

THESES OF PHD DISSERTATION

**The Medicalization of the Male and Female Body Between the Nineteenth
Century and Today**

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I. Summary

The thesis focuses on the phenomenon of medicalization, especially as applied to the male and female body. I examine the normalizing effect of expansive medical control from the 19th century to date. Medicalization is essentially understood as *a normalizing process*, which, due to the position of power occupied by biomedicine, constructs and reconstructs moral imperatives (norms). The concept itself was elaborated in its various aspects by authors such as Peter Conrad, Ivan Illich, Irving Kenneth Zola, or Michel Foucault in the 1960's and 1970's. In the course of about two hundred years covered by the thesis, the discourse about the male and female gender and sex had a profound effect on the framework in which health and illness were conceptualized in connection with a wide range of life events. The case-centered analysis of the areas dealt with in the thesis (such as sexual health, or the changes that accompany aging) offers an opportunity to discuss the criticism of medicalization within a solid conceptual framework.

The various male- and female-specific areas (e.g., homosexuality, masturbation, erectile dysfunction, androgenic alopecia, hysteria, frigidity) are examined by the help of Michel Foucault's concepts of *bio-power* and *biopolitics*. Through a detailed archeological and genealogical study of the Victorian era, Foucault demonstrated that, by the end of the 18th century, a new, pathologizing discourse of sexuality occurred beside (and beyond) the Judeo-Christian sexual ethics. The central purpose of this thesis is to demonstrate that the Foucauldian theses are still valid today: in order to gain power, one has to be able to bring about a profound change in language usage that covers the entire realm of human life. Who am I? Why do we live? What is society? What are my aims? What is health? What is illness?

The current relevance of this thesis is provided by the ongoing process of demedicalization understood as the counter-process of medicalization, by which phenomena previously considered as medical problems begin to be perceived and classified as non-medical problems. While the phenomenon is not yet widespread, there are several current conditions (erectile dysfunction, androgenic alopecia, ADHD) and physiological processes (birth, lactation, sex) whose "liberation" (i.e., demedicalization) is the aim of various civil rights, anti-discrimination and professional groups.

II. Central Theses

- The social surveillance matrix created by medicalization works in a strategically optimal manner if it manages to create a discursive space that allows it to be omnipresent.
- Considering the working principles of medicalization, expansive medical control is established by (1) the scientific confabulation of total illness; (2) the placement of a group of symptoms/an illness in the taxonomical space according to the principles of nosography; (3) the automatized, self-pathologizing (self-)surveillance of the individual.
- Defining health and illness on a purely naturalistic basis yields incomplete definitions and inaccurate diagnostic clusters as it fails to take the sociocultural context into consideration in which the definition is generated.
- Simone de Beauvoir's claim that the woman is the slave of the species is supported by the sexual inequality regarding the moral responsibility in contraception/birth control.
- Medications used in the therapy of erectile dysfunction (e.g. Viagra, Levitra, Cialis) and contraceptive medications are both widely used as performance enhancers.
- Imperatives related to the current medicalization of aging, such as "sex-for-life" and "successful aging" communicate a uniformized, monistic perfectionism, which may be regarded as harmful, as they fail to accommodate the personal preferences of the individual.
- The medicalization of childbirth/labor led to the normalization of interventions such as cesarean section and episiotomy (perineotomy) even in low-risk pregnancy, even though these offer no identifiable advantage either for the mother or the child.
- The medicalization of childbirth/labor may lead to the unreasonable restriction of reproductive autonomy.
- As a result of the medicalization of childbirth/labor, the mother may undergo a negative childbirth experience, even though no direct medical cause occurs (such as circumstances endangering the health of the child or herself).

III. The Structure of the Thesis

1. Terminology and Context

Although most of the terms used in the thesis are self-explanatory, in some instances I felt the need for clarification.

Besides the explanation of “health”, “illness”, “androcentrism” and “pharmaceutilization”, I provide an overview of Peter Conrad’s concept of “medicalization”, used as a central concept of the thesis, with some modifications that take into account the terminological changes suggested by Emilia Kaczmarek. Thus, terms such as “well-founded medicalization” and “over-medicalization” are also explained in this section.

I also considered it important to define the way the concept of (scientific/empirical) bioethics is to be understood for the purposes of the thesis. This is provided through an overview of the evolution of the term.

2. Methodology

As the broad field of scientific/empirical bioethics cannot be covered by a single discipline, the thesis offers a methodologically selective critical reflection on the stages of the history of medicine discussed. The approaches/discourses of the history, sociology and philosophy of science are put into a unified interpretive framework.

My research about negative childbirth experiences caused by non-medical reasons involves both quantitative and qualitative data collection, but in the analysis of the data, I focus primarily on the qualitative part.

3. The Medicalization of the Biology and Sexuality of the Male

The first major chapter (*The Medicalization of the Biology and Sexuality of the Male in the 19th- 21st Centuries*) discusses the medicalization of the male body and sexuality. The first part of the thesis provided an introduction into the outlines of androcentric metaphysics, the traditional and modern masculine virtues, and the power dynamics of medicine. In this chapter I employ an analytic method, through discussing the concept of power used by Michel Foucault and Herbert Marcuse, in the context of the medicalization of homosexuality and

masturbation. Erectile dysfunction and androgenic alopecia (male pattern baldness) are discussed through the medicalization concepts suggested by Peter Conrad and Ivan Illich. The wider context here is the medicalization of body image and aging, in connection with which I argue that these work via *de facto* crisis-generating imperatives, such as “sex for life” and “successful aging”.

4. The Medicalization of the Female Body and Sexuality

The focus of the second major chapter is the medicalization of femininity, discussed in the context of the criticism of androcentrism articulated by feminist bioethics. Simone de Beauvoir’s crucial claims about femininity are discussed in connection with the demedicalization of hysteria and the medicalization, while Thomas Szasz’s critical work is also introduced. This is followed by the criticism of the medicalization of the female body as a sexually charged object, as exemplified by the medicalization of female aging, beauty, and female sexual dysfunction. I analyze how women are left alone with regard to their moral responsibility for sexuality, by which the validity of de Beauvoir’s thesis that women are the slaves of the species is demonstrated.

5. Negative Childbirth Experience Caused by Non-Medical Factors

My field research establishes a cause and effect connection between medicalization and negative childbirth experiences related to non-medical factors. Non-medical (or non-directly-medical) factors include circumstances that involve no health damage either to the mother or the child during childbirth. Childbirth experiences were collected mostly from the year of 2016. While quantitative data were also collected, emphasis is put on the qualitative analysis of birth stories, for which I observed the guiding principles of modern biomedical ethics (do no harm, beneficence, autonomy, justice, informed consent), patient rights granted by the Hungarian Act CLIV of 1997 (on Health) and the concepts/terminology of medicalization as discussed in the present thesis.

IV. Conclusion

The thesis provides a study of the expansion of medical control in the last two hundred years by demonstrating in a parallel analysis how this affected the male and female sexes. The case-centered interdisciplinary discussion of individual topics demonstrates that the discourse on medicalization has a serious practical relevance. Beyond the historical perspective, the thesis discusses current negative childbirth experiences, based on empirical data. The results draw attention to the excessive medicalization of childbirth, which is a major bioethical issue in Western societies today.

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Studies related to the thesis

Tari Gergely, Braunitzer Gábor: *On the Ethical Issues of Bilateral and Contralateral Risk-Reducing Mastectomy*. In: Maria Sincai, Stefan Lorenz Sorgner (szerk.): *Ethics of Emerging Biotechnologies. From Educating the Young to Engineering Posthumans*. Trivent Publishing, Budapest, 2018, 61-72. o.

Tari Gergely, Hamvai Csaba: *The Medicalization of Childbirth: Ethical and Legal Issues of Negative Childbirth Experience*. In: Kelemen Oguz, **Tari Gergely** (szerk.): *The Bioethics of the 'Crazy Ape'*. Trivent Publishing, 2019, 275-291. o.

Tari Gergely: *A „mentális zavar” fogalom definíciós nehézségei*. Századvég, 20, 2015, 133-152. o.

In preparation

Tari Gergely: *A halál-dúlák szolgáltatásainak értékelése a medikalizáció fényében*. (SZTElozófia)

Miscellaneous publications

Hamvai Csaba, **Tari Gergely**, Csenki Melinda: *Prophylactic Mastectomy on Demand*. In: Kelemen Oguz, **Tari Gergely** (szerk.): *The Bioethics of the 'Crazy Ape'*. Trivent Publishing, Budapest, 2019.

Kahán Zsuzsanna, **Tari Gergely**, Enyedi Márton, Haracska Lajos: *Hogyan befolyásolja a brca-státusz az emlőrák ellátását 2019-ben?* (6)1, Klinikai Onkológia, 13-22. o.

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