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# Gender and Medicalization

Argument - International conference

Monday November 28 & Tuesday November 29, 2022 - Paris

# Genre et médicalisation

Argumentaire - Colloque international

Lundi 28 & Mardi 29 Novembre 2022- Paris

**“Gender and Medicalization” – International Conference**  
**November 28-29, 2022**

The Initiative for Gender (Philomel) and the Initiative for Biomedical Humanities of Sorbonne Université are working together to launch an event at the intersection of biomedical humanities and gender studies. Entitled “Gender and medicalization”, the event will take place in Paris on November 28-29, 2022.

The above-mentioned Initiatives are thematic internal research networks which have been created to promote interdisciplinary collaborations after the fusion of three faculties: the faculty of Science, the faculty of Arts, and the faculty of Medicine. The Gender Initiative Philomel (<https://philomel.hypotheses.org/>) is led by Pr. Anne Tomiche and Pr. Frédéric Regard; the Initiative for Biomedical Humanities (<https://humanites-biomedicales.sorbonne-universite.fr/>) is led by Dr. Claire Crignon and Pr. Alexandre Escargueil. Both Initiatives believe that collaborations between the booming fields of biomedical humanities and gender studies can only be mutually enriching.

## **Argument**

“Medicalization” refers to the process of “defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it” (Conrad, 2005: 3). The first studies on medicalization emerged in the 1960s and 1970s (Pitts 1968, Freidson 1970, Zola 1972) and drew from Parsons (1951), who notably theorized medicine as an institution of social control. These pioneering works had a critical approach to medicalization, and often used the term to signify “overmedicalization”. Indeed, they associated medicalization with the growing authority of physicians in modern society, and they emphasized the medical power of these practitioners to define and control what we recognize as “pathological”.

However, in the 1970s, research on medicalization didn’t only stem from intellectual fields such as social constructivism, it also benefited from socio-political practices, and in particular from emerging Women’s Health Movements in the US and in Western countries. In the literature on medicalization, the influence of feminist movements is in fact deemed as crucial: “although it is a gender-neutral term, the concept of medicalization historically has been linked to women” (2012: 127) according to Susan E. Bell and Anne E. Fegert. Indeed, studies published in the 1970s mainly focused on the “connections between women’s bodies and the greater control/medicalization of them by a predominantly male medical profession and a gendered scientific knowledge base” (Bell, Fegert, 2012: 129). In so doing, this research concentrated on gender-specific experiences like childbirth and menstrual cycles (Leavitt, 1984; McCrea, 1983) and on power relations inherent to the patient/doctor relationship.

In the 1980s, Riessman (1983) and Bell (1987) were pivotal in contesting the hypothesis of medicalization as a top-down process in which women patients were passive victims. This trend has been confirmed by more recent research that has expanded the scope of medicalization to include ways in which medicalization affects both men and women, and ways in which patients participate in the medicalization or demedicalization of their condition. Indeed, recent studies emphasized how problematic a dichotomous view of gendered medicalization can be (Clarke et al., 2003). In our eyes, the complexity of the intersection of gender & sexuality and medicalization is visible in many ways:

- Gender biases in medicine do not only translate into the overmedicalization of socio-cultural phenomena, they can also lead to the undermedicalization of some pathologies. Not having a diagnosis can for example limit the access to the role of patient, with all its associated rights and privileges (Glenton, 2003; Nettleton, 2005). This is especially relevant to under-researched and under-treated conditions like chronic fatigue, fibromyalgia and endometriosis, etc.
- The influence of gender in medicalization has often been viewed in binary terms, while it has in fact historically affected intersex and trans communities in particular (Giami, 2012; Johnson, 2019).
- Patients have long been deemed mere victims of the process of medicalization. However, recent studies have given a greater importance to the active participation of patients both at the individual and collective level (Figert, 2010). One can thus ask how the contemporary expansion of expert patients may shift medicalization. For instance, to what extent are pathographies and illness narratives (literary, pictural, cinematographic, etc.) a form of the patient's active participation in medicalization (Jutel and Russel, 2021)?

As early as 1992, Conrad noted that “gender is an important factor in understanding medicalization” (Conrad, 1992: 222). Hence, this conference seeks to explore what the category of “gender” can bring to medicalization research. While it is common to use both categories of “sex” (biological) and “gender” (social) in medicine (the latter being used more and more often), it is important to remember that even in medicine, a binary view of sex and gender can be misleading. As Epstein noted, though in medicine we tend to treat sex as a “dichotomous variable” (Epstein, 2007: 253), our criteria of differentiation remain rather ambiguous and the biological demarcations themselves are unstable as they stem from social and political constructs.

Thus, this event is especially interested in the scientific approaches to gender and medicalization, exploring their interrelation through non-binary lenses. Furthermore, insofar as constructivist approaches proved that medicalization tended to overshadow the social as well as the political components of social problems, we are also interested in papers that would show how gender & sexuality studies can emphasize these components, by considering the place that gender holds in the process of medicalization.

It is also important to specify that if the concept of “medicalization” appeared in the 1970s, the realities it describes predate the development of scientific literature on the subject. We therefore encourage proposals that raise the question of the relationship between gender and medicalization in historical periods other than the contemporary era, including ancient times.

In the interdisciplinary spirit at the core of both gender studies and medical humanities, we welcome proposals pertaining to the spheres of social sciences, biology, medicine, literature, philosophy, history, visual arts, and beyond. Researchers as well as medical practitioners are encouraged to submit their abstract for the symposium, regardless of the stage of their career.

Below, we suggest a series of themes and questions that could be used as a springboard. This list is by no means exhaustive, and we also welcome proposals outside these categories, as long as they position themselves at the intersection between gender and medicalization. In addition, these themes can be explored at all historical eras, on all terrains and in all types of media.

- **Feminism and medicalization.** How has Feminism historically influenced the study of medicalization? How have feminist groups taken part in the contemporary medicalisation or demedicalization of illnesses and socio-cultural phenomena? We welcome theoretical works as well as case studies on contemporary or historical phenomena relating to: the medicalization of reproductive technologies (Ferrand, 1982; La Rochebrochard, 2008); the place occupied by women in the field of health (Walzer Leavitt, 1999; Crosby, 2018); collective mobilizations regarding conditions associated with women (breast cancer, chronic fatigue, premenstrual syndrome, obesity, etc.) or experiences associated with women (childbirth , abortion, menopause, etc).
- **Medicalized Masculinities.** Following recent publications on this topic (Rosenfeld and Faircloth, 2006; Hvidtfeldt et al., 2020), we encourage proposals on male-specific or male-dominant conditions such as ADHD, erectile dysfunction (and its pharmacologization), PTSD and the development of the diagnostic category of andropause (Moulinié, 2013), amongst others.
- **Medicalization of sexualities and genders.** This theme stems in particular from the historical medicalization of homosexuality and queer bodies (Eckhart, 2016), but it also includes the contemporary medicalization of heterosexuality, as well as the medicalization of transgender experience. Today, “gender identity disorder” is still considered a psychiatric disorder in many countries, which contributes to the ambivalence of its medicalization. While the diagnosis gives trans people a certain number of insurance rights and treatments, it is also seen by activists as a form of stigmatization of trans experience.

- **Historical approaches to medicalization/demmedicalization.** We invite proposals that show an interest in the processual nature of medicalization. Any proposal considering (de)medicalizations from a historical point of view is welcome and encouraged. One can explore the constitution of certain sciences, like the birth of sexology (Chaperon 2017), or the development of gynecology as a medical specialty (King 1998; Gourevitch, 1984; Sage-Pranchère 2014). A historical approach can also be used to analyze the evolution of the medical gaze on phenomena such as masturbation (Laqueur, 2003) or categories like hysteria (King, 2020; Abramovici, 2003) and hermaphroditism (Brisson, 1997; Laqueur, 2013).
- **Non-medical discourses and representations of medicalization.** How do literature and the arts reflect, participate in, counter or denounce the medicalisation of socio-cultural phenomena? For instance, how have the cultural representation of maternal death contributed to the medicalization of childbirth in the 20th century (Dever, 1998; Mazzoni, 2002)? Moreover, how do illness narratives contribute to medicalization by “expand[ing] the signifiers of illness and disorders” (Jutel and Russel, 2021)? Any proposal showing an interest in the active role of literature and the arts in the transformations of our relationship to medicine and gender will be welcome.
- **Gender and ethics of under/overmedicalization.** We invite participants to reflect on the ambivalences of medicalization. Because of its processual nature, patients and/or activists may see medicalisation as either overdone or incomplete. Are some of these discrepancies gender-biased?
- **Gendering pain.** To what extent is medicalization based on a gendered understanding of pain? We welcome proposals on topics such as the medicalization of childbirth and the generalization of epidural, or on biases in the perception of the fragility and pain of patients by the medical profession (“Mediterranean syndrome” for instance), but also on collective mobilisations for the recognition of chronic pain in conditions like endometriosis, fibromyalgia, etc.

### **How to participate?**

The conference will take place over the course of two days, **from Monday 28th of November 2022 to Tuesday 29th**. It is a bilingual event which will alternate between lectures, panels and round-table discussions so as to maximize the opportunities for stimulating exchanges.

Abstract proposals can be written in French or in English. They must contain approximately 250 words ( $\pm 10\%$ ), and should be sent by email to the following address: [gender.medicalization@gmail.com](mailto:gender.medicalization@gmail.com). **The deadline for submission is Monday, May 16, 2022.** Please indicate your university affiliation and a short biobibliography directly in your email. The abstract sent as an attachment (in pdf or word format) must be completely anonymized.

## Organizing Committee

- **Carla Robison** (Gender Initiative), PhD candidate in Comparative Literature, EA 4510 Centre de Recherche en Littérature comparée, ED 19 Littératures françaises et comparées, Sorbonne University.
- **Julia Tinland** (Biomedical Humanities Initiative), Postdoc at the SIRIC Curamus.
- **Lucie Vanhoutte** (Biomedical Humanities Initiative), PhD candidate in Demography-Anthropology, UMR 7206 Eco-anthropologie, ED227 Écologie & évolution, Sorbonne University.
- **Anne Fenoy** (Biomedical Humanities Initiative), PhD candidate in Philosophy of medicine and science, UMR 8011 Sciences, normes, Démocratie, ED 433, Concepts et langage, Sorbonne University.
- **Marion Bonneau**, Doctor in ancient greek studies at Sorbonne University, Médecine grecque et Littérature technique UMR 8167 Orient et Méditerranée; associated member of Laboratoire de recherche Fabrique du Littéraire (FabLitt), Université Paris 8 Vincennes Saint-Denis.

## Scientific Committee

- **Jean-Christophe Abramovici**, Professor in French Literature, 18th century, Centre d'études de la langue et des littératures françaises, Sorbonne University.
- **Thomas Constantinesco**, Professor in American Literature, 19th century, Voix Anglophones Littérature et Esthétique, Sorbonne University.
- **Claire Crignon**, Associate Professor in Philosophy of Medicine, Sciences, Normes, Démocratie, Sorbonne University.
- **Alexandre Escargueil**, Professor in Molecular and Cellular Biology, Centre de recherche Saint-Antoine, Sorbonne University.
- **Frédéric Regard**, Professor in English Literature, 19th-21st centuries, Voix Anglophones Littérature et Esthétique, Sorbonne University.
- **David Teira**, Professor in Philosophy of Medicine, Sciences, Normes Démocratie, Sorbonne University.
- **Anne Tomiche**, Professor in Comparative Literature, 20th-21st centuries, Centre de Recherche en Littérature comparée, Sorbonne University.

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Contact [gender.medicalization@gmail.com](mailto:gender.medicalization@gmail.com)

