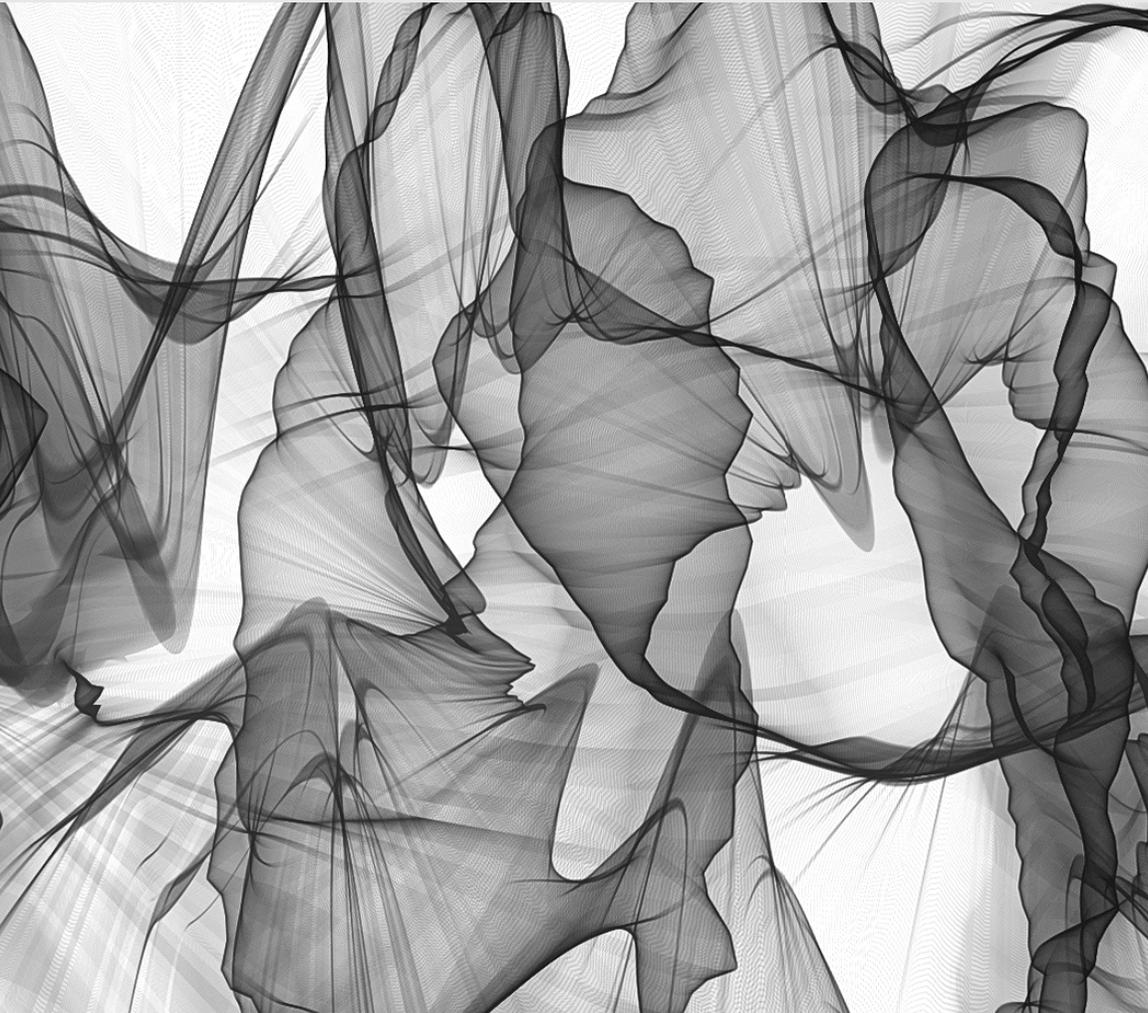


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## **The Biopolitical Corporeality of the White Female Body: Exploring the Experiences of Women Descended from Central and Eastern Europe Residing in the United States**

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*This study draws upon twelve interviews with women of Central and Eastern European descent currently residing in Los Angeles County, California. It utilizes the concepts of “biopolitics” and “empire” to explore how various scales of power generate the ideology of white moral motherhood and connotations of race in the socio-political context of the participants’ places of origin and the United States. The findings show that reproductive measures, policies, and regulations deracialize by default, reinforcing the hierarchy of motherhood experiences with the top belonging to the white, heterosexual, middle-class women. By identifying race-blind and institutionalized descriptions of the female body and the way women explain reproductive politics, the study achieves three goals. It revisits women’s constructs of the ideal motherhood, explores why race is removed from their paradigm of thinking, and illustrates how white supremacy lives in and among the transnational female residents.*

### **Introduction**

This article examines how the white female body has been structured by its biological characteristics in such an intricate way as to define differentiated social collectives that is turning whiteness and white motherhood into a stagnant, hegemonic ideal in Central and Eastern European regions. Another essential objective of this study is to show how its participants view, understand, and assign meanings to their female bodies within the biopolitical agenda of their countries of origin. Two other goals are to reveal why in Central and Eastern Europe the racialized female body is mainly understood as an

ethnocultural body and to illustrate how whiteness is “called out” only after relocation to the United States.

This study also explores how ideas around biopolitics (Foucault) and empire (Hardt and Negri) shape white, heterosexual, middle-upper-class women into model female citizens. It is done with the help of the social welfare that serves as one of the primary agents of socialization for the female population in Central and Eastern European regions. These concepts reveal issues related to the docility projects with female citizens, white privilege, and a race-blind environment. They help to uncover the invisible work done to personal narratives to corrupt the meaning-making process about the female body and control women’s reproductive behaviour, which later results in the diffusion of these constructs across nations and time.

### *Demographic Crisis*

The reason why white female motherhood and the female body have recently become the centre of biopolitics in Central and Eastern Europe is due to the demographic crisis. In these regions, demography is often reduced to reproduction alone and is referred to as the “women’s domain” (Paxson 210). Two main socio-political factors have resulted in the rise of transnational discourses and practices related to the white female body in Central and Eastern Europe: the aging population as well as the decline in fertility rates. For example, the fertility rates in most Central and Eastern European countries are below replacement level, as low as 1.3 and high as 1.7 or 1.8 births per woman (Arkhangelski et al. 11; Philipov et al. 209), and the number of people aged sixty-five and above is expected to increase by about 67 per cent, from 76 million to about 128 million in 2050 (Lisiankova and Write 77). There are projections about the further growth of the aging population in Europe: for every hundred people of working age, there will be fifty-three individuals aged sixty-five and older by 2050 (UN 20).

Historical events such as wars, famine, ethnic deportations, and refugee flights have also caused a long-standing demographic decline in Central and Eastern Europe (Romaniuk and Gladun) as have changes in the reproductive behaviour of the European population stemming from changing family values as well as increased access to modern contraceptives (Aassve et al. 317; Stankuniene and Jasilioniene 705–742; Romaniuk and Gladun 330).

### *Demographic Panic*

One of the most recent reasons for the demographic panic is the heightened rates of youth emigration from Europe (Hoff; Stankuniene and Jasilioniene). Another reason is associated with a fear of refugees and “evacuees” (Slogar and Chapple 25) coming from war-torn, non-European regions, who it is believed will replace the European population (Douglass et al.; Klaus et al.; Melegh).

This demographic panic is also based on the increased number of people of colour residing in Europe, the cradle of whiteness. On the one hand, these imaginaries challenge the hegemonic status of Europeans as global colonizers; on the other hand, they draw attention to the European authorship and proliferation of racial discourse across nations, including the United States (Smith 7). Europe has a long history of viewing ethnic minority groups as different. Their presence is turned into acute cultural or religious problems that need to be resolved. De Genova et al. connect this history to the Nazi period and Stalinism. However, the researchers refer only to the genocide of Jews. With dissimulation of race and minorities also come sentiments of past European Enlightenment and morals with a paltry recognition of racism in some nation-states but a dominant perspective that racism is a completely “foreign” idea, brought from the west.

## Literature Review

### *Pronatalist Measures*

In response to the demographic decline governments try to increase the birthrate by implementing measures that affect the value orientation, attitudes, reproductive behaviour, and understanding of motherhood among the female population. Consequently, the physiology of the female body becomes the state’s biopolitical focus, as it tries to encourage more women to give birth. This biopolitical project is most apparent in the case of pronatalist welfare.

Overall, the European pronatalist strategies applied to boost birth rates are either incentive based or coercive in character (Bradatan and Firebaugh 182). The most common incentives are financial support for childbearing and employment opportunities for mothers. For example, the Russian Federation attempted to increase fertility in 2007 through the Maternity Capital Program (Slonimchyk and Yurko 2). Hungary encourages motherhood by providing financial support and childcare programs (EU 9). The program Family 500 Plus in Poland promotes multiple childbearing and many others (Wisniewska et al. 490). Although pronatalist programs and access to new methods of contraception in many European countries are a progressive step towards women’s wellbeing, it negatively affects the birthrates in several countries.

However, limiting access to new resources of contraception and restricting access to abortions, or criminalizing them, are regarded as coercive state measures. For example, Romania and Bulgaria went through a period of abortion abolition and enforcement of legal procedures to reduce divorces and illegal abortions, believing that those were effective ways to improve the demographic situation in their countries (Teitelbaum 405). More recent coercive measures in European countries prioritize European-born women over foreign-born ones. The arrival of more foreign-born women is believed to

result in a significant burden on social welfare, including housing, childcare and employment support, education and training privileges, and other benefits (Burgoon et al. 6–7; Taylor-Gooby et al. 10). Although there is great debate about how to accommodate the needs of the women in Europe regardless of their citizenship status the primary merit for being eligible for any benefits still revolves around ethnic or racial closeness to Europeanness. Many European countries that were former colonial powers have deep-seated institutional and individual racist practices. With the rise of the extreme right, neo-Nazi groups, and nationalistic political parties in some European nation-states, the race-migration nexus has amplified and exposed old and new routes of racial institutionalization (Naidu 392–393). Most importantly, this political line included the construction of the ideology of moral motherhood or ideal motherhood (Malacrida 101–102). The focal point of these ideologies has been to reinforce childbearing and parenting as the primary duties of female citizens, with white European motherhood becoming the paradigm.

### *Dispositif and Gyniatric Apparatus*

To understand the constructs of white moral motherhood, it is imperative to revisit the biopolitical mechanisms and strategies involved in developing this ideology. Foucault examined the ways biopolitics incorporates “dispositif” or “population apparatus” (“The Birth of Biopolitics” 19) to govern human life, including the physiological processes. Other studies applied the notion of the “gyniatric apparatus” (Gunn and Douglas Vavrus 113) to show how this power mode draws on the reproductive system to build collective discourses about the female body as object. This apparatus is used mainly in the research that addresses the biological surveillance of women’s lives in the discourses of fertility, birthing, menstruation, and other topics (Christler; Gamella et al.; Vlasenko). Other feminist research also explores how national biopowers employ “gyniatric apparatuses” and “natal panopticism” (Garwood 19–28) to maintain patriarchal gender-related norms across nations. This biopolitical mechanism scrutinizes the female body discourse on parenting and employment (Patterson and Forbes 131). According to this research, drawing on the female body’s physiological capacity to give birth, biopower creates a system of state regulations and policies that assign women to childrearing, making it their primary role in society. In the guise of providing care to female citizens, biopower limits women to specific responsibilities in their domestic and professional spheres (Gedvilaite-Kordusiene et al.; Sereda). In this manner, it enforces the ideology of moral motherhood or ideal motherhood (Malacrida 101–102) upon female populations and develops a rhetoric of motherhood normality (Knowles). According to this group of researchers, the ideology of moral or ideal motherhood includes such characteristics as bearing children as well as caring for the child’s development and wellbeing. Caroline Knowles

also outlines how ideological and administrative regulations speculate on the medical discourse regarding how a disrupted mother-child bond negatively affects the child's mental and physiological development. This moral ideology is replicated in all spheres of women's lives, including the biosurveillance of religious migrant women, who must be emancipated through access to reproductive services and participation in mandatory medical exams.

### **Theoretical Approach**

This study builds on Michael Hard and Antonio Negri's concept of "empire" and Foucault's concept of "biopolitics" to understand the ways Central and Eastern European women who are currently residing in the United States understand the female body. Previously, a biopolitical framework was widely used in studies related to the issues of social reproduction and citizenship (Rose 134–137), the biomedical surveillance of citizens (Crampton 394), and the biomedical discourse of totalitarian regimes (Prozorov 6). However, these research projects predominantly focused on examining national discourses and practices on the body of citizens (Kudaibergenova; Stella and Nartova). In this study, biopolitics is applied to the female body to demonstrate how power agents trigger docility. This evidence is derived from the interviews with the participants who originated from the studied European regions and moved to the US. Docility is accomplished through a multilayered system of social welfare policies and a neoliberal context of life in the participants' past and current residencies. As a security technology, biopower supports the model ethnic populations and excludes the ones who do not fit the schema. As a part of immigration procedures, the biopower has a mandate to guard the biological patterns of the migrating female residents and perpetuates state-driven racism transnationally.

Additionally, this project uses Hard and Negri's idea of "empire," which presents itself as an "order that effectively suspends history and thereby fixes the existing state of affairs for eternity" (xiv). The authors of the concept emphasize how the empire sustains hierarchies within a population, exemplifying a supranational power with a dispersed network around the globe, which confines its loyal female members to contest its legitimacy and influence using various mechanisms. One common way of doing so is through the encouragement to consume niche products and services that dictate what female body is most socially valued. In this regard, the notion of empire helps to debunk how these pervasive schemas of governance control women's lives transnationally by preserving a hegemonic position of the female body as white, heterosexual, and reproductive. Another way of influencing the female population is via the social welfare programs that support reproductive intentions and behaviour. In this manner the "empire" sustains and broadens

the number of its female followers around the globe.

Few studies used the concept of “empire” to explore the female body in transnational maternal discourse. Hard and Negri applied it in only two contexts: bodies incorporated by empire for exploitation (Empire 410) and bodies under obsessive scrutiny and regulation in religious fundamentalism through sets of dietary and bodily restrictions, sexual mandates and prohibitions, as well as practices of mortification and rejection (Commonwealth 32–33). Therefore, the present work is based on the synthesis of a theoretical and conceptual framework to reveal the less known constructs about the white female body discourse and motherhood that women acquire through the pronatalist welfare in their countries of origin and the neoliberal principles of mothering in the US.

## **Methodological Approach**

### ***Research Design, Participants, and Recruitments***

This is a phenomenological study that uses a transnational feminist methodology (Fernandes 11–12) to explore the white female body as a site of knowledge about another country.

Twelve participants were recruited via a snowball sampling by distributing flyers among friends and acquaintances who resided in Los Angeles County. The participants were chosen according to the following criteria:

1. eighteen years of age or older, including sixty-five-year-old women and older
2. identify as female and heterosexual
3. born in one of the following countries: Belarus, Bulgaria, Estonia, Poland, Hungary, the Czech Republic, Romania, Russia, Latvia, Lithuania, Moldova, Slovakia, or Ukraine
4. moved to the US as adults (eighteen years of age, including sixty-five-year-old women and older)
5. currently reside in Los Angeles County; and
6. speak and write in English

### ***Instruments***

There are four sections of the interview protocol. Section one includes eleven questions about the demographic information of the participants. Section two has one question about the participants’ personal views on the primary purpose of the female body. Section three includes fourteen questions about biopolitics in the participants’ country of origin, and section four has fourteen questions on the participants’ reproductive intentions and behaviour in the US.

### ***Data Analysis and Interpretation Procedures***

The data analysis for this study had the following steps:

1. transcribing all interviews to convert them into digital files;
2. designing the participants' demographic portrait;
3. creating of informational profiles for each participant by reducing their interview material to the most pertinent parts;
4. sorting participants' informational profiles into two groups: individuals from Central Europe and individuals from Eastern Europe;
5. comparing and colour coding of participants' informational profiles on common themes and subthemes within the defined groups and between them;
6. interpreting of the themes and subthemes to develop a comprehensive analytic framework; and
7. coding the words and phrases in specific quotations to illustrate the findings of this work.

## Findings

### *Defining the Primary Purpose of the Female Body*

The participants spoke about the primary purpose of the female body without referring to their racial and ethnic background. Women largely discussed their body discourse based on biopolitical scripts penetrating all spheres of their lives in the places of their origin. Their bodily self-conceptualization had two types of connotations: collectivistic and individualistic. Most meanings were related to the idea that the body should be engaged in a reproductive service to their country. A few participants, though, thought the female body had a unique purpose unrelated to the duty-bound narrative common in their societies of origin.

All participants recognize that childbearing is the primary purpose of the female body. They perceived it as a mission, illustrating an internalized sense of reproductive duty, which they acquired in their countries of birth. For example, Helena, fifty-one and from the Czech Republic, associated the female's body purpose with the "reproduction of generations." Another participant Solomeya, seventy-one and from Ukraine, similarly believed that the female body is for the "continuation of generations." Others said that the female body is not an individual possession but "intended and given by nature" (Trayana, fifty and from Bulgaria) and "cannot be complete until it gives birth to a child" (Yana, forty-one and from Russia). The interviewees' responses suggest that the female body has to be treated as an entity with a predestined purpose that benefits society.

Only two participants talked about the primary purpose of their female body, contextualizing it as an individual choice, dream, or goal to become a mother. For example, Rainbow, thirty-eight and from Hungary, said that she made several attempts to get pregnant, and finally her dream to have a child came true. In her opinion, “The body is for giving birth and breastfeeding first of all.” Similar to her, Flower, thirty-seven and from Hungary, believed that “the body is for taking care of children, bearing them, and then taking care of them afterwards, for being there for them.” Such answers illustrate how the ideology of moral motherhood is enacted by women who assume that the primary purpose of their body is to bear children.

### *Reproductive Intentions and Behaviour in Eastern Europe*

The following sections explore the biopolitical blueprint in pronatalist welfare, the constructs of white motherhood through time and space, women’s reproductive behaviour and experiences shaped by being white. The findings strongly suggest that the biopolitical goal of leading white female citizens into docility had been successfully achieved. The participants demonstrated the habit of normalizing their female body by relating to the social realm via biological capacity to give birth, endorsed by accredited institutions, such as social welfare. They shared that most Eastern European countries inherited the Soviet social welfare system, which included financial compensation to mothers for bearing children and a secured workplace during maternity leave. For example, the oldest participant, Solomeya, seventy-one and from Ukraine, recalled that at the time of her youth, women received financial compensation for bearing a child: a payment before and after giving birth as well as a monthly salary for one year of maternity leave. After independence, Ukraine devised a reformed plan to increase fertility rates. Kviatoslava, forty-six and from Ukraine, recalled that there were changes in childbearing compensation in the 1990s. The state provided substantial financial support for every child born in the family. The interviewee, Yana, forty-one and from Russia, shared that Russia had a similar program to the Ukrainian welfare program, called Maternity Capital. As she explained: “Definitely, it boosted the childbearing in the country. In my time, many women went for two or more kids. This money helped to promote their financial stability. You got compensation only when the kids reached adolescence.” Similarly, Olivia, thirty-one and from Russia, recalled: “In our district, we had a one-year paid maternity leave and one-time compensation for a child right before birth.” Alyona, thirty-one and from Belarus, spoke about a similar program in her country. These experiences show how robust pronatalist measures condition white female citizens in Eastern Europe into believing that childbearing is the female body’s sole function. The participants spoke nostalgically about these programs when life for white mothers was more comfortable.

### *Reproductive Intentions and Behaviour in Central Europe*

This section focuses on how social and economic investments in the Central European region try to organize nation-states by distributing resources along racial lines. The shared history of pronatalist financial support and employment accommodations have become a bridging point for white mothers. Women who originated from Bulgaria, the Czech Republic, and Hungary compare incentive-based welfare endorsing childbearing to the Eastern European system of the past decades. While the states of Bulgaria and the Czech Republic currently struggle but maintain paid maternity leave, Hungary turns to coercive measures. The states in question have cut monthly maternity leave payments and exchanged them for tax deduction. As Maria, thirty-eight and from Bulgaria, said: “In the first year of maternity leave, you were paid ninety percent of your salary. You could also return to work without being afraid that your job will be taken.” Even though two participants Helena, fifty-one from Czech Republic, and Trayana, fifty from Bulgaria, did not give birth in their countries of origin, they discussed what their close relatives and family friends experienced giving birth there. They confirmed that they have welfare analogous to other Eastern Europeans. Lea, fifty-four and from Bulgaria, thought the Bulgarian state is not doing enough for mothers. She talked about how the government recently reduced payments to women and suggested mothers should rely on grandparenting as the primary source of financial support and care for their children.

Flower, thirty-seven, and from Hungary, was concerned about the unfavourable conditions for motherhood in her country of origin due to the white supremacist agenda in politics, which touches all spheres of life, especially motherhood and women’s position in the country. She noted: “After we joined the European Union, motherhood was not endorsed in any way, and treated as if it was a woman’s issue only. Women who want to have kids felt they were not protected and very vulnerable.” These changes are problematic since they contradict EU requirements such as guaranteed welfare for women. The presented study contests the social and institutional status or identity of the white female citizens who are protected by economic and political privileges. Participants’ reflections show how identity or perception of identity can earn access to resources. It is essential to highlight that privileged status or identity is not solely related to financial means but also self-worth, visibility, recognition, and a sense of entitlement.

*Views on Reproductive Intentions and Behaviour in the US*

This section examines the participants' collective subjectivity. This approach aims to problematize the deracialized identity of interviewees as a group by discussing how white racial framing consistently appears in their observations, comments, and interpretations of other women's experiences around them after relocation to the US. The participants see the tendency toward numerous families in the US compared to their origin countries. Most interviewees stated that in America women's intentions to give birth are directly connected to the cultural and ethnic identity of female residents the participants observe every day. Some participants discussed how certain ethnicities could pass as white whereas others could not. They also said that Latina, Jewish and other women of colour tended to marry and have kids earlier than white women, who tended to get married and have families after thirty. For example, Lea fifty-four and from Bulgaria, admitted the following: "Women from South America have family and kids at a young age. For them, family and children are a priority, and then comes all the rest." These answers reveal that the participants also reflect on the cultural differences in motherhood in the US. Many concluded that American women do not give birth while being married as much as women in European countries. As Yana, forty-one and from Russia, shared: "Women have kids here whenever they can, whenever they can afford that, and this is great." When commenting on motherhood in the US, some participants lamented that American women prefer to postpone childbearing to later ages. For example, Daria, sixty-three and from Ukraine, stated: "I feel that late childbearing, like in America, does not work for anybody well: both for women, their children, and grandparents. It is difficult to communicate because of a big generational gap. As a grandparent, you are useless." Such an opinion suggests that the participants' countries of birth influence the way women perceive and understand parental intentions and behaviour of American women.

Most participants had difficulty defining whether the government endorses childbearing in the US. They compared welfare in their countries of origin with that available in the US. The women admitted that they do not see much support for mothers in the US, including a short maternity leave and little financial support for single mothers or low-income families. They were also concerned by the lack of accommodations for working mothers with very young children, such as affordable childcare and employment security. The participants thought the difficulties of balancing career and motherhood in the US were harder than in the countries of their origin. For example, Rainbow, thirty-eight and from Hungary, said: "It breaks my heart when women prefer the office and hire somebody to take care of their infants, or they drop them at a nursery for the entire day. To choose an office over a human being is a strange choice for me." This answer signifies the struggle to

accept that the self-entrepreneurial type of motherhood is another way to be a parent in the country of their current residency.

Some participants saw a lack of bonds between parents and children in American society. As the participant, Alyona, said: “No bonds means no responsibilities for each other. I am saddened by what I see in America.” Some women were also not at ease with the number of divorced and remarried people. Flower, thirty-seven and from Hungary, had this to say: “People marry and remarry here and there. Divorces are a new normal. They are very messy. The kids are tossed here and there.” The participants had difficulty understanding the various forms of partnership in the US and the high number of divorces. In their countries of origin, the nuclear family was recognized as the only legitimate one and placed greater importance in the grandmothering role.

## **Discussion**

### *Intersectionality*

The first research section examines how the participants assign meanings to their female bodies following the socially valued scripts of heterosexuality and whiteness. They do that via identifying with their European coethnic groups who are all educated and middle class.

### *Self-Conceptualization*

The second research section taps into the core meanings of the white female body. The study shows that the participants believed the primary purpose of the female body is to reproduce. Two women stated that motherhood and children were their dream experiences. Some also described the female body as unique, and it served a different role for every woman.

The third and fourth research sections examine various aspects of biopolitics in the interviewees’ past and current residency. Previous literature provides some ideas on how the nation-states rely on the female population as a source of biological capital to balance their demographic development (Ongur). The outcomes of the study show that both in the communist era and in the European Union, the social role of the female citizens was primarily perceived via their reproductive ability. This biopolitical approach brought about positive side-effects for the regimes, such as a docile female population, which secured a patriarchal throughout Europe. However, evidence suggests a significant recent reduction in programs supporting mothers in Central European countries. The incentive-based programs and employment accommodations were significantly reduced or converted into tax deductions, putting mothers in an often precarious situation.

The impact of continuous biopolitical pressure was also acutely evident in

the participants' observations of motherhood after their relocation to the US. The results revealed that the participants resented neoliberal principles of self-entrepreneurial mothering in the US and favoured state-endorsed social welfare programs, similar to those in their countries of origin. This finding explains how internalized norms live in and among white, middle-class, and heterosexual female residents. Such views on the female body and the role it plays in society coexist with the abundance of related ideas in the multicultural US, preserving patriarchal and racial female body discourse for generations.

### ***Redomestication of the Female Body***

Current scholarship (Repo) indicates that far-right regional governments supported by social media in EU members have reversed the policies that ensured women's freedoms and financial independence. The results mentioned above are consistent with the report *The EU Member States Under the Spotlight*, published in 2015, which discusses the violation of women's rights in many EU members, including the Czech Republic, Bulgaria, and Hungary (Carvalho 11). The redomestication of the female population at present is also a pivotal biopolitical line in Eastern Europe. It is evident in the participants' answers related to the popularization of incentive-based policies that they condition women to bear more children, which conserves the collective discourse that the primary role of the female body is to reproduce. One more interesting result is related to the issues of white female docility and entitlement in the context of reduced pronatalist policies. The evidence above indicates how white identity and high socioeconomic status in Central and Eastern Europe are bound to state welfare. However, once this privilege equilibrium is challenged, it triggers participants' internalized sense of entitlement and status.

### **Future Studies**

Future research may explore various dimensions of knowledge production about the ideological constructs around the white female body. One way to develop this topic is by exploring what strategies women of this racial and ethnocultural background use to deny, defend, or avoid addressing racism. Future research may also examine the issues related to white privilege in the context of the current Ukrainian exodus.

### **Limitations**

There are a few limitations of the study that could be resolved by various means in the future studies. Most of the participants who took part in this project were educated and middle-class women. It would have been helpful to include working-class women in the study.

Another limitation of the study is the ethnic and sexual representation of the study population. All the participants identified as white heterosexual women and belonged to dominant ethnic groups in their countries of origin; thus, having more participants from minority groups would be important. By overcoming these limitations, future studies can develop a broader perspective on the racialized female body discourse as well as a better understanding of motherhood in the transnational realm.

## **Conclusion**

The article has focused on how women of Central and Eastern European descent who currently live in Los Angeles County, California, interrogate their personal female body discourse through their experience of transnational residency. This research aims to fill the gaps within existing literature by incorporating a transnational paradigm of knowledge about the female body and the role it plays in societies of the participants' countries of origin as well as the US. It explores how their personal body narrative is affected in nuanced ways by institutionalized and racialized narratives existing in the context of the white biopolitical corporeality of their home countries. The study contributes to the scholarship about the diverse nature of transnational body discourses and practices as they are formed in a particular historical and political context. It highlights the effects of biopolitical governance on the female residents of these European regions via the ideology of white moral motherhood which is based on the biological features of their female body. The findings reveal that adherence to the white moral ideology includes the belief that giving birth is a duty of female citizens, adhering to state regulations, feeling entitled to welfare accommodations despite having high socioeconomic status, and lastly, being aware of their privileged racial and ethnic history and identity. Since the influence of moral ideology overpowers the participants' constructs, they believe the neoliberal approach toward motherhood is insufficient to accommodate mothers' needs.

The study opens new facets of the Foucauldian theorization of biopolitics and Hard and Negri's concept of "empire" in their implication for the female body and how it is conditioned by state welfare policies as well as a market-driven economy. The current research applies these concepts as analytical tools to encourage racial theorization concerning practices of the female body. As the outcomes of this research project show, the concepts of "empire" and "biopower" join their forces to create "gyniatric apparatus" – the most reliable and effective way of managing and controlling the female population. The joined forces create more sophisticated ways of manipulating the female population by targeting the meaning-making process of the female body and influencing women's perception and behaviour. The powers sustain the

patterns of the institutional framework of understanding and representing the white female body, which travels with transnational female residents around the globe. This apparatus creates a hierarchy of female bodies in which the white one remains on top.

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