

## BOOK REVIEW/COMPTE RENDU

**Lorna Weir**, *Pregnancy, Risk and Biopolitics: On the Threshold of the Living Subject*. Transformations Series. New York: Routledge, 2006, 256 pp. \$US 51.95 paper (978-0-415-39257-0), \$US 160.00 hardcover (978-0-415-39258-7)

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Lorna Weir's *Pregnancy, Risk and Biopolitics: On the Threshold of the Living Subject* is an empirically rich and theoretically sophisticated analysis of pregnancy discourse. Weir is interested in how pregnancy has come to be known, understood, constituted, and acted upon. How does this play itself out in the court room? How is expert knowledge mobilized to justify intervention on behalf of this subject in becoming? The most compelling aspect of her argument concerns the book's subtitle: "on the threshold of the living subject." Weir uses this evocative phrase to structure the book, and indeed her interest is in probing the space in between – the subject who is not quite inside, not quite outside.

Weir begins the book with an extensive meditation on the notion of the threshold itself, and provides a model example of how to weave elements of theory and empirical work into an almost seamless whole. What's more, Weir uses the space wisely to gesture to a range of literatures that inform her own blend of feminist, critical risk theory and neo-Foucauldian literatures. She also introduces the notion of a "power field of biopolitics," which seeks to build on Foucault's central insight that differing forms of power interact; powers, she explains, "do not simply displace each other in historical sequence" (p. 15). As regards the threshold of the living subject, Weir identified this *power field* as consisting of four powers: "security of population (population power), discipline of individual bodies, the sovereign power of law, and the liberal/authoritarian stylization of governance" (p. 15). In liberal regimes, discipline is sometimes enacted as a "secondary strategy" when liberal subjects purportedly fail to behave in accordance with the precepts of security. In a later chapter, she discusses this in the context of child welfare authorities who intervene on behalf of children whose mothers are unwilling to enter treatment programmes.

The second chapter provides a genealogy of the shift from a birth threshold to the perinatal threshold, and is interested primarily in how the "perinatal" came to occupy such a prominent place in health dis-

course generally, and pediatric discourse specifically. This perinatal threshold, as described earlier in the book, “folded a new division of time and bodily substance into the maternal body during pregnancy and birth. The concept of the perinatal distinguished continuities of time and bodily substance for the living subject before, during, and after birth from the time and bodily substance of the pregnant woman” (p. 3). In contrast the birth threshold “only definitively concluded at the end of the birth process with the separation of mother and child” (p. 3). Why should any of this matter? The ways in which this threshold are understood in law, in science, and in medicine throughout the beginning of the 20th century, Weir explains, have important implications for the governance of the body during pregnancy and labour. And, true to the thrust of many neo-Foucauldian analyses, Weir underscores the point that this governing of the body can have important salutary effects, as is demonstrated in her discussion of a number of child welfare cases brought before the courts. These interventions were designed to protect children from the potentially harmful effects of child sexual abuse. As Weir explains, a shift to a perinatal threshold coupled with risk-based forms of reasoning, allowed child welfare officials, via courts of law, to intervene on behalf of those victims who were deemed unreliable or who had difficulty recalling traumatic events. Their stand-ins, experts in risk assessment techniques, were able to fill in all the blanks, so to speak.

One of the main strengths of this book is Weir’s ability to drill down into the key debates animating a number of theoretical traditions and approaches. Not content to choose a theoretical lens and construct a compelling narrative through that lens, Weir pulls together insights from a number of different disciplines. The result is indeed greater than the sum of its parts. In particular, her application and refinement of neo-Foucauldian approaches is a model of what a critical engagement with Foucault might bring. Those interested in the nuances and debates within the neo-Foucauldian camp will appreciate Weir’s engagement with and critique of Robert Castel’s discussion of the shift from dangerousness to risk, which he argued transformed the nature of intervention from a direct professional - client relation into one in which the latter is no longer a subject, only an array of abstract risk factors. Weir argues, however, that this supposed “dissolution of the client/patient as subject at the level of expertise-client relations does not occur at the level of the legal subject, the child in need of protection” (p. 151). Rather, she explains, in this case, there is a recomposition of the legal subject, not her/his dissolution.

While this book is bursting with originality, not to mention some impressive empirical legwork, there were nonetheless a few areas that could have been strengthened. One area that cried out for more dis-

cussion relates to the specificity of the Aboriginal case, which is discussed in the chapter on child welfare. Weir is careful to explain that risk techniques intersect here with structures of colonization, but this discussion could have benefitted from a greater engagement with the notion of vulnerability as it pertains to Aboriginal people more broadly. In other words, how do discourses of vulnerability intersect with attempts to “save” Aboriginal children from mothers who have been constructed as nothing more than a collection of risk factors?

A final area that is raised but not fully addressed by Weir concerns the implications for agency and/or resistance. As Weir would probably agree, many of these tensions, as they play out at the sites of the birth and perinatal thresholds, are the product of vigorous debate and discussion and cannot be reduced to crude neoliberal explanations. The perinatal threshold did not just come out of nowhere; it is made possible, as Mitchell Dean has reminded us, by forms of knowledge. If so, where, if any, are the spaces of resistance to these ways of knowing? The reader is left to wonder if the only arena that matters is the court room. Arguably, courts have been, at times, “fickle friends” to progressively-minded citizens.

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