

**The Speculum of Ignorance**  
**The Women's Health Movement and Epistemologies of Ignorance**  
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The Boston Women's Health Book Collective, Jane, Carol Downer, Lorraine Rothman, and Belita Cowan conceived history. They imagined, as did countless others, new ways of thinking about their bodies and taking control of their reproductive lives. Then they acted. Working from their own kitchens or from borrowed rooms in schools, churches, and community centers, they presided over the multiple births of the women's health movement. (Morgen 2002, 11)

The women's health movement, which spread across the US in the 1970s and 1980s, is often characterized as a liberation movement. In this essay, I will argue that it was also an epistemological movement. The women's health movement developed hand-in-hand with the wider women's movement, but was focused on women's bodies and women's health, with the goal not only of providing women with knowledge, but also of developing new knowledge. In the words of the authors of *Our Bodies Ourselves*, the volume "...contains real material about our bodies and ourselves that isn't available elsewhere, and we have tried to present it in a new way – an honest, humane, and powerful way of thinking about ourselves and our lives. We want to share the knowledge and power that comes with this way of thinking and we want to share the feelings we have for each other" (Boston Women's Health Book Collective 1973, 2)

The women's health movement, while a diverse movement, had as its aim taking our bodies back from the institutions of medicine and reframing our knowledge and experiences of our bodies in ways not configured by sexism and androcentrism. In this

sense the women's health movement was an epistemological resistance<sup>1</sup> movement geared at undermining the production of ignorance about women's health and women's bodies in order to critique and extricate women from oppressive systems often based on this ignorance, as well as creating liberatory knowledges. While one aspect of the women's health movement was to make available to women basic medical knowledge that at that time was accessible only to healthcare professionals, an equally important goal of the women's health movement was to reexamine traditional medicine not simply in order to "get it right," but rather to transform our knowledge of women's bodies in order to remove oppression, to augment women's lives, and to transform society. The members of the women's health movement were motivated by justice and by love, not only by truth.<sup>2</sup>

In this essay I will argue that what I and others have labeled "epistemologies of ignorance" were a key strategic technology of the women's health movement. These feminist health activists were committed to uncovering the ways women's bodies had been ignored, to examining knowledge that had been withheld from women and certain groups of men, to reclaiming knowledges that had been denied or suppressed, and to developing new knowledge freed from the confines of traditional frameworks.

My focus on the women's health movement concerns the circulation of knowledge/ignorance and resistance. I have argued elsewhere that if we are to fully understand the complex practices of knowledge production and the variety of factors that account for why something is known, we must also understand the practices that account for *not* knowing, that is, for our *lack* of knowledge about a phenomena or, in some cases, an account of the practices that resulted in a group *unlearning* what was once a realm of knowledge (Tuana 2004). In this essay I would like to extend my earlier

work, both clarifying the value of epistemologies of ignorance and, through a study of the ways epistemologies of ignorance were a key component of the women's health movement, suggest that epistemologies of ignorance are often an integral component of resistance movements.

Ignorance in the realm of science is typically depicted as a gap in knowledge: something that we do not (yet) know. But the condition of not knowing is not (always) as simple as that. Any account of knowledge must include far more than the truth of that piece of knowledge, for example, an analysis of why those who are in a position of authority (which itself requires a genealogical analysis) have come to accept that belief as true, etc.<sup>3</sup>, so too ignorance in the fields of knowledge production is far more complex an issue than something we simply do not yet know. In this essay, I will use the example of feminist efforts to recover and create knowledge of women's bodies in the contemporary women's health movement as a case study for cataloging different types of ignorance and shed light on the nature of their production, as well as to understand the ways resistance movements can be a helpful site for understanding how to identify, critique, and transform ignorance.

### **A Taxonomy of Ignorance**

If we are to enrich our understanding of the production of knowledge in a particular field, then we must also examine the ways in which not knowing is sustained and sometimes even constructed. But just as our epistemologies have moved away from the dream of any simple calculus for knowledge, the elusive justified true belief, so too must any effort to understand ignorance recognize that it is a complex phenomena which, like knowledge, is situated. As Haraway reminded us:

We also don't want to theorize the world, much less act within it, in terms of Global Systems, but we do need an earth-wide network of connections, including the ability partially to translate knowledges among very different – and power-differentiated – communities. We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meaning and bodies, but in order to live in meanings and bodies that have a chance for a future.

(Haraway 1991, 187)

To this I would add *that we need the ability partially to translate practices of ignorance among very different – and power-differentiated – communities*. Ignorance, like knowledge, is situated. Understanding the various manifestations of ignorance and how it intersects with power requires attention to the permutations of ignorance in its different contexts. While my effort here is to provide a taxonomy, I do not do so with the intention of providing categories of ignorance that float free from the specificities of communities and agencies. My goal is to further the work that has been done by feminists and other epistemologists who embrace the situatedness of knowledge by reflecting on the role of not-knowing and to encourage further work in this arena by reflecting on the ways ignorance about women's bodies/health circulated and was (sometimes) disrupted by the epistemological work of the U.S. women's health movement. Through this examination I offer the groundwork of a taxonomy of ignorance. While any such taxonomy will fall short of reflecting the complexity of actual practice, it provides a form of clarity that can be helpful in a field that has itself been largely ignored due to the theories of knowledge that have been made to be dominant.<sup>4</sup>

*1. Knowing That We do Not Know, But Not Caring to Know – not linked to present interests*

It is a commonplace in the study of science that scientists do not aimlessly chase truth. A topic is judged worthy of attention for various reasons: it can be seen as key to advancing a large or important body of knowledge; it can be seen as potentially lucrative; it might be judged to be essential to national security, and so on. And there are numerous factors that can impact the judgment of “interest” both positively and negatively: the government (or venture capital) may have decided to divert large sums of funding to or from that topic; theories related to that topic may have been recently reinforced or undermined, etc.

Ignorance is sometimes the result of the configurations of interest. Take the case of male contraceptives. Rita Arditti in her 1977 article, “Have You Ever Wondered About the Male Pill?” notes that far more contraceptive agents are being developed for use by females than for males. And indeed, as the numbers of contraceptive options for women began to dramatically increase from the 1960s to the present with the availability of hormone based contraceptives, from birth control pills to implants and injections, male contraceptive choices remained relatively constant: condoms and vasectomies. The interests here were those of drug companies who decided that research in the area of hormonal contraception for men would not be profitable.<sup>5</sup> There were some initial hormonal trials for male contraceptive pills in the 60s, but fueled by the belief that men would be less motivated than women to use such a contraceptive and less willing to accept the side-effects, the general sentiment was that the profit margin for male contraceptives did not warrant the research or marketing expenses that would have been required for this knowledge to be developed and “sold.” (See Oudshoorn 2003) Arditti argued that concerns over “loss of libido” was a major factor in prohibiting

research in the area of male birth control pills. Yet, she notes that the same “loss of libido” was “almost never taken into consideration when dealing with female contraception, the obvious bias being that women do not have anything to lose since the “active” force in sexual intercourse stems from the male” (1977, 123).

As the women’s health movement documented, the so-called side effects from birth control pills were problematic for many women. These included blood clots, depression, nausea, fatigue, migraines, and lack of sex drive. As Arditti and others in the women’s health movement noted, these side effects were seen as unacceptable for men, but tolerable for women, perhaps because those associated with mood—lower sex drive, depression, fatigue—were seen as compatible with the female gender roles.

To understanding this instance of ignorance it is important to reflect on the biases of the pharmaceutical companies. They argued that women would and men would not be motivated to use birth control pills. In addition to the “libido” concern another central argument for this belief was the claim that contraception is women’s responsibility and that men would not be motivated to use contraceptives. This latter claim is as much a piece of ignorance as the former in that it involves forgetting that until the development of the diaphragm in 1882 men were typically responsible for birth control, particularly in the context of marriage, and did recognize when another birth would not be in their best interest. But because of such biases, pharmaceutical companies deemed male birth control pills knowledge not worth having.

So where are we now? Despite the ensuing forty plus years since the birth control pill became popular, there still are no male contraceptive pills or injections or implants that are available outside of medical trials, although some are predicting that one is right around the corner, well, if the market analysis is favorable. According to Dr

Richard Anderson a member of the Centre for Reproductive Biology at The University of Edinburgh, "There are lots of studies, including the world's first phase-three trial for a male contraceptive in China. I think the industry was skeptical that there was a real market. But now they are putting big money into it. They clearly think there is a product, and money, to be made. The million-dollar question is: when? Within this decade seems realistic" (Dobson 2003, <http://www.theage.com.au/articles/2003/10/26/1067103267041.html?from=storyrhs>).

With male hormonal contraceptives we have a case of knowing that we do not know. It is not that this contraceptive possibility was overlooked. Indeed researchers knew that it was a theoretical option along with female hormonal contraceptives. This is a case of not being willing to engage in the research needed to know because such knowledge is not deemed important. In this case, the decision that such knowledge is not valuable is linked to privilege and to oppression. We can easily add to the examples in this category of ignorance from the women's health movement—*knowing that we do not know, but not caring to know*. Women's ejaculations, for example, is an arena of knowledge that is to this day widely ignored by researchers. Menopause is another nexus of knowledge/ignorance that activist-scholars in the women's health movement made an important site of their epistemological resistance work. As a result of those efforts and arguably shifts in perceived marketability, menopause is a far more sophisticated site of knowledge production, though as the recent Women's Health Initiative study of hormone replacement therapy demonstrates, still one remarkably inadequate to women's health needs.

This aspect of ignorance is the mirror image of any study of values in science, and thus fits hand in hand with the work done by feminist philosophers of science like

Helen Longino, Lynn Hankinson Nelson, and Alison Wylie. The question of whose interests are being served, sheds light not only on how values impact what we know, but also how they impact what we do not know and why.

*2. We Do Not Even Know that We do Not Know--current interests/knowledge block such knowledge*

Another category of ignorance involves topics that *we do not even know that we do not know* because our current interests, beliefs and theories obscure them. This is a category of ignorance that is difficult to identify without hindsight and which can, once identified, slip into the previous category of knowing that we do not know but having no interest in coming to know. While this form of ignorance need not involve sexist or androcentric biases, when it comes to women's bodies it often does.

Take the case of the clitoral structures. While twentieth century medical and anatomical illustrations included careful examinations of the male and female genitalia, the anatomy of the clitoris is not a focus of attention, even to the point of being totally ignored in some textbooks in mid-century. Even when the clitoris is represented, it is often depicted as undifferentiated nub. I have argued elsewhere that ignorance of the clitoral structures was due in large part to the reproductive bias of the anatomies of female (and male) genitalia (Tuana 2004). As just one illustration of this claim, consider the division of the genitalia into external and internal genitalia. There is a factor of arbitrariness in making this distinction. For males the penis is categorized as an external genital, but testicles get divided in two, with the scrotum being listed as an external sex organ and the testes as internal. Since many parts of the penis are internal, one wonders why we even bother to make this distinction. But when it comes to the analogous



division of female genitals, there is more than arbitrariness at work. The politics of reproduction gets written explicitly into this division, for in the female another descriptive phrase for the internal female sex organs is “the female reproductive system” (Rathus 2002, 106). Because medical knowledge was focused on reproductive systems, the so-called external genitalia were ignored in contemporary accounts.

In earlier centuries medical theorists postulated that female orgasms were necessary to conception. But once the connection between women’s orgasms and conception was severed, few anatomists saw any value in examining the structures or even the functions of the clitoris. The emphasis on knowledge of reproduction became a barrier to knowledge of the clitoris and what knowledge scientists had developed quickly became forgotten. Hence, while scientists were becoming increasingly ignorant concerning clitoral physiology, their emphasis on reproduction precluded their knowledge of this fact. *They did not know that they did not know.*

In the response of feminists involved in the women’s health movement to this practice of ignorance we see a clear example of an epistemology of resistance that involves epistemologies of ignorance as a tool. While the women’s health movement did not ignore reproduction, indeed they paid very close attention to it, they also did not ignore women’s sexuality. And anyone who pays attention knows well the importance of the clitoris in female sexual pleasure. For feminists in the early stages of women’s liberation movement, such knowledge was political and was a source of resistance to oppressive conceptions of women’s bodies. One of the many goals of the women’s health movement was to resist and transform androcentric and sexist renditions of female sexuality. In the words of Ann Koedt in her now classic “The Myth of the Vaginal Orgasm,”

Women have thus been defined sexually in terms of what pleases men; our own biology has not been properly analyzed. Instead, we are fed the myth of the liberated woman and her vaginal orgasm - an orgasm which in fact does not exist. What we must do is redefine our sexuality. We must discard the "normal" concepts of sex and create new guidelines which take into account mutual sexual enjoyment....We must begin to demand that if certain sexual positions now defined as "standard" are not mutually conducive to orgasm, they no longer be defined as standard. New techniques must be used or devised which transform this particular aspect of our current sexual exploitation (1970, 38).

The women's health movement's commitment to redefining our sexuality included redefining anatomical knowledge of the clitoris. Many early feminist views of the clitoris, Koedt's in particular, viewed it was the sole location of female sexual satisfaction. But regardless of how many sites of sexual satisfaction were identified, no one who starts from women's sexual experiences (an early applied phenomenology) can miss the significance of the clitoris, and it became one of the most important sites of feminist resistance to male conception of and control of women's bodies. The ignorance that had been produced by a conception of women's genitalia defined solely via reproductive function, was replaced in the epistemologies of the women's health movement with knowledge arising from embodied experience. *Our Bodies, Ourselves*, offered an enlarged body of knowledge of the clitoris, not only providing far more information about its role in female sexual pleasure but also depicting it as including three structures: the shaft, the glans, and the crura. These internal and external clitoral

structures were richly detailed in *A New View of Woman's Body*, a publication of the Federation of Feminist Women's Health Centers.

Attention to forms of ignorance such as this where the experiences and values of a group are being ignored in the production of knowledge has been the subject of feminist standpoint theorists.<sup>6</sup> Here both women's experiences and the values of feminist theorists can become a site for resisting ignorance and transforming knowledge. The politics of knowledge central to the women's health movement was to take back our bodies by putting knowledge of them back into our own hands. Members of the Boston Women's Health Collective did not simply consult medical textbooks to understand the sexual organs or sexuality, but turned to their bodies. Genital self-exam was an epistemic practice that the women's health movement used to undermine ignorance. Here politics demanded embodied knowledge, which in turn illuminated the deep ignorance of standard accounts. Listen, for example to the embodied episteme of the following quote from *Our Bodies, Ourselves*:

As you gently spread the inner lips apart, you can see that they protect a delicate area between them. This is the *vestibule*. Look more closely at it. Starting from the front, right below the mons area you will see the inner lips joining to form a soft fold of skin, or *hood*, over and connecting to the *glans*, or tip of the *clitoris*. Gently pull the hood up to see the glans. This is the most sensitive spot in the entire genital area. It is made up of erectile tissue which swells during sexual arousal. Let the hood slide back over the glans. Extending from the hood up to the public symphysis, you can now feel a hardish, rubbery, movable cord right under the skin. It is sometimes sexually arousing if touched. This is the *shaft* of the clitoris....at the point where you can no longer feel the shaft of the clitoris it

divides into two parts, spreading out wishbone fashion, but at a much wider angle, to form the *crura*, the two anchoring wingtips which attach to the pelvic bones. The crura of the clitoris are about three inches long. (1973, 27)

This quote offers a feeling of how the women's health movement resisted ignorance, and did so by enabling each of us to embody this important knowledge and to insist that we literally take it into our own hands. Here we see both in *practice* as well as in content that the women's health movement was employing an epistemology of ignorance as a crucial component of their epistemology of resistance. Attentive to the complex interests that had produced ignorance about the clitoral structures, members of the women's health movement crafted an epistemic practice designed to resist this ignorance not simply by informing women but by encouraging them to become embodied knowers.

### 3. *They Do Not Want Us to Know – the ignorance of certain groups is systematically cultivated*

One of the aims of the women's health movement was to provide women with access to medical knowledge that had been made inaccessible through professionalization, which constructed women as objects of knowledge, but not as authorized knowers. The investigation of the granting (or refusal to grant) cognitive authority is not a new field of study and has been a hallmark of many aspects of feminist epistemologies, particularly feminist standpoint theories. However, epistemologies of ignorance also urge us to look at *types of knowledge* that are deemed to be "dangerous," to identify to which groups of people they are so judged, and examine institutional structures for rendering such individuals "ignorant." In this category I place topics or technologies that are known, but are kept secret, where selected groups of people are purposefully kept ignorant.

There are many instances of this type of ignorance. Some knowledge is rendered “secret” because of national security or because of business interests. Another reason for withholding knowledge concerns profit, but with a darker side than trade secrets. Companies sometimes, for example, withhold knowledge of the health implications of their products for purposes of profit, as was the case with the health dangers of tobacco.<sup>7</sup> One good example of feminist efforts to resist this type of imposition of ignorance about issues of women’s health is the work of Barbara Seaman. In her 1969 book, *The Doctors’ Case against the Pill*, Seaman compiled evidence of the dangerous side effects of oral contraceptives, dangers that were known to pharmaceutical companies and to the Food and Drug Administration, but of which women had been kept ignorant.

Seaman’s investigation of the side effects of birth control pills began not because of expert knowledge, but because she paid attention to the experiences of women. As a health columnist for magazines like *Brides*, *Good Housekeeping*, and *Ladies Home Journal*, Seaman frequently received letters from women readers who reported worrisome side effects from their oral contraceptive use including blood clots, heart attack and stroke, depression, and loss of libido. Seaman who, because of a history of cancer in her family, had been warned by a physician never to use Premarin, an estrogen based drug that is used for the “management” of menopause, began to worry about the safety of then (and still now) widely prescribed oral contraceptive pill. She began to gather information both from women who used oral contraceptives, as well as from physicians, medical researchers, and groups like the World Health Organization.

Seaman’s claim was not that the medical establishment and pharmaceutical companies did not know about the dangers of estrogen, but that they *did* know and were consciously constructing and sustaining public ignorance in this area to protect their

profit margins. She argued that the behavior of pharmaceutical companies in systematically hiding the dangers of oral contraceptives is the ethical equivalent of medical experimentation on unconsenting subjects. In her recent book *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth*, Seaman reveals the link between Nazi efforts to secretly sterilize Jewish inmates at Auschwitz by lacing their food with liquid estrogen and the evolution of the estrogen based contraceptives, and argues that experiments on unconsenting subjects are still ongoing. "Medical policy on estrogens has been to 'shoot first and apologize later' . . . Over the years, hundreds of millions, possibly billions of women, have been lab animals in this unofficial trial. They were not volunteers. They were given no consent forms. And they were put at serious, often devastating risk" (Seaman 2003, 5).

While Seaman's research was arguably one of the triggers of the larger women's health movement, the technologies emblematic of the movement, the plastic speculum and the menstrual extraction devices used by Jane collectives across the country<sup>8</sup>, symbolize the efforts of feminists in the to remove the veil of ignorance around topics where our ignorance has been systematically cultivated. *They did not want us to know* about the dangers of the highly lucrative birth control pill or have the technologies of abortion within our grasp.

#### 4. *Willful Ignorance – They do not know and they do not want to know*

In "On Being White: Thinking Toward a Feminist Understanding of Race and Race Supremacy," Marilyn Frye argues that a key component of racism is ignorance. She argues that those in positions of privilege in oppressive contexts such as racism exhibit a "determined ignorance" of the lives and histories of those deemed "inferior."

She insists that this ignorance is not *passive*, but is a result of “many acts and many negligences.” “To begin to appreciate this one need only hear the active verb ‘to ignore’ in the word ‘ignorance.’ Our ignorance is perpetuated for us in many ways and we have many ways of perpetuating it for ourselves” (1983b, 119).

This link between systematic racial oppression and ignorance is rigorously developed by Charles Mills in his book, *The Racial Contract*. Mills discloses an epistemology of ignorance that serves to stabilize aspects of racism in Europe and the US. He, like Frye, argues that racism involves an active production and preservation of ignorance. Mills, however, augments Frye’s discussion of “white” ignorance about the lives and histories of non-whites, by stressing additional categories of ignorance, namely, ignorance about the oppressive conditions experienced by nonwhites, the institutions, beliefs, and practices that underlie such inequities, and the privileges that benefit whites simply because of their racialized position. “On matters related to race, the Racial Contract prescribes for its signatories an inverted epistemology, an epistemology of ignorance, a particular pattern of localized and global cognitive dysfunctions (which are psychologically and socially functional), producing the ironic outcome that whites will in general be unable to understand the world they themselves have made” (1997, 18).

Elizabeth Spelman in her essay “Managing Ignorance,” turns to a passage from the writings of James Baldwin to unpack the nature of such willful ignorance. In his book, *The Fire Next Time*, Baldwin asserted: “This is the crime of which I accuse my country and my countrymen, and for which neither I nor time nor history will ever forgive them, that they have destroyed and are destroying hundreds of thousands of lives and *do not know it and do not want to know it*” (Baldwin 1963, 15 my italics).

Spelman argues that the ignorance at work in instances of systematic racism is not a simple “not knowing,” but rather an achievement, and one that must be managed. She claims that this ignorance to which Baldwin refers, the harms caused by slavery and currently being perpetuated by systematic racism, is not a simple lack of knowledge of the ongoing oppression of Blacks or even a belief that the claim that there is such oppression is false. Spelman contends that it is rather a desire to have the facts on which Baldwin bases his accusation be false, coupled by a fear that they are not, but where the consequences of their being true are so high, *it is better to cultivate ignorance*. In the words of Spelman,

W [White Americans] ignores g [the claim that Black America’s grievances are real], avoids as much as he can thinking about g. He wants g to be false, but if he treats g as something that could be false, then he would also have to regard it as something that could be true. Better to ignore g all together, given the fearful consequences of its being true. Better not to have thought at all, than to have thought and lost...ignoring g, not thinking about it, allows W to stand by g’s being false, to be committed to g’s being false, without believing g is false (Spelman forthcoming).

Willful ignorance is a deception that we impose upon ourselves but it is not an isolated lie we consciously tell ourselves, a belief we know to be false but insist on repeating. It is rather a systematic process of self-deception, a willful embrace of ignorance, that infects those who are in positions of privilege, an active ignoring of the oppression of others and one’s role in that exploitation.<sup>9</sup>

The Women’s Health Movement unearthed numerous instances of this type of willful ignorance in the arena of women’s health. Some of this ignorance was directly



linked to racism and other forms of discrimination. The widespread involuntary sterilization of women of color and disabled women was one instance of exploitation that the women's health movement sought to reveal. At the same historical period where it was very difficult for white and able-bodied women to successfully request voluntary sterilization, poor women of color and disabled women were being involuntarily sterilized, yet efforts to reveal and decry these practices often resulted in defensive denial.<sup>10</sup>

An arena in which the desire to ignore is exceptionally powerful is that of incest.<sup>11</sup> It should be noted that incest was ignored even in the early additions of *Our Bodies, Ourselves* and it took organized lobbying by many feminists within the women's health movement to dispel this willful ignorance within feminist ranks. Despite high numbers of children who are incested each year in the US (some reports estimate numbers as high as 50%), and despite efforts of incest survivors, feminist psychologists and health professionals to undermine the basis for ignorance about incest, widespread ignorance, even explicit denial about incest rates continues in this country.

This willful ignorance about incest is hardly a new cognitive dysfunction. Lynn Sacco in her essay "Sanitized for your Protection: Medical Discourse and the Denial of Incest in the United States, 1890-1940" argues that the denial that white middle- and upper-class men were capable of incest was so strong that health care professionals in this period were more willing to modify their science than admit to what they did not want to know. In the 1890s new technologies improved doctors' ability to detect gonorrhea revealing that far higher numbers of girls – most being between the ages of five and nine – from all classes, not just the working classes, had gonorrhea than they had previously believed. According to Sacco:

Doctors realized that incest was the most likely source of infection, and tracing the source of infection by the traditional method of considering sexual contacts might have revealed the occurrence of incest throughout American society. But this is not what occurred....[D]octors, nurses, social workers, public health officials, and reformers mislabeled or even ignored the evidence of incest that they themselves had discovered. Physicians who believed that only "foreign," "primitive," or "ignorant" men abused their daughters assumed that incest was contained within African American, immigrant, poor, and working-class families. When the incidence of gonorrhea among the daughters of white middle- and upper-class men suggested otherwise, health care professionals revised their views on gonorrhea, not incest. (2002, 81)

The contemporary, and highly charged, debates about false memory syndrome and implanted memories provide a parallel narrative of attempting to willfully deny traces of incest particularly within white middle-upper-class families, replacing the cause of the symptoms from the toilet seats which allegedly contributed to the high incidents of gonorrhea in middle-and upper-class girls in the pervious centuries to unscrupulous therapists and feminists who have caused a frenzy of deluded patients who falsely charge incest. Judith L. Herman and Mary R. Harvey argue that the belief "that therapists can implant scenarios of horror in the minds of their patients is easily accepted because it appeals to common prejudices. It resonates with popular fears of manipulation by therapists and popular stereotypes of women as irrational, suggestible, or vengeful. It appeals to the common wish to deny or minimize the reality of sexual violence" (1993, 4) In sum, it is a practice of willful ignorance.

The efforts to which individuals and groups are willing to go to preserve ignorance when they do not want to know are well illustrated with incest as well as with racism. Both involve what Judith Herman calls “an active social phenomenon of forgetting” (1992, 9)

*5. Ignorance produced by the construction of epistemically disadvantaged identities*

The contemporary debates concerning false memory provide an important reminder that in the arena of knowers there are epistemically disadvantaged identities. Incested individuals are often judged as not being epistemically credible because they are constructed as being suggestible, gullible, or vengeful. Their testimony is discredited; their memories are questioned. In instances such as this it is not simply facts, events, practices, or technologies that are rendered not known, but individuals and groups who are rendered “not knowers.” They are constructed as untrustworthy. Such individuals lack what Lorraine Code has identified as being key to being counted as a knower. Code argues that trust “is a condition of viable membership in an epistemic community. In fact, the very possibility of epistemic life is dependent upon intricate networks of shared trust” (1987, 173).

Such a lack of shared trust can be applied to entire groups of individuals and/or to aspects of their knowledge practices as has often been the case with racism and colonialist practices of denying indigenous knowledge (occasionally at the same time that knowledge is assimilated to colonialist uses).<sup>12</sup> What feminist epistemologists and science studies theorists have carefully demonstrated is that our theories of knowledge as well as knowledge practices are far from democratic and maintain criteria of

credibility that favor members of privileged groups. Cognitive authority is determined by many factors, including the character of a speaker, her or his intellectual capacity, his or her reasonableness, and so on – criteria that feminists have demonstrated to be imbued with the prejudices of sexism, androcentrism, racism, classism, ageism, and abilism.

The epistemologies feminist theorists have been most focused on developing are “liberatory” epistemologies – epistemologies that go beyond establishing warrantability of knowledge claims to uncovering the power dimensions of knowledge practices. The goal of these feminist epistemologists is not simply to know differently, but to undermine oppressive practices, to enhance, and, in some instances, to make possible, epistemic responsibility. The work of Sarah Lucia Hoagland and María Lugones is an excellent example of feminist epistemologies aimed at identifying resistant logics, what Lugones calls “curdled logics,” that foreground the ways in which certain groups and individuals are constructed as “not-knowers,” as ignorant, as well as how dominant logics, “logics of purity” render “the resistance of others invisible as resistance” (Hoagland 2001, 140) and rather transform resistance into ignorance or incompetence. Feminist and other liberatory epistemologies thus cannot only be correctives to standard epistemologies, but must also at times separate/withdraw from dominant ways of making sense of the world. If current standards of epistemic credibility are embedded in systems of oppression, then epistemic responsibility require that we remove ourselves from those practices. Whether aspects of epistemological practice are correctable or must be abandoned is a question those seeking liberatory epistemologies must continually ask.

The women's health movement was at times a separatist movement – intent upon creating new spaces apart from dominant epistemologies. When our standard epistemologies reinforce oppressive practices, epistemologies of resistance/transformation are a key response. In the work of feminist in the women's health movement we find a rich example of such resistance with the aim of transformation that can provide helpful guidance, a model of feminist science as a resistance epistemology aimed at liberatory knowledge practices.

There is no better symbol of the epistemological practices of the women's health movement than the speculum. In the hands of Carol Downer and other members of the women's health movement, the speculum was transformed from a gynecological tool of control and suppression, into an instrument of liberation, an instance in which the master's tools could indeed be used to dismantle the master's house, but only through a complex practice of epistemological separatism. Willful ignorance often works in tandem with the practice of denying cognitive authority. In such instances the “curdled” logics of epistemological resistance and separation are often the most effective strategies.

Cervical self-examination and the plastic speculums we used became a practice of epistemological resistance. Women not only learned about and from their own bodies, they learned to trust their cognitive authority and resist the authority of the medical profession. Cognitive authority occurred in the self-examination groups, the CR groups, the women's wellness self-help groups. Although the women's health movement involved efforts to transform the medical profession and various laws regulating women's bodies, aspects of their resistance was always separatist. The speculum is also a symbol of the Jane collectives. At the same time that feminists fought

to change laws prohibiting abortions, Jane functioned as a separatist movement providing women with safe, low-cost abortions. “That Jane members took over the procedure themselves is even more remarkable, a profound rejection of the ethos of professionalism...by mastering a series of simple tasks, and then combining them, they reclaimed knowledge held by midwives who were the repositories of abortion skills until the procedure was criminalized in the late nineteenth century” (Morgen 2002, 34).

6. *Loving Ignorance – accepting what we cannot know*

To this point I have been focusing on how ignorance practices have been intertwined with practices of oppression and exclusion. While this has been the focus of my essay, it is important to stress that many instances of ignorance are not so linked. It is quite possible for instances of ignorance to be the result of interests or practices that are not linked to injustices or inequities. The causes and consequences of ignorance is a question that should be asked each time an epistemologist studies ignorance. I’m not sure this claim holds for all the categories of ignorance I’ve described above. The last category which involves the practice of epistemically disadvantaging certain individuals or groups of individuals seems one that may always be an unjust practice, though perhaps not one always linked to systematic oppression.

There is another category of ignorance, namely that which exceeds our knowledge capacities. Up to this point I have focused on those things that we could know but, for various reasons, ignored. Many would insist that our knowledge capacities are limited, and thus one aspect of an epistemology of ignorance would be to explore the limits of knowledge and attempt to understand the type of things we cannot know and the reasons why.

While willful ignorance involves a cultivation of ignorance, it could be contrasted with “loving ignorance.” I follow María Lugones in using the term “loving” in a manner similar to that of Marilyn Frye in her distinction between the arrogant and the loving eye. Frye says of the loving eye:

The loving eye knows the independence of the other...it is the eye of one who knows that to know the seen, one must consult something other than one's own will and interests and fears and imagination. One must look at the thing. One must look and listen and check and question...what is required is that one know what are one's interests, desires and loathings, one's projects, hungers, fears and wishes, and that one know what is and what is not determined by these. In particular, it is a matter of being able to tell one's own interests from those of others and of knowing where one's self leaves off and another begins (1983a, 75).

Loving ignorance would then be the opposite of willful ignorance and would involve an attitude towards that which we cannot know.

One arena in which loving ignorance was particularly pertinent to the women's health movement concerned the issue of race. While I would stress that loving ignorance was not always the response, there were efforts to cultivate loving ignorance, since both race and class issues relatively quickly became key issues in the women's health movement.<sup>13</sup> María Lugones, building on Frye's distinction between the arrogant and the loving eye, has argued that positive interactions between white/Angla women and women of color requires loving perception, a form of perception that does not ignore women of color, or ostracize them, or stereotype them, interpret them as crazy, etc. (Lugones 2003, 83) Loving ignorance, like loving perception, involves the realization that although much experience can be shared, there will always be

experiences that cannot. Alterity is not something we attempt to remove; difference is not something we can arrogate. Our differences, the differences between white/Angla women and women of color are something to be approached with a sense of humility and a sense of wonder. Loving ignorance is thus a recognition that there are modalities of being that exceed our own and cannot be fully comprehended.

Dawn Rae Davis characterizes this love as the ability of not knowing. “Love is an ethics of the political that grasps the epistemological consequences of singularity, a uniqueness in the human interface that can neither be expressed in the positive sense of disclosure nor be appropriated by knowledge” (2002, 147). Davis’ ability of not knowing is not willful ignorance. It “is not a will *not* to know...but an ability to engage with what escapes propositions and representations” (2002, 155). The well-spring of loving ignorance around issues of difference is not only the antithesis of arrogant ignorance, but perhaps the solution to it.<sup>14</sup>

## Conclusion

While I do not claim that my taxonomy lists all possible forms of ignorance, it provides a helpful framework for beginning the work of developing epistemologies of ignorance. The impact of epistemologies of ignorance as a tool of the women’s health movement demonstrates the importance of developing and understanding them.

Just as the speculums of the women’s health movement were a key technology of their epistemic practices, I would urge that we see the epistemologies of ignorance that were woven into the practices of the women’s health movement as themselves speculums, “a tool for widening all kinds of orifices to improve observation and



intervention in the interest of projects that are simultaneously about freedom, justice, and knowledge" (Haraway 1997, 191).

## Notes

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My work in this essay has benefited from the feedback of a number of scholars including Sandra Harding, Chris Cuomo, Leeat Granek, and Shannon Sullivan, as well as a wonderful dialogue on these ideas with many feminist thinkers that occurred at the first FEMMSS conference (Feminist Epistemologies, Methodologies, Metaphysics, and Science Studies) at the University of Washington in November 2004.

<sup>1</sup> In a forthcoming text I argue that epistemologies of resistance, ER, are a component of what Naomi Scheman (2001) referred to as CPR, or epistemology resuscitated.

<sup>2</sup> The implications of this statement for issues of realism are complex and must be left the subject of another essay. I would note, however, that this position, while not denying the importance of truth, would insist on a far more sophisticated conception of realism than is commonly embraced.

<sup>3</sup> Here I invoke the work of Latour and Woolgar (1979) who have so skillfully demonstrated this tenet.

<sup>4</sup> It is important to remember that “mainstream” theories have a politics and that much effort goes into maintaining their dominance. It is not simply a matter of their truth or their explanatory power. It has to do with which truths matter, what is seen as important to explain, and what is judged as ignorable. See Sandra Harding’s essay in this issue.

<sup>5</sup> Oudshoorn (2003) documents that the World Health Organization was responsible for the progress that has been made in this arena. They acted in resistance to the pharmaceutical industry’s reluctance to work on a male birth control pill.

<sup>6</sup> See, for example, the work of Harding (1991 and 2004), Smith (1981), and Collins (1991).

<sup>7</sup> See Proctor, 1995.

<sup>8</sup> During the period of 1969-1973, prior to the Roe v. Wade decision, which legalized abortion in the US, members of the Abortion Counseling Service of the Chicago Women's Liberation Union,

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using the nickname “Jane,” arranged and participated in more than 11,000 illegal abortions in and around Chicago.

<sup>9</sup> While I believe that willful ignorance has shared characteristics with bad faith as well as with false consciousness, they are not identical. A helpful addition to a taxonomy of ignorance would be a clarification of these similarities and differences.

<sup>10</sup> See, for example, Claudia Dreifus’ essay “Sterilizing the Poor.”

<sup>11</sup> In writing this example I have been influenced by the excellent dissertation of Patricia Halliday, “Conceptions of agency and responsibility in the language(s) of incest.”

<sup>12</sup> See Londa Schiebinger’s *Plants and Empire: Colonial Bioprospecting in the Atlantic World*.

<sup>13</sup> See Sandra Morgen’s discussion of race and class in *Into Our Own Hands: The Women’s Health Movement in the United States, 1969-1990*.

<sup>14</sup> For Dawn Rae Davis’ option to be successful, indeed for loving ignorance to be truly different than willful ignorance, we must avoid what Mariana Ortega refers to as “being lovingly, knowingly ignorant.” See Ortega’s essay in this issue.

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