶³ in familiarizing themselves with their bodies and sexuality, a desire tending towards collective learning and the de-medicalization of healthcare: “The collective practice of abortions constitutes an initial achievement for women. It goes with the development of other practices going in the same direction: childbirth preparation, collective consultations to better cope with our health problems, IUD placement, group discussion, managing our life with the children, etc.”⁶⁴ While seeking to “gradually re-appropriate knowledge regarding [their] bodies”, these activists were no longer defying conservative doctors but rather medicine itself.⁶⁵ They borrowed from the ideology and vocabulary of self-help, which

56. Jean-Gabriel Contamin, “Cadragés et lutes de sens”, in O. Fillieule, É. Agrikoliansky, I. Sommier (ed.), *Penser les mouvements sociaux*, op. cit., p. 58.

57. “Les groupes de femmes du 46”, typed document, MLAC-20^e archives.

58. Gynecologists from the Maternité des Lilas sometimes played a part in these sessions to share their knowledge.

59. Interview with Louise, Aix, 17 October 2014.

60. Interview with Marie, Paris, 14 November 2012.

61. Interview with Madeleine, Paris, 13 October 2012.

62. “La consultation”, *Histoires d’Elles*, 2, December 1977.

63. Catherine Sokolsky, “L’auto-examen”, *Tankonolasanté*, 5, 1978, p. 13.

64. Pamphlet: “Depuis la loi Veil des groupes de femmes ont repris la pratique des avortements. Pourquoi?”, MLAC-20^e archives.

65. “Les groupes de femmes du 46”, op. cit.

resonated with their own perspectives. Self-help inscribed abortion within a broadened framework for understanding the body, which is attended to in the same way as health, the search for sexual pleasure and maternity. It allowed the meaning of the struggle to be renewed, something that Jenny, a North American activist in the Aix MLAC from 1977 to 1980, clearly perceived in the expectations of her comrades: “They believed I was the future. Knowing that France lagged ten years behind in self-help, they thought it was great that an American woman was in the MLAC, it would modernize it in a way. In their minds, I was familiar with self-help, I represented it. It wasn’t true!”⁶⁶ In the (rare) media appearances of the MLAC that “resisted” the law, appealing to self-help updated their discourse and conferred public legibility upon their doings.⁶⁷ Some of the views of the Aix MLAC preceding importation of self-help were even reread *a posteriori* as being an integral part of it.⁶⁸

Self-help also fed theoretical references. Various elements indicate that self-help permeated the networks’ collective imagination. For example, references to matrons, empirical healers and ancestral healthcare practices in MLAC bulletins associated the group with the long (and transnational) history of women persecuted by state, religious and medical authorities.⁶⁹ Central to this cognitive proximity was the desire to rehabilitate the everyday experience of women in politics and the elaboration of forms of knowledge.⁷⁰

In three of the groups that continued to practice lay abortions after the passing of the law, moreover, a larger role was given to prenatal care and home childbirth. While feminist publications abounded in discussions of maternity in the second half of the 1970s, it was unheard of to approach the reproductive conditions and children’s education from an activist perspective.⁷¹

Self-help thus supplied interpretive frames that kept the utopian aspirations of the dissident MLACs alive by authorizing them to present abortion and maternity as part of the larger process of taking autonomy. In a context marked by the increasing medicalization of (non-)reproduction, it allowed old MLAC demands to be blended with those of the dissident groups. Self-help thus appears to have been less a model to be applied than a flexible collection of expertise that could

66. Skype interview with Jenny, 19 November 2014.

67. Claire Bataille, “Les ‘délinquantes’ du mouvement? Une interview du groupe femme de la Places des Fêtes à Paris”, *Rouge*, 21 February 1978.

68. Claudie Charon, “Self-Help. Une attitude différente face à son corps: apprendre à le regarder, le connaître, le soigner... entre femmes”, *Marie Claire*, June 1978.

69. “Les femmes et l’ascension de la profession médicale”, October 1981; “La passion de la sorcière” and “Femmes-terre”, November 1982. The May 1981 bulletin published a report on what was for the Women’s Health Movement a landmark brochure-pamphlet, *Sorcières, sages-femmes et infirmières*, by Barbara Ehrenreich and Deirdre English, first published in the United States in 1973.

70. Michelle Murphy, “Immodest Witnessing: The Epistemology of Vaginal Self-Examination in the US Feminist Self-Help Movement”, *Feminist Studies*, 30 (1), 2004, pp. 115-147.

71. Sabine Fortino, “De filles en mères. La seconde vague du féminisme et la maternité”, *CLIO*, 5, 1997, pp. 217-238.

be seized upon by activists more or less consciously and from which they drew the resources of their action.

Renewal through Trans-nationalization?

Their involvement in the women's health movement offered the dissident MLACs a new universe of shared belief that significantly restructured the activist networks. The wave of defections experienced by MLACs after the adoption of the Veil law was followed by the appearance of new cohorts of activists in the still active groups. To the degree that the self-help approach conferred visibility upon MLACs, it helps explain younger activists' entrance onto the stage. At the March 1977 reunion of Parisian MLACs, activists joined the network, "fewer [in number than the hardened activists] who had come alone, driven by the event [the Aix trial]".⁷² The effort to encourage women to take charge of their gynecological health reinforced underground convictions.

Three of the activists who joined MLAC-20^e when it resumed activity in 1976 had already established a self-help group in the 12th arrondissement. The decision to join the group was sometimes taken on an individual basis: a high school student in Poitiers, Claire bought *Notre corps, nous-mêmes*, which drew her attention to the existence of the MLACs, among other revelations. After moving to Paris, largely in order to discover this alternative knowledge ("I told myself, that's where I need to be"),⁷³ Claire was 21 years old when she met the former activists (they were in their thirties) of MLAC-20^e. The group's activities, including collective consultations, satisfied her interest in the health-related aspect of feminism and more generally contributed to a search for identity. It was only later that the practice of abortion became a consideration for her. The development of a self-help dynamic was thus capable of hastening processes of engagement, thereby renewing activist recruitment.

By supplying the "last to practice" abortion with a means for circumventing hegemonic discourses, self-help reinforced the groups' hope and autonomy. Stimulated by the exchanges of the transnational health movement, the four remaining MLACs (Aix, Lille, Lyon and Paris) began to consider matters jointly. They met in Lyon in December 1979 and then again in October 1981, this time without MLAC-20^e, and imagined creating a "national federation of MLAAC"⁷⁴ in order to pool their forces and draft an informational leaflet concerning contraception. In early 1980, members of MLAC-20^e were invited to Lille to help create a self-help group. The diffuse, external support of self-help consolidated

72. Summary of the Montmorency meeting of the "Parisian MLACs, Sunday 20 March 77", op. cit.

73. Interview with Claire, Paris, 5 November 2013.

74. *Bulletin du MLAAC*, January 1982.

ties of solidarity *between* local scenes via mutual recognition of their participation in efforts to demystify medicine.

Moreover, MLAAC activists were given a training role at the local level by Femmes Pratique-Santé, which requested them to teach pelvic examination and how to position the speculum.⁷⁵ MLAC-20^e activists were for their part invited to participate in the February 1978 Congress of the Mouvement français pour le planning familial (French Family Planning Movement) alongside Italian and Californian self-help representatives, where a doctor even publicly praised the quality of their extra-hospital practices.⁷⁶ The involvement of MLAC in self-help and their longstanding know-how doubtless lent credence to their expertise at the local and national levels and helped it reach the ears of women activists working to institutionalize abortion. It favored the exchange of skills to such a degree that, for a short time, the boundaries separating women abortionists and the staff of abortion centers were blurred.

As a result of the hybridization of their referential frameworks, the MLACs were gradually brought into the vast, feminist self-help networks. The Aix MLAC figured on the list of international correspondents of the Boston's Women's Health Collective, which centralized information regarding the development of collectives. Mail from the latter provided a tool for creating and maintaining close ties between local groups. It also included packets containing an abundant selection of the "latest information regarding birth control, clinical trials in Third World countries and controversies over Nestlé milk".⁷⁷ The international meetings of Femmes et Santé uncovered ideological proximities: at the Geneva meeting in 1981, MLAAC members discovered their English counterparts, who rejected the medical monopoly on abortion.⁷⁸ It was an occasion for the Lyonnais group to open its expertise up to other practices such as menstrual aspiration and abortive plants.

The Geneva Women's Free Clinic (created in 1978 on the basis of a self-help group founded in 1973) and Rome's Gruppo femminista per la salute della donna took on a coordinating role between European self-help protagonists. For the US movement, these groups were intermediaries capable of spreading their views in Europe. It seems that the Aix MLAC and MLAAC performed the same role for the Parisian and Lille activists. The fact that the Aix MLAC was an early beneficiary of foreign exchanges was likely due to the notoriety it had won from the 1977 trial and its films.⁷⁹

75. Interview with Denise, Lyon, 4 June 2014, "Pour un dispensaire des femmes à Lyon", private archives.

76. Notes taken at the Congress by an activist, MLAC-20^e archives.

77. K. Davis, "Feminist Body/Politics as World Traveler: Translating *Our Bodies, Ourselves*", *European Journal of Women's Studies*, 9 (3), 2002, p. 232 (author's translation).

78. *Bulletin du MLAAC*, July 1981.

79. *Quand j'serai grande*, Yann Le Masson and la Commune d'Aix, 1977 ; *Regarde, elle a les yeux grand ouverts*, Yann Le Masson, the Aix MLAC, la Commune et les Cochonniers, France, 1980.

Many women to varying degrees involved in the propagation of experimental knowledge relating to health appear in the correspondence of the Aix MLAC. This correspondence always relates to the organization of meetings, the exchange of material and writings *originating in group practice*. In the fall of 1977, Suzy, a Welsh member of the Torino feminist health group claimed to have extensively spoken with “girlfriends” from Milan and Torino regarding the Aix MLAC, reporting that they were “all very interested”. She noted that the North American women had supplied her collective with material for extracting periods (*Del’Em*) and that she would keep them informed of the results of their tests. Finally, she requested that they supply her with propaganda material relating to childbirth and abortion.⁸⁰ Thus, various counter-knowledge tools spread, including brochures, journals and newspapers,⁸¹ films,⁸² specula⁸³ and explanatory sheets. Feminist pedagogy, the appropriation of skills that reduced “medicine to a power shared by women”⁸⁴ and a desire to experiment thus gave rise to a space of exchange and sociability. Self-help brought about convergence among women actors with heteroclitic activist backgrounds, some of whom were relatively isolated at the national level and belonged to distinct feminist traditions. Mixing tourism, friendly meetings and the exchange of knowledge, summer travels were occasions to undergo training in the “specialties” for which each collective was known, including the menstrual aspirations of the North Americans and the de-medicalized contraception of Genevan women (in which MLAC activists received training). The Aix MLAC was obviously identified as an authority in the domains of abortion and home childbirth. It partly trained Suzy and other activists from Italy, where abortion was illegal until 1978. Similarly, two members of the Free Clinic asked it to help them bring their abortion skills to perfection – skills they hoped to soon apply in Geneva.⁸⁵ The activist networks of the dissident MLACs were enriched by this form of mentoring, which opened up possible new horizons. These sustained ties were even capable of transforming the Aix MLAC into a transnational self-help “platform” when it organized large summer meetings lasting several days. On the occasion of one of these events in 1976, MLAC activists joined Canadian, Italian and Swiss women in testing breast self-examination, pelvic examination, IUD placement, thrush diagnosis and non-invasive therapies and cervical mucus monitoring. A project on the part of the Aix and Lille groups to

80. 28 October 1977 letter, archives of the Aix MLAC.

81. *L’Impatient* (Paris); *Medicina al servizio delle Masse Popolari* (Milan). *Bon sang ! Bulletin contre-information santé des femmes* (Geneva).

82. In addition to the films from Aix were *À notre santé* by Dominique Barrier, Josiane Jouët and Louise Vandelac, 1977.

83. The WOE ordered hundreds of speculums in the fall of 1973 and dispatched them throughout Europe. V. D’Hooghe, “Spéculum, miroir et identités: le *self-help* gynécologique à Bruxelles dans les années soixante-dix”, op. cit., p. 147.

84. A. Delpech, “*Notre corps, nous-mêmes*. Un exemple d’appropriation féministe de savoirs médicaux entre expertise de soi et pédagogie féministe”, op. cit., p. 59.

85. 16 May 1978 letter, archives of the Aix MLAC.

hold meetings in 1981 among “women of Europe”⁸⁶ so as to train Spanish women in how to perform abortions may be taken as evidence of the new life that their experience of the transnational space had breathed into these groups.

The acquisition of counter-expertise was a cause of mobility for MLAC activists at the national, trans-local and international scales (each of them fueling the others). Some of them had little inclination for this apart from their activist capital. These were women over 35 years old, the mothers of several children, workers and employees, who put off disengaging from a feminist movement on the decline. While it helped MLACs overcome the transformations of activist circles in the late 1970s, self-help did not compensate for their numerical weakness and activist exhaustion: the hard core of each group did not exceed a dozen activists grouped around one (or two) “historic” figures.

The transnational circulation of women’s autonomous health practices resulted in an unprecedented fusion that displaced the activist know-how of MLAC activists. The effects of this transplant on the subsequent trajectory of these struggles should nevertheless be qualified. The typical MLAC register of action was only marginally affected: collective energy continued to be concentrated on abortion to the detriment of other practices such as non-medical contraceptive practices, the use of which remains anecdotal. There were also cases in which the model was rejected to the degree that, for example, women only acquired theoretical knowledge of the technique of menstrual extraction, even though it could potentially be put to use in performing abortions.

The relative failure of feminist self-help to be imported to France remains to be elucidated: the movement was only able to establish a “translocal” foothold in that country, a parenthesis lasting several years. Many of my sources refer to a dichotomy between a pragmatic and empirical North American approach and the more theoretical approach of French feminists. Is such a dichotomy to be taken seriously?⁸⁷ The present study suggests that the self-help approach in France was trapped⁸⁸ between two discrediting perceptions: while a certain “anti-Americanism” within the various MLF currents doubtless at first hampered its reception, it above all suffered from the suspicion that it had drifted into essentialism. In the case of MLACs, the tentative use of the term “self-help” reveals either a distrust of an “external movement” seen as “more intellectual than applied” (indeed, almost “urbane”) or, as in the case of MLAAC, a gradually emergent critique of

86. *Bulletin du MLAAC*, October 1981.

87. Francine Descarries, Christine Corbeil, “Entre discours et pratiques: l’évolution de la pensée féministe sur la maternité depuis 1960”, *Nouvelles Questions féministes*, 15 (1), 1994, p. 71.

88. “In France, between struggles for the right to abortion and contraception and the theoretical protests of women’s liberation movements, de-medicalization was not a demand in its own right.” Martine Tourolle, “Les femmes et leur corps. Un regard ‘du dedans’”, *Autrement*, 26, 1980, p. 162.

what was seen as a “very inward-looking”,⁸⁹ individualist approach that was less militant than that of the MLAC.

Ilana Löwy outlines a number of avenues⁹⁰ for understanding what impeded the adoption of self-help in France: the country’s public health system, the place of medical gynecology and the weakness of the feminist history of science. The complacency of the activist sector – including feminists – in what regarded the medical corps and official knowledge also remains to be explored, as does the institutionalization of the gains made by the feminist movement. Finally, it seems necessary to reflect, in macro-historical perspective, on the way the political repression⁹¹ of women’s expertise⁹² left a lasting mark on the patriarchal regime. ■

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89. Interview with Louise, op. cit.

90. I. Löwy, “Le féminisme a-t-il changé la recherche biomédicale ? Le Women’s Health Movement et les transformations de la médecine aux États-Unis”, op. cit., p. 103.

91. Silvia Federici, *Caliban et la Sorcière. Femmes, corps et accumulation primitive*, Marseille/Geneva-Paris, Senonevero/Entremonde, 2014 (2004).

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