

# ILLNESS OF THE GENDERED BODY, FREUD'S *THE UNCANNY*, AND "BEING-IN-THE-WORLD"

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The communicative and therapeutic practice of pathography, or illness narrative, is an emerging area of study within the field of medical humanities and interdisciplinary humanities. In a broad context, medical humanities is defined as an interdisciplinary approach to the interaction between the arts and health (Kirklin and Richardson XV). Medical humanities, while drawing on the practices of narrative analysis endemic to literary and media studies, is viewed as both a pedagogical avenue and praxis modality for engaging with the lived experience and treatment of the ill patient. One interpretation of medical humanities is concerned with an enduring interdisciplinary approach in which the reflective apparatus of the humanities is inserted into pedagogical processes for students of healthcare in order to approach the goals and workings of their practice in a critical way (Shapiro et al. 192). This critical reflection is typically attuned to the agency and phenomenological perspectives of the patient and rejects medicine's tendency to fragment both the bodies and the stories of the ill (Charon 90). The study of illness narratives, in this sense, is critical as it centers a therapeutic approach for patients. We understand that illness "is among the most exposing experiences of the mortal life" and therefore "narrative medicine is present when a person urgently comes to face or question or embrace his or her identity" (Charon et al. 110). This article explores the relationality between identity and narrativity that is critical to the emerging study of illness narratives. It particularly focuses on the intersections between illness, the body, and gender by turning to a specific case study of a medical disorder known as hyperandrogenism.

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In March 2015, a post titled "Breaking Down Emotionally Over PCOS" was uploaded to the online health forum *SoulCysters.net*. The opening lines of the post, from a woman using the handle htr12, read: "So I just found this site today, and i was diagnosed on October 31, 2008. I sort of gave up looking up info on PCOS for a month

or so, because I just felt so hopeless [sic]" (htr12). The author proceeds to tell her story of living with an endocrine disorder known as Polycystic Ovarian Syndrome (PCOS). PCOS embodies an array of varying symptoms that produce medical complications, though it tends to be associated with a nebulous disorder called hyperandrogenism. Hyperandrogenism is a medical condition characterized by "excessive" levels of male hormones (androgens) such as testosterone, which when identified in the female body are associated with "masculinizing" symptoms including excess body and facial hair, male-pattern baldness, infertility, elevated sex drive, increased muscle mass, and absence of menstrual bleeding (Azziz et al. 3; Bazarganipour et al. 317).

588 The author's adolescence was plagued with irregular menstrual cycles, as little as two to four periods a year, that she tried and failed to regulate with various brands of combined oral contraceptive pills. At the age of 18, htr12 recalls feeling distraught over the possibility that she might not be able to conceive in the future. This threat to future motherhood compelled her to seek medical attention. She was advised by various physicians to continue alternative contraceptive pills in order to find the "right one" despite jumping between not menstruating for over eight months and constant spotting. htr12 notes that "3 of the docs made me feel like i was crazy, and told me to just keep taking the pills [sic]." The author describes a deep yearning for motherhood, which became more urgent as she began planning her wedding. She decided to attempt a physician visit again despite her past negative experiences:

I made another appointment 3 months later and the doc. gave me a preg test (which was neg) and told me that since i was not married that she should not be having this conversation with me about my period irregularities. I went home in tears and never wanted to go back to a doc again [sic]. (htr12)

Sometime later, the author eventually received a diagnosis of PCOS, an endocrine disorder that commonly causes infertility. htr12 describes her emotional turmoil over the diagnosis and a potential inability to conceive as devastating. She also describes how the experience isolates her from other women in her life because she feels she cannot relate to the "ordinary" experience of womanhood. She notes that some days are consumed with mourning over her "defective" body. The author describes her most recent emotional "breakdown" triggered by her cousin and their partner's unexpected pregnancy: "I was so jealous of them, and didn't even want to go near them [...] The few people i've told tell me they know how i feel, and they've had their children. No, you don't know how i feel, and i can't just get over it [sic]" (htr12). The author's post signs off with an extension of gratitude for the *Soul Cysters* messageboard, where she believes she can discuss her experiences with other women who understand her situation.

Testimonials like htr12's are significant for understanding how some women write their identities in relation to hyperandrogenism. For the purposes of imaging new ways to situate the phenomenological experience of hyperandrogenism and illness of the gendered body, a linkage can be made between such an illness and Sigmund

Freud's conception of the uncanny. Inciting the term from the lingual roots of the German *unheimliche* (unhomely), Freud proposes the concept of the uncanny as a peculiar sense of the unfamiliar within the bounds of the familiar (152). In line with Martin Heidegger's conception of phenomenology, this discussion turns to the lived experience of women with hyperandrogenism through their digital illness narratives (writings of their experience of illness in online blogs), and outlines how the experience of hyperandrogenism distorts temporal reality by making "alien" both the past and future. It shows how the gendered body, and therefore self-identity and selfhood, become abnormal in the sense of Freud's uncanny. Finally, it discusses how the experience of hyperandrogenism and illness of the gendered body work to trouble the notion of the "everyday."

## HYPERANDROGENISM AND ILLNESS OF THE GENDERED BODY

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It is important to understand conditions such as hyperandrogenism through the affected persons' narratives. As discussed above, the disorder is a prevalent expression of PCOS, the most common endocrine disorder for women of childbearing age (Dunaif 51). The ways in which hyperandrogenism works to morph one's secondary sex characteristics and "masculinize" the female body is discursively, socially, and institutionally constituted in complex ways. Although medical literature shows that the aesthetic expressions of hyperandrogenism are benign (Sonksen et al. 826), clinical practices demonstrate that women diagnosed with hyperandrogenism are prescribed anti-androgens or else consulted on cosmetic practices to "restore" feminine embodiment, including laser hair removal, bleaching cream, and Rogaine to combat scalp hair loss (Cannon 3). In this sense, hyperandrogenism has been employed as a justification to call into question which bodily signifiers and hormonal nuances quantify biological sex. For example, following the public dispute of her victory, South African Olympic track runner Caster Semenya was mandated to undergo a "sex-verification test." Semenya's results, indicating that she had elevated testosterone, were made public. This ignited interrogation on multiple broadcast platforms of her biological sex and right to participate in the women's category of her sport.

Due to experiences of perceived subjugation in the medical encounter, some women are turning to digital pathography (online illness narratives) in order to write their bodies into a budding Foucauldian "biopolitics." What can be learned from turning to digital pathography as an avenue to theoretically explore both the complexity of gendered subjectivity, and the cultural construction of illness? Perhaps by turning to autobiographical accounts, we may locate the interface between the construction of the gendered self and what we may consider biogenetic dysfunction. In her 1993 autobiographical account of her medical subjugation with breast cancer, "Queer and Now," Eve Kosofsky Sedgwick reflects that "being a breast cancer patient [...] plunges

one into an experience of almost archetypal Femaleness” (13). This article seeks to theorize how illness of the female body becomes hailed into larger narratives of hegemonic femininity.

There is a clear social justice issue surrounding the medical connotations of hyperandrogenism as a distinct *diseasing* of deviating femininity. The term *diseasing* refers to how some individuals with hyperandrogenism—because they fail by cultural standards to embody normative femininity—perceive themselves as reduced to a dysfunctional body, an abnormal body, and a body that must be treated medically (Ekback et al. 358; Himelein and Thatcher 613; Pfister and Rømer 167; Yoo et al. 3). Indeed, an undercurrent of an envisioned salvation exists in these accounts, which attests that once hegemonic femininity is achieved, one will be “cured” of her illness. Turning to Freud’s notion of the uncanny through a phenomenological framework opens a window into the experiential essence of gendered illness. The conceptual theoretical insights of a distinct, unhomelike “being-in-the-world” (49) for hyperandrogenous bodies may assist in the exercise of imagining new modalities to counter the estrangement of illness.

## HEIDEGGER AND “BEING-WITH-ONE-ANOTHER”

Heidegger calls on us to theorize the status of a fundamental ontology or *Da-sein* (39) in the sense of being and existence. A critical project in this analysis, as Heidegger notes, is this query of subject-hood in relation to other subjects in the world (117). A part of our journey into understanding phenomenology is the notion of relationality or “being-with-one-another” (117) as an inherent consequence of our collective enigma of being-in-the-world. For Heidegger, this “being-with-one-another” may be hastily designated as a conceptual expression of empathy. He concludes that “This phenomenon [...] is then supposed, as it were, to provide the first ontological bridge from one’s own subject, initially given by itself, to the other subject, which is initially quite inaccessible” (117). This “ontological bridge” to the other subject is complex. Heidegger argues that our surrounding world “always already” (119) has its hand at play in the constituting of our existence. A house of cards, our “being-with-one-another” triggers a collapse of the conceptualization of our *Da-sein*, in so far as the existence of the other subject as discernible from us becomes buried in the wreckage of our relationality:

In this inconspicuous and uncertainty, the *they* unfolds in its true dictatorship. We enjoy ourselves and have fun the way *they* enjoy themselves. We read, see, and judge literature and art the way *they* see and judge. But we also withdraw from the “great mass” the way *they* withdraw, we find shocking what *they* find shocking. The *they*, which is nothing definite and which all are, though not as a sum, prescribes the kind of being of everydayness. (119)

This constituted “being of everydayness” is ultimately what is at stake. For Heidegger,

the *they* can become a threatening force in the way it works to render the *Da-sein* disburdened of its being. When “everyone is the other, and no one is himself” (120) or herself, the subjective *I* becomes absorbed into the averageness of the *they*. In a project concerned with social injustice and the bodies of marginalized identities, centring this relationality within empathy seems to be a way into a phenomenological framework for understanding the experience of hyperandrogenism.

This “being of everydayness” situated within the *they*, unearths significant questions of agency and discursive framing. In what ways is the collective *they*, the “meaning-making” machine, working to constitute the gendering of our bodies? How does the *they* as the “true dictatorship” work to pathologize sex-deviating bodies? Heidegger speaks of coming to the authentically existing self as removed ontologically by a “gap from the identity of the I maintaining itself in the multiplicity of its ‘experiences’” (122). I wonder through which modality we may “maintain” ourselves within the relationality of being-in-the-world, and if this can act as way out of restrictive discursive framing for illness of the gendered body.

## ILLNESS AND FREUD'S *THE UNCANNY*

Sigmund Freud's *The Uncanny* introduces a collection of the “shades of meaning” for the namesake concept (132). Freud prefers the idea of the uncanny as *unheimlich* or an unnerving, unhomely sentiment of the unfamiliar situated within the familiar. This sense of the unknown infesting the bounds of the intimate refers to a distinct affective embodiment of the estrangement of the home. To display his case of the uncanny, Freud draws on E.T.A. Hoffman's short story “The Sandman” and its ability to push the reader to question the intelligibility of inanimate objects through the rich motifs of a Sandman figure who will rob you of your eyes, and an anthropomorphized doll named Olympia (138). Freud notes that within this psychoanalytic relational confronting of repression, dissonance emerges from the depths of our psyche. We see a doll, a collection of plastic and other material contorted to manifest the liking of a young girl; the doll appears human but is not quite *right*. This lack of lucidity is what conjures an evolution of infantile anxiety (141). It is the eternal doorman's puppet reminding us of our mortality, our inherent evilness, or perhaps our shame.

Following a comprehensive lingual exploration, Freud concludes that the uncanny is a resurrected secret that has scratched its way to the surface of a shallow grave. As he notes, “the uncanny element we know from experience arises either when repressed childhood complexes are revived by some impression, or when primitive beliefs that have been surmounted appear to be once again confirmed” (155). We experience the uncanny when these seemingly hidden or primitive thoughts and beliefs are suddenly revitalized. The modality of the uncanny emerges through distinct instances, according to Freud, such as the figure of the double, a compulsive repetition, coincidence, bodily fragmentation, the psychoanalytic castration com-

plex, or the reanimated corpse.

Drawing upon Heidegger's notion of phenomenology, here, is where we may find an avenue into thinking about illness of the gendered body as an unhomelike being-in-the-world. Of particular consideration in this analysis must be working through a thematic treatment of *The Uncanny* that resists sitting with Freud's tenuous psychoanalytic conceptions of psychology. Rather, this analysis must situate the uncanny as a thematic tool to unlock Heidegger's notion of phenomenology in relation to illness. In approaching a theoretical conception between Freud's notion of the uncanny and illness, I will turn to the work of Fredrik Svenaeus who has produced much of the fundamental text on the topic. Svenaeus argues that according to Freud and Heidegger, "to become a human being means to be born to *Unheimlichkeit*—that is, to homelessness" ("Further Steps" 125). This birth into homelessness functions in distinct ways for the theorists. Freud contends that the concept of homelessness results from our inability to truly realize or control our mental processes. The uncharted waters of our mind is the true commonality of humanity. However, if this unhomelikeness begins to grow, it pollutes our bodies ("Further Steps" 125). Here is where we may interpret the concept of illness emerging for Freud.

For Heidegger, the concept of the homelessness of consciousness is presented through an unhomelike relationality of being-in-the-world. The *Da-sein* is always relational to a contingent "not-being-quite-at-home" in this world. We hold a familiarity in that we are subjects who engage in actions and thoughts that affect other subjects in our reality. However, like a cancer, this familiarity is infested with an alienating force of the homelessness which reminds us that our reality is not intrinsically our own:

According to Heidegger this is not a deficit, but a necessary phenomenon: I am delivered to the world (*geworfen*) with other people, and being together with them (*Mitdasein*) is a part of my own being [...] Thus the world I live in is first and foremost my world (and not the 'objective' world of physics), but to this very 'mineness' also belongs to others. (Svenaeus, "Further Steps" 125)

This "mineness" which also belongs to others is fundamentally centering a lack of control. Svenaeus argues that the "mineness" we assert over our bodies becomes contorted in the experience of illness ("Further Steps" 134). Embodiment becomes an uncanny dualistic experience in which one's own body feels alien. When thinking about the biological underpinnings of hyperandrogenism, we see how these processes belong to the body but are separate from the desires of the mind. Svenaeus offers the analogy of the ill body as a broken tool "that alters and obstructs our way of being 'thrown' and 'projecting' ourselves in the meaning patterns of the world through feelings, thoughts and actions" ("Further Steps" 125). This stark cession of our everyday experience of being-in-the-world works to reorient our bodies and identities as other to ourselves. In the sense of the uncanny, illness marks our bodies, and ultimately our subjecthood, as alien from ourselves.

## THE ALIEN HYPERANDROGENOUS BODY

In thinking about the theoretical linkages made above between the uncanny and illness, what emerges as significant is its application as a political apparatus. In other words, how can conceptualizing illness as the uncanny help inform institutional policies, clinical practices, and social perspectives regarding the phenomenological experience of having a sick body? How does painting the picture of the uncanny help us understand how illness calls into question selfhood and identity? Svenaeus recognized the significance of an applied framework thorough his work on the self-perceptions and lived experience of anorexia nervosa patients. Through processes of the disease that work to morph the body from a state of familiarity to indiscernibility, the body becomes alien to the mind (“The Body Uncanny” 201). Anorexia is constituted of a multitude of competing and hostile forces, including cognitive, sociocultural, and biological, but it is the rendering of the body as an object that works to propel the disease into the cultural “meaning-making” machine. Anorexia becomes well-equipped to assist normalizing patterns which privilege and mandate particular gendered beauty ideals:

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The alienating gazes of the others are soon made into a self-surveying gaze by the anorexic girl, in the process of which the image of the own body is made increasingly unrealistic and self-punishing. Anorexia, in most cases, is set off by cultural influences, but when the starvation and over-exercise have been brought into play, the malnourished body as a kind of self-defense inflicts moods that make its bearer strangely disembodied, increasingly apprehending the body as a thing, and a thing that is still not thin enough, despite its now uncannily thin look to others. (Svenaeus, “The Body Uncanny” 201)

What is compelling about this description of the experiential process of anorexia is the notion of a strong disembodied yet bodily regulation.

In the experience of hyperandrogenism, the body perceives a similar threat of a morphing into the unfamiliar. A body that was once familiar begins to “mutate” across gendered lines. Some women with hyperandrogenism perceive that the “masculinization” of their bodies is a devastating manifestation of their “failing” at femininity; they perceive their bodies as abnormal, ill, and deviant (Ekback et al. 358; Himelein and Thatcher 613; Pfister and Rømer 167; Yoo et al. 3). Through their encounters in the medical system, they are consulted on bodily regulatory practices to restore feminine embodiment, including laser hair removal, electrolysis, or the use of Rogaine (Cannon 3). For example, Figure 1 is a post on a public online health forum for women with PCOS:

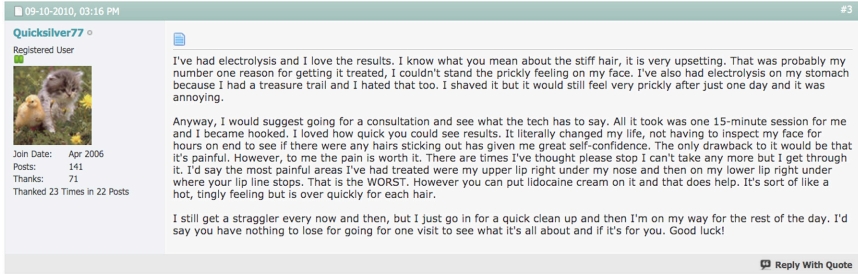


Figure 1.

594 The author discusses both the pain she experiences enduring the practice of electrolysis and the affinity she holds with its ability to compensate for the laborious grooming practices she performs on her own body. It is ultimately the sensation of hair on the face—the materiality of deviation—that draws her to seek out the grooming method. What becomes evident in researching a relationship between illness and the uncanny is that identity is rendered alien along with the notion of the body.

With hyperandrogenism, the destabilization of subjecthood is twofold. Supplementing the otherness of our human body, another layer—the gendered body—ties together sociocultural, historical, and political framing of biological sex, bodily appearance, and behaviour. We are not only bodies but gendered bodies. When the hand of illness is at play in the distorting of our bodies, or “one’s inescapable perspective on and way of being in the world” (Svenaesus, “Anorexia Nervosa and the Body Uncanny” 83), the phenomenological experience of having a body that is discursively tied to expectations of normative femininity becomes a relinquishing of identity.

An uncanny compromising of identity in the experience of hyperandrogenism can be understood as tied to the threat of a surrendering of control over bodily expression. This perceived loss of governance over one’s body is complex. Svenaesus discusses the convoluted relationality between the “mineness” of one’s body and the autonomous processes of biology. This realization of our inability to truly govern our bodies leads to a dissolving of selfhood:

The pursuit of excessive thinness is part of a search for identity in which the control of the body—its size and needs—becomes central. This need for control seems to be triggered by a state of bodily alienation in which the body is perceived to be foreign and horrifying to its bearer. (Svenaesus, “Anorexia Nervosa and the Body Uncanny” 81)

A similar relationality exists in hyperandrogenism. The “masculinization” of one’s body is recognized as alien, other, and distorted—not oneself, but a theft of one’s femininity. Then, a deep compulsion for control over the body emerges, which functions under the guise of restoring the body to its “natural” state, ridding it of a foreign disease. One blogger, Clare74, discusses her experiences with hair loss:

I am 30 years old, and since I was about 25 I think I have noticed my hair seemed to be



falling out more than usual. I have been through different stages with this though, ones where I thought it was getting better—didn't seem to be losing much and felt like it wasn't a huge problem and then others where it seemed to be uncontrollably falling out and I was convinced my life was over. Currently I'm going through a bad spell, and feel very down and the hair loss and the fact that there doesn't seem to be any sure way of growing it back, and I desperately want it to grow back. (Clare74)

Clare74 is experiencing a symptom of alopecia. In her comprehensive post, Clare74 provides an inventory of the regulatory practices she performs on or to her body in hopes to restore her scalp hair. She notes how she regulates her diet, her exercise frequency, and her intake of caffeine, nicotine, alcohol, and supplements. She reflects that “it sometimes gets to a stage where you think, fffing hell, my life has become so bl\*\*dy boring, and I'm obsessed with hair loss. Wish I were brave enough, not so vain to be blase about the whole thing.” For Clare74, such hyper-control over her experiential being-in-the-world grows from a fear that losing her hair equates to her “life being over.” Life, in this sense, means not a literal death, but a death of her subject-hood as a gendered being. She further discusses how romantic interactions in a heteronormative context are at stake, as women losing their hair is perceived as “taboo, and worse it's considered masculine.” Finally, she remarks that this intense anxiety over potential alopecia subsides only at the thought that she may have an alternative identity category to enter into. If her hair loss progresses, she notes, she will consider shaving her head, getting a tattoo in place of her hair, and taking on the new identity of “punk.” For Clare74, her unhomelike being-in-the-world triggered by her hair loss is not really about the loss of hair at all. When the uncanny embodiment bubbles up in response to a perceived stolen subject-hood as a gendered being, a search for a compensative identity becomes frenzied. If Clare74 is unable to hold onto normative femininity, who is she? Who does she become?

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## ILLNESS AND A TROUBLING OF THE EVERYDAY

The notion of the everyday, in which illness works to trouble, is constituted in a binary form. The everyday as the form of a routine, ordinary, and normalized being-in-the-world is contingent on the existence of its contradiction, the potential for a disruption of the everyday. Nicholas Royle argues in his description of the uncanny that our perception of the everyday becomes an uncanny experience when our illusion of stability and mundanity is inevitability inverted. Royle turns to Heidegger whom he argues grapples with the notion that

At bottom, the ordinary is not ordinary; it is extra-ordinary, uncanny [...] The uncanny, then, is not merely an “aesthetic” or “psychological” matter (whatever that might mean): its critical elaboration is necessarily bound up with analysing, questioning and even transforming what is called “everyday life.” (Royle 4; 23)

Illness may be interpreted as one reality that emerges once we have reached the

“bottom” of everyday life. Despite our efforts to regulate and maintain the predictable order of our lives, the notion of the uncanny inevitably seeps into the cracks that illness bears.

Barbara Creed discusses the rendering of the uncanny in the everyday in her discussion of sexuality. She argues that it is through the fissures of the everyday that “unfamiliar sexual behavior” (483) is able to find its home. It is when we are confronted with this gendered abnormality as a manifestation of our repressed secrets that our notion of the everyday “tips into” the uncanny (Creed 483). For illness and hyperandrogenism, the divulging of our repressed relational discontinuities with gender identity and expression is what is uncovered. One manifestation of this distorting of the everyday can be explored through Freud’s uncanny notion of the double. The uncanny figure of the doppelganger, or the “ghastly harbinger of death,” is a thematic distortion of the ego, according to Freud (9). In the following post, authored by artistic1, we see that the double in this case is ourselves:

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I have a wonderful family, loving husband and friends who can see past the person I look like on the outside. I’ve also started telling more ppl what I have—about pcos and it’s symptoms, I think that helps a lot esp. when we tend to think others might be saying or looking at us strangely—at least I always think ppl are doing that, I still struggle with that. However, knowledge is power, so I feel that the more ppl know what I have—that it’s a true medical condition that I didn’t choose to have or ask to be born with makes a difference, esp. at work. (artistic1)

This threatening figure, as a disruption of our notion of the everyday, can be imagined as the duality that emerges in the sick versus the conventionally normal body. For artistic1, a distinction is made between the actual self on the “inside” versus the “sick” external self. The double or the “masculinized” body is the vessel in which the self interacts with the world and is in constant negotiation of external gazes - judgement from others of the body’s “otherness.” In this sense, the ordinary being-in-the-world becomes a distorted experience of navigating the vessel of the sick alternative self. In the case of artistic1, understanding her phenomenological experience of inhabiting a body which feels other to her self, perhaps, may provide insight into how the uncanny can help her feel more at home in the world.

## TEMPORALITY AND NARRATIVITY

Beyond body as other, what becomes hailed into the narrative of the uncanny in relation to illness is a sense of temporality. Svenaeus argues that the unhomelike being-in-the-world of illness works to distort our temporal reality. The past and the future become alien in relation to the knowable realms of time before the onset of illness. Svenaeus discusses two modalities in which temporality becomes distorted. First, “understanding the alienating character of illness is that nature, as the temporality of our bodies, ceases to obey our attempts to make sense of phenomena”

(“Illness as Unhomelike Being-in-the-World” 333). In other words, the time of the body becomes incongruent with the time of the self. Second, the unhomelike being-in-the-world of illness works to reconstitute our processes and mechanisms of narrativity:

When we make sense of the present, in relation to our future and past, we do so in a special manner, namely, by structuring our experiences in the form of stories. Illness breaks in on us as a rift in these stories, necessitating a retelling of the past and a re-envisioning of the future in an effort to address and change their alienated character. (Svenaesus, “Illness as Unhomelike Being-in-the-World” 333)

Our stories, though, are never quite able to relinquish their original structure. The reformation of our narrativity is a process of erosion that amplifies the body as alien. In thinking about how to apply this uncanny distortion of temporality in the context of hyperandrogenism, we can examine the following discussion, a post by LiseC in a forum discussing infertility, and the response in Figure 2:

Hi ladies, I have only ovulated twice in the last nearly 7 years, both times were medicated and I conceived. Took my pre-natals, quit smoking, quit caffeine, reduced stress. Both babies I loved and wanted so much and lost. Currently nearly every woman I know of reproductive age is pregnant, I get to work closely with someone who was due 4 days before me and get to watch her burgeoning belly grow by the day and be a bystander to all the excitement and baby shower planning happening at the office. A good amount of the women I know smoke, some even do drugs and are still growing a healthy baby, my fertility specialist won't help me conceive until I lose 100 lbs. so I will not be TTC again for a long time, because of this my spouse is convinced my weight is why I lost both pregnancies and I am too. This has all turned me into such an empty, guilty, angry person. I feel like I am suffocating and there is this dark shroud around me. There is no one in my life who cares to talk to me about it so I just put a fake smile and go through the motions day by day. I cannot heal, I cannot stop the anger and bitterness. How did you make the anger and jealousy go away?? How did you find normalcy again? Sorry for the venting and thanks in advance for reading. (LiseC)

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Figure 2.

As LiseC discusses her experience with infertility in the medical system and within her personal relationships, what stands out is her query: “how do you make the anger and jealousy go away?? How do you find normalcy again?” Looking at the symptom of infertility for women with hyperandrogenism is revealing. The ability and desire to bear children is normalized as an expectation of womanhood. When women construct their life story in relation to the expectation of birthing and raising children,

a robbing of this possibility becomes a stark deviation from their life narrative. How does LiseC find normalcy again when the discursive underpinnings of womanhood have shaped motherhood as normal? When she arrives at the realization that her illness will prevent her from becoming pregnant, the walls of her life story begin to collapse inward, and a need to reconstruct an alternative narrativity becomes urgent. In this sense, the future becomes uncanny, something once knowable but now emptied out of its purpose. In her response to LiseC, mahjab notes, “I just carry on bc there is nothing else I can do. Stay as busy as possible and maybe try finding some volunteer work which will help you feel like you are making a difference.” Here, a distinct alienation emerges between the narrativity of the self and the “defective” body. A crack splits through the temporal narrative of the self, igniting a need to rewrite the identity of the past in order to preserve the identity of the future. Future LiseC will take on volunteer work, and this purpose will maintain the components of her gendered identity as a giving, nurturing woman. However, the persistent and unyielding

**598** rat race that our gender identity “projects” never subsides. We are in constant negotiations, asserting, positioning, and restructuring who we are as gendered beings.

## CONCLUSION

The phenomenological experience of women with conditions such as hyperandrogenism reveals how the experience of this illness distorts temporal reality by making alien both the past and future. The gendered body—and therefore self-identity and selfhood—become abnormal in an uncanny sense. Further, the experience of hyperandrogenism and illness of the gendered body work to trouble the notion of the everyday. In reflecting on these theoretical bonds explored between the uncanny and illness, what becomes significant is a consideration of an application of this theory as a political modality. There are serious implications when the sexed body is read “incorrectly” or when it is unreadable at all. For women with hyperandrogenism, performing gender “appropriately” therefore becomes a mode of survival. This thematic narrative between the uncanny and illness has potential to open up new avenues for thinking about hyperandrogenism. How can turning to the uncanny as a phenomenological framework for understanding hyperandrogenism unlock new ethical approaches to culturally and institutionally engage with illness of the gendered body? This inquiry goes further by contributing to the emerging scholarly field of illness narratives situated in the medical humanities. By beginning with the lived experience of women with hyperandrogenism, an objective becomes evident: seeking a place both in ourselves and in our relationality with others where we may feel at home in the world.

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