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Czech Reproductive Biomedicine. Sociological Perspectives

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CONTENT

CHAPTER ONE
Introduction to Games of Life

Iva Šmídová, Eva Šlesingerová, Lenka Slepičková

Reproductive medicine is an attractive field for sociological inquiry for several reasons. Seemingly "natural" processes tackled by it, such as sexuality, conception or childbirth, are targets of biopower in every society as an attempt to tame life to fit within the borders outlined by these societies (Foucault 1999). They are a subject for fight over their definition, knowing and naming, delimiting normality, desirability and merit. Reproductive medicine is approached here as a representative of the three typical areas where current biopower/biopolitics is manifest, as identified in 2006 by Paul Rabinow and Nikolas Rose in their text *Biopower Today*, the others being genomics and the reconstituted idea of race (Rabinow and Rose 2006).

The area of biological reproduction in particular, and the biomedical approach to it, has become the site of turbulent changes since the beginning of the 21st century. The transformations have heralded an "epic" change in the everyday lives of people in the richer parts of the world, with new reproductive technologies opening up the vision of the normal existence of designer babies and engineered people (Rose 2006). New identities and forms of socialities emerge, such as biological citizenship or biosocialities. Biological phenomena and life itself are starting to be referred to as objects with endless ways of making technological transformations (Rose 2006). A debate is taking place on the background of such changes: whether these new trends offer more hope or threat; who should regulate them; and how, under what conditions, and to whom should they be made available to.

As part of our research, we have targeted reproductive medicine as it is practiced and conceptualised in the Czech context.[1] It is burdened by the post-socialist legacy and at the same time it is exposed to the requirements of the latest technology, while being in accord with ethical principles or the interests of patients. Therefore, it provides the ideal terrain for a sociological perspective, the primary goal of which is to unmask what is behind the evident and expose the meaning, value and power structures hidden in everyday practice and routine. We have decided to concentrate our research on the mechanisms of reproduction in the hegemonic position

[1] The title of the research project funded in 2011–2014 by the Czech Science foundation (GAČR) was *Childbirth, assisted reproduction, and embryo manipulation. A sociological analysis of current reproductive medicine in the Czech Republic* (P404/11/0621).

of biomedicine, focusing on the area of human reproduction in the specific environment of the Czech Republic. Three specific subfields of Czech reproductive medicine will be covered: childbirth, assisted reproduction, and embryo manipulation.

The focus of this book, as one of the publication outputs of the research team's work, is to describe and explore how to sociologically grasp the social field of reproductive medicine, its challenges, problems, social consequences and also its specific cultural context. Stating this ambitious claim within the three identified subfields of Czech reproductive medicine, we are looking for answers to the set of research questions outlined below. The three specific subfields were approached by the three individual members of the research team in semi-independent research studies. This can be seen in the authorship of three chapters of this book: Eva Šlesingerová has covered the subfield of manipulating embryos and DNA; Lenka Slepičková has explored assisted reproduction; and Iva Šmídová has examined the practices of childbirth in the subfield of Czech obstetrics. The latter two authors have also contributed one joint chapter. Despite the relative autonomy, these subfields are united by a shared methodological as well as conceptual framework. Therefore, the concluding section of the book interlinks them in a joint approach to answering the set of analytical questions posed at the beginning of our fieldwork:

- How are the borders between normality/legitimacy in the definitions of health and illness negotiated within the three specialized fields of reproductive medicine: 1) childbirth, 2) assisted reproduction, and 3) the issue of manipulating embryos/DNA/stem cells?
- In what way is trust established within the system of modern reproductive medicine?
- How does the status of biomedicine become the norm, and how is normality established through biomedicine?
- By what paths are the categories of status, gender, and ethnicity introduced into this process?

The content of the book in your hands reflects the gradual process of advancing and rejoining the original concept in the fieldwork data in answering the questions posed. Firstly, two chapters offer a conceptual framework for researching Czech reproductive medicine, inspired by recent sociological debates beyond national borders. Chapter Two, "Biopower and Reproductive Biomedicine[2] in the Czech Republic. A Sociological

[2] In this book, we decided to use the term (reproductive) medicine/biomedicine interchangeably. The common sense understanding of the term medicine overlaps in our

Perspective", offers the concepts of biopower, biopolitics, medicalisation, governmentality and authoritative knowledge as useful tools for analysing contemporary reproductive medicine. It proposes these analytical frames for understanding the ways in which the power and hegemony of modern Western medicine (biomedicine) are applied and negotiated in the field of human reproduction, and it proposes possible uses for such frames in the sociological study of Czech reproductive medicine. The chapter views biomedicine as a sign of the normalisation of modern society, identified with the Western concept of health and illness and the idea of technological progress, and subjects it to critical sociological analysis. In the context of biopower, the analysis of the normative nature of reproductive medicine and its consequences in the wider social space has some very significant implications. It affects intimacy and sexuality, the institute of kinship, heteronormative reproduction, gender identities, and more. The authors' interest in this subject is motivated by the strong connections between reproductive medicine, technology, and the commodification of health and illness. This chapter is designed to link the theme of biopower and reproductive medicine analytically and in a way that is fruitful to analysing this phenomena in the Czech context.

They further develop this idea in Chapter Three: "Biopower, life itself and reproductive biotechnologies. The Concept of Life and the Genomization of Society", where Eva Šlesingerová elaborates in more detail on the concept life itself, biopower and the recent processes and impacts that biotechnologies have on our understanding of the living and on the borders between life and nonlife. Such development poses new questions, ethical dilemmas and stimulates topical debates which, in the Czech context, have yet not been raised.

The conceptual reflections offered in Chapters Two and Three then serve as a framework for the fieldwork data and analytical inspirations utilised in the following chapters. Chapters Four, Six and Seven analyse explicitly the selected subfields identified as the core focus of the book, and the inserted Chapter Five introduces some crosscutting issues relevant for the analysis presented afterwards.

Chapter Four: "Embryo and Stem Cells Manipulation – the Czech Context. Bio-objects and their Borderlines" focuses its analytical attention

cultural context with the term biomedicine referring to the professional western medicine based on the scientific disciplines such as biology, chemistry and physics (Gaines, Davis-Floyd 2004). In some chapters we prefer the term biomedicine to stress the existence of two different approaches to health care: the preventive and curative (biomedicine). We discuss the topic in more detail in Chapter Two.

on the handling, discussion and negotiation of the status of the embryo, the issue of stem cell, and DNA, in particular. Its author, Eva Šlesingerová, focuses specifically on the scientific knowledge about the idea of life in her research. Embryos, stem cells and foetuses are explored as specific bio-objects on three analytical levels: a) as boundary objects, b) as the objects of governance and c) as a part of broader social and cultural changes. As such the bio-objects were analysed as an iconic representation of contemporary forms of biopolitics/biopower. Taking advantage of contemporary forms of biopower/biopolitics and bio-objectivisation in critical analyses, the research shows that the way embryos or stem cells are dealt with follows the modernistic idea of the enhancement and progress of the human population even on a molecular level. Within the framework of a bio-society (Rabinow 1996), new biopolitics (Gottweis 2005) and bio-objectivisation (Vermeulen, Tamminen, Webster 2013) the embryo has become a borderline object, a part of various differing worlds at the same time. On the one hand, it is the subject of arguments over moral or ethical, political values and their establishment as norms. On the other hand, it is the subject of a scientific description of the world and humanity's place in it, of its economization or commercialization etc. (Williams, Wainwright, Ehrich, Michael 2008, Mulkay 1997). The analysis of this subfield confirms the need for more extensive public debate concerning topics of profound social and cultural changes, new eugenics, the biotechnologisation of society or new kinship arrangements.

"Medicine as Reproduced Powerlessness: Everyday Life in Czech Reproductive Medicine from the Physicians' Point of View", as Chapter Five by Iva Šmídová and Lenka Slepičková, aims to provide deeper insight into Czech reproductive medicine in two important contexts: the post-socialist transformation of the health care system and the more general changes in the status of the medical profession. The chapter thematises the situation of the key representatives of the biomedical practice – the physicians. Moreover, the analysis focuses on two subfields of reproductive medicine, assisted reproduction and childbirth, as representations of how everyday lives interconnect with medicalised practices. It illustrates the pervasive blurring of their presence in our thinking on the family, normality, gender, the body, their salience in both popular and media accounts of medicine and their tendency to be commodified and commercialised. The analysis outlined in this chapter is based on interviews with medical professionals working in the specialisations studied. It reveals how the individually-perceived personal exhaustion of medical professionals is interconnected with external conditions on the level of organizing everyday hospital work and on the broader level of the expectations from the medical profession

as such. Professionals' accounts of their everyday experience show how the hegemonic position of the expert knowledge of biomedicine is maintained within the hierarchical and rigid settings of the provision of health care and how it influences the work of medical professionals and their relations with patients. Thus, the issues of power and powerlessness are offered for reflection there, along with formal hegemony and its practical implications for normalisation and the specific forms of biopolitics, medicalisation and governmentality.

Lenka Slepičková thematises "Establishing Trust as the Patients' Responsibility" and "The Role of Trust between Patients and Physicians in the Area of Assisted Reproduction" in Chapter Six. Trust as the ability to rely on doctors and believe that their behaviour is guided by the interest of the patient (Pearson and Raeke 2000) is one of the key elements of the relationship between the doctor and the patient which has persisted into the period of late modern medicine. The chapter explores trust in the way it is rhetorically dealt with by doctors working with patients in the treatment of infertility. It challenges the perspective of the existing research on trust between the doctor and the patient so far focusing mainly on the patient's perspective or the use of quantitative data. It appears that trust is seen as necessary for the success of the treatment and the trustful submission to doctors as a necessary part of the responsible patient role. Not to trust the doctors means not only to question their authority but also to oppose the unpredictability of natural laws governing both the patient and the doctor. The author also thematises the gender dimension in establishing trust in infertility treatment and its normalising as well as disciplining effects.

In Chapter Seven, "Medical Childbirth Made in the Czech Republic. Required and Desired Practices", Iva Šmídová builds upon the themes implied in Chapter Five, such as the normalisation, power relations and hegemony of the medical authoritative knowledge. It explores the question how the border between heath and illness, normality and pathology (risk, danger) is established and enforced. Based on interviews and other recorded speeches of hospital obstetricians and contextualised by references to dominant themes in the public discourse debates, the chapter analyses the use of homebirths as a phenomenon channelling and polarizing the discussions on the transformation of practices of Czech hospital birth. It thematises the spectrum of attitudes of Czech medical professionals towards the current practices, including refusal, distancing as well as involvement in its critical assessment. The chapter elaborates on the structural contexts of standpoints advocating for the status quo as a desired and not only required

practice, while also mentioning the fertile areas that provoke alternative approaches.

The thematic chapters outlined above serve to help the author team to find connections and interlink the constituent findings into a broader and more general conclusion to the theme under study. This task proved to be not only very ambitious, time consuming and overly complex to be encompassed by three research individualities, but it was also a very stimulating, rich and thought-provoking process. The final, eighth chapter "Conclusions" offers our final summary of the analytical problem under study, reviewing the findings of the research and opening the research conclusions for a broader reflection.

There are some acknowledgements to be made with regard to the contents of this book. Some opening chapters, or their segments, included in this book have been published previously in Czech (and Polish). Chapter Two: "Biopower and Reproductive Biomedicine in the Czech Republic. A Sociological Perspective" appeared in the journal Czech Sociological Review (Slepičková, Šlesingerová and Šmídová 2012) in 2012, and here it is published in its revised, modified and translated version with the permission of the journal publisher. Chapter Three: "Biopower, life itself and reproductive biotechnologies. The Concept of Life and the Genomization of Society" partly draws on an earlier text by Eva Šlesingerová, the chapter "Biopower/Biopolitics" in her Czech book The Gene Imagination – A Sociological Perspective (Imaginace genů – sociologická perspektiva) published by the SLON publishing house (Šlesingerová 2014), which has served as a theoretical inspiration for the research conceptualisations employed in this book and its fieldwork. Finally, Chapter Five: "Medicine as Reproduced Helplessness: Everyday Life in Czech Reproductive Medicine from the Physician's Point of View" was originally published in Polish as a chapter in *Ethnography of Biomedicine* (Etnografie Biomedycyny) edited by Magdalena Radkowska-Walkowicz and Hubert Wierciński (Šmídová a Slepičková 2014), and is published here in a revised, modified version with the permission of the publisher, the Warsaw University Press.

The work on this book has been an enjoyable, challenging as well as a learning process. The aim of the research was to be exploratory both in its empirical and conceptual dimensions and we, as authors, are glad that we could contribute to Czech medical sociology or the sociology of health, illness and the body only recently treated in the Czech context. During the work on the project which cumulated in this book, we have participated in several thematic initiatives and debates that have inspired us in the

work-in-progress analyses. Such inspirations come, in particular, from the interviewees themselves, physicians and scientists, and from social science colleagues involved in thematic debates and in institutionalising this specific subfield of research in the national as well as international contexts. We are thankful for these insights and the mutual sharing of good research practices.

The authors would like to thank the reviewers of the manuscript, Amy Speier, U.S.-based medical anthropologist, and Radka Dudová, Czech sociologist, for their valuable and detailed feedback. Improvements in the final version of the book were made thanks to their observant eyes and sharp expertise. Remaining shortcomings and imperfections are solely the authors' responsibility. We would also like to thank Sylva Ficová and Barbora Hammondová for translating some of the chapters and Steve Chalk and Michael Beauchampfor their careful language and copy-editing in the final phase.

The research findings covered by Games of Life will find their very practical implementation. These include an impact on the relevant policies and reorganization of Czech health care in reproductive medicine through the involvement of the authors in several governmental advisory bodies, thus strengthening the social impact of the relevant research findings. Moreover, some practical implications of this research will also be utilised in teaching academic courses to generations of social scientists to come. Therefore, the sociological perspectives on Czech Reproductive medicine now recorded in this book will, hopefully, provoke other reflections on games of life performed by recent biomedical advancements in human reproduction.

CHAPTER TWO

Biopower and Reproductive Biomedicine in the Czech Republic. A Sociological Perspective

Lenka Slepičková, Eva Šlesingerová, Iva Šmídová

Biological reproduction concerns every one of us – we were all conceived, carried in the womb and we were born; most of us have children of our own. Reproduction is a sensitive and fundamental theme in the life of every person, it is the subject of heated discussions, both medical, academic, and within the general public. Population studies, social politics, and demography have repeatedly given much attention to the issue of biological reproduction in the Czech population.[3] The results of these studies later become the topic of various reports in the media. These include the alarming news that as a result of the lower birth rate there will be no money for retirement benefits, or moralizing statements about the general decline of human culture connected with the dying-out of European civilization, or texts about the changes in life-style in the era of late modernity, and criticism of narrowing reproduction to its biological aspect. Specialized analyses of the reproductive behaviour of the Czech population is often commissioned by the state administration (for example Rychtaříková, Kuchařová 2008; Kuchařová et al. 1999), and biological reproduction is an ever-present theme as part of the popular and popularizing discourse.

Sociology, too, has at its disposal an extensive theoretical apparatus enabling the study of the biological aspect of reproduction, which, aside from social reproduction as the ultimate area for this type of study, is part of the network of social meaning, institutions, values, or power struggles. Sociological research cannot ignore the fundamental institution of biological reproduction, namely reproductive biomedicine. In the field of human reproduction, it is reproductive medicine that is almost never questioned for its expert authority. Rare efforts, well-covered by the media, to break away from its authority are accompanied by various sanctions: clashes with those around, with doctors, with the law. It is one of the fields of medicine that is highly prestigious, costly, uses the latest technologies, and at the same time has a license to perform "miracles".[4]

[3] For inspiring texts on the topic see Křížová (2006), Hrešanová (2008), Rabušic (2001), Hašková (2010).

[4] Newspaper and magazine articles on reproductive medicine analysed by Lenka Zamykalová (2002) have the following titles: "What Nature Couldn't Do, Doctor Mrazek Can", "Miracles

Reproductive biomedicine is of highly normative character, it reflects dominant social values and arrangements, while at the same time copying and influencing them. It determines who is or is not worthy of biological reproduction (for example by imposing limits on the treatment of infertility or prenatal diagnostics), what is a "normal" child and what its development from conception should be like, or what type of "defect" in a child is undesirable. It defines at what age reproduction is normal, and at what age it is considered a risk or potentially pathological (from results for testing congenital development defects in mothers of a certain age), how a kinship is formed (by rules for the use of donated material, or surrogate mothers for assisted reproduction), how reproduction is organized in terms of space and gender, how a responsible mother or father should behave (for example through the doctor's control in the process of hospital birth, or the case of a father present in the delivery room).[5]

Reproductive biomedicine defines to a great degree the norms of practice of a proper woman and a proper man, and on a general level it maintains the hegemony of the traditional gender order. Taking into account reproduction and the division of labour, we can see that they both are founded on the maintained legitimacy of hierarchic relations between women and men. As in other medical facilities, in the environment of maternity wards, clinics for assisted reproduction and other workplaces connected with human reproduction, the authoritative position of the medical profession (until recently represented entirely by men though rapidly becoming feminized) is legitimized through remarks about the expert, rational (masculine) work of the doctor on one hand, and the care and (feminine) practical experience of the other health professions (on the gendered character of work organizations see Acker 1990). The gender aspect of relations is even more striking in the relationship between the doctor (bound by professional formal rules being associated by masculinity and generically a man) and patient (a woman). In this sense the organization in facilities of reproductive medicine contributes to the maintenance of the hegemonic heteronormative gender order.

in Hloubětín", "The Test-tube Miracle", " Medical Miracles of In Vitro Fertilization are a Commonplace Practice Today", and others.

[5] Ginsburg and Rapp through the concept of stratified reproduction described the ways in which various biomedical technologies used in the field of reproductive medicine maintain and form hierarchies of gender, class and kinship (Ginsburg, Rapp 1995). In their opinion reproduction is organized hierarchically, while fertility, birth-rate or the experience of reproduction in different people is not considered of the same value. See Hrešanová (2008) for more on this concept in the Czech environment.

This opening chapter provides a review of the possible ways to view reproductive medicine from the perspective of social science. It focuses in particular on Foucault's concept of biopower, and on the ways of using it in the analysis and interpretation of practices in the medical profession. It also deals with the concepts of Foucault's successors, such as Brigitte Jordan (authoritative knowledge), Nikolas Rose (new subjectivities), Heather Cahill (the origin of biomedicine conditioned on gender and class social structure) and Paul Rabinow (biopower). Possible applications of their concepts are illustrated by three specific subfields of reproductive medicine: embryo and stem cell manipulation, in practices of childbirth and in assisted reproduction.

The term biomedicine (or also "western" or "allopathic") is used today in the social science discourse for reference to "professional western medicine", where the prefix "bio", emphasizes the fact that this is medicine practiced on the basis of exact scientific disciplines such as biology, chemistry, and physics (Gaines, Davis-Floyd 2004).[6] The term biomedicine refers explicitly to the existence of two fundamentally differing approaches to health care that can be traced back to the era of ancient Greece: preventive and curative (i.e. biomedicine). While the preventive approach focuses on protecting and preserving the health of the entire population, today the prevailing curative (treatment) approach is connected with the classification and treatment of individual ailments of patients, or, with the cure and restoration of a healthy body (Cahill 2001).[7] The biomedical approach to health and illness, so specific to modern western society, is one of the fundamental expressions of modern biopower, the means of the control over and administration of the modern population.[8]

[6] The category of "alternative", or "non-conventional" or "complementary" medicine (CAM – Complementary and Alternative Medicine), includes virtually all other therapeutic practices – natural healing, traditional Chinese medicine, acupuncture, homeopathy, psychotronics, kinesiology, and others.

[7] The well-established terms "preventive medicine" or "preventive therapeutic care" are not precise as they usually include vaccinations, or "preventive surgery" which are also part of biomedical activities.

[8] Interestingly, in the Czech environment the studies of health care and hygiene were cut back considerably within medical education, or even separated from it. For example, in Brno the subject of hygiene is studied at a different university than general medicine. What is left at the faculty of medicine is the subject of nursing, and special non-medical professions. The Medical Faculty of Masaryk University opens only three mandatory subjects (of a total of 59 mandatory subjects in the six-year course of general medicine) which also fall under the specifically-defined sphere of preventive healthcare: preventive and social medical care and public health. During the studies of medicine, nevertheless, some symbolic significance is given to the issue of prevention and health. The subject Health, Prevention, and Healthcare is a part of the doctoral examination in the 10th to 12th semester (information taken from

Biopower and Biomedicine as a Tool for the Control and Formation of Populations

We have decided to base our analysis of reproductive medicine within the Czech context on Foucault's definition of "bios" (the concept of life), on biopower/biopolitics, and pastoral power as a notion for the control over and administration of modern populations (Foucault 1999). In Czech sociology there are many references made to Michel Foucault; even so, a more detailed look at not only the Czech sociology of reproductive medicine uncovers considerable gaps in the application of his concepts in the field of human reproduction. This made us consider the use of Foucault's concepts, especially biopower, for the analysis of contemporary practices in reproductive medicine and the policy of knowledge about it. The examples in this chapter come from both the Czech environment and existing analyses coming from the Anglo-Saxon context. The aim of this introductory chapter is to step beyond the line of works which, in the Czech context (and not only there), merely mention Foucault's concepts as a "required introduction" for the presentation of empirical data. Our book strives to outline and document their possible applications for the analysis of contemporary practices of reproductive medicine in the Czech Republic.

Biomedicine, as one of the key sciences about humans (next to biology or anthropology) is one of the important institutions where modern ideas about scientific and technological progress and professionalization were and are put into practice. Medical knowledge abounds in great power both in relation to individual bodies/persons, and to the administration, control, and normalisation of the society. This way of analysis refers to the Foucault's concept of biopower and the category of "life". The emphasis on bios, the category of the living, stands at the basis of the modern process of forming and administering the population through biopower and biopolitics.[9] Foucault describes biopower as the "controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes" (Foucault 1999: 141).

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the Catalogue of Studies 2010/11 at http://www.med.muni.cz/index.php?id=11). The connection between health and nutrition and the environment can be studied in Brno at the Faculty of Veterinary Hygiene and Ecology of the Veterinary and Pharmaceutical University (http://fvhe.vfu.cz/adresa/sekce_ustavy/uhtml/vyuka.html). At the Medical Faculty, human nutrition is a subject in three-year bachelor's courses, and hygiene is a subject taught in the 4th to 6th year. Hygiene and preventive medicine as such thus can be studied only as part of a special doctoral course together with epidemiology.

[9] For example in the texts *The Birth of Biopolitics* (Foucault 2009), *The History of Sexuality I –The Will to Knowledge* (Foucault 1999) and others.

The author characterizes the process of "the takeover of power over life" by political power of the society that gave itself the task to control life (ibid. 139) in several social areas; medicine is one of them. Foucault writes that biopower, power over life, centres around two interconnected poles: "The first of the poles centres on the body as a machine: its disciplining, the optimisation of its abilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls: all this was ensured by the procedures of power that are characterized by the *disciplines*: an *anatomo-politics of the human body*. The second, formed somewhat later, focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and *regulatory controls: a biopolitics of the population*" (Foucault 1999: 139). A social area and a context *par excellence* where these negotiations take place is the already-mentioned biomedicine.

Medicalisation, Governmentality, Authoritative Knowledge

Alongside Foucault's analysis of biopower, a critical approach has developed in sociology to the self-presentation of medicine as a progressive institution that fundamentally improves the health and living conditions of people, as well as doubts about the purely altruistic motives of doctors' practices (Dubos 1959; Illich 1976; Cahill 2001). René Dubos (1959) expressed disillusionment with medicine's ability to improve health, and McLachlan and McKeown (McLachlan and McKeown 1971) came up with the sociology of medical pseudo-progress. In the 1970's the concept of medicalisationwas developed – especially in a critical context – which describes the tendency of medicine to expand its domain and monopolize control over areas it previously did not control: birth, dying, menopause, treatment of addiction, mental disorders, and sexual dysfunction (Conrad 1992).

Ivan Illich (1976) made use of the term medicalisation to sharply criticize current medicine: according to him, the medical system stimulatesthe demand for treatment, strengthen the inability to overcome common health problemsor minor pains and the dependence of the population on medical interventions into processes that are entirely natural. Ivan Illich also introduces the term iatrogenic (i.e. life and health threatening) to describe the effects of medical procedures on individual, social, and cultural levels.

The undesirable by-products of medical progress, he said, do not take place as the result of structural or human failure, but are the routine products of the everyday practice of well-trained medical professionals, whilst being immune to any solution. With the growing technologization of medicine and the medicalisation of society, its impact keeps on growing.[10]

The key to the process of medicalisation is the definition: "Medicalisation consists of defining a problem in medical terms, using medical language to describe the problem, adopting a medical framework to understand the problem, or using a medical intervention to 'treat it'" (Conrad 1992: 211). In the process of becoming an object of interest to medical science, patients are not always just passive objects under the power of the professionals: some illnesses and disorders were given medical definitions at the behest of patients. This was the case of post-traumatic stress disorder or chronic fatigue syndrome. At the same time, there is obvious opposition to the medicalisation of some problems, accompanied by efforts to demedicalise them, as in the case of childbirth (the movement for natural childbirth, for instance), homosexuality, anorexia or some mental disorders (Conrad 1992). Active participation by patients in medicalisation and demedicalisation is evidence of the power that medical knowledge has – to define a problem in medical terms means to acknowledge its existence. In the process of medicalisation, people who are malingerers, lazy, unstable or incapable become patients suffering from a particular diagnosis. An illness can sometimes become the source of a substitute social identity (Cockerham 2009). When talking about the process of demedicalisation, though, the seriously ill can become people living an alternative lifestyle.[11]

The concepts of life and subsequently of biopower and biopolitics are important analytical tools for the practice of modern and late-modern differentiation and classification. The process of creating and managing bodies is anchored in the foundation of modern forms of governance and the administration of nation-state populations. In "The History of Sexuality" Michel Foucault (1999) again presented and identified a specific modern form of domination over human life in society, a form of power which makes life and its manifestations visible. However, it is through this

[10] The critical view of the medical system is developed within the sub-field of sociological research on medicine: the political economy of medicine (Lupton 2003). It criticizes current medical system for commodifying health care in order to serve the needs of the capitalist system of production. In this view, financial resources should be allocated towards research on the social and environmental roots of disease, and the maintenance of good health, instead of the exclusive focus of medicine on pharmaceutical and technological solutions to acute symptoms (Lupton 2003).

[11] See Dummit (2006), Epstein (2008) and Jassanoff (2004) for more on these processes.

type of power that life is both created and disciplined in a rational way. In comparison with the traditional pater potestas, this is not random power over life and death, but rather a transfer of personified pastoral power from the monarch to the state, to the productive and rational forming and managing of human lives, bodies and populations. A modern governing strategy, this pastoral power of the state, is understood by Foucault as a strategy of the reproduction of societies through forming a categorized and controlled population from the inhabitants of a politically-defined territory. This strategy works with the help of disciplining institutions and institutionalized forms of knowledge; i.e. with the help of discourses such as demography, statistics, criminology, administration, medicine, education, and others. Foucault points out that this strategy is not in opposition to the individuality of human beings; it forms a self-reflexive type of behaviour (Foucault 1999). His notion of biopower/biopolitics then refers to the emergence of specific political knowledge and new disciplines such as demography, epidemiology, biology, or biomedicine.

In his lectures about the birth of biopolitics focused on the genealogy of the modern state, Michel Foucault elaborated on the concept of government and governmentality useful for the analysis of executing power, starting with the period of Ancient Greece through to modern times. He emphasized two points: first, he demonstrated the reciprocal constitution of power techniques and forms of knowledge. It is not possible to grasp the technologies of power without an analysis of the forms of political rationality which support and enable it. Such mechanisms of rationalization include the ways of verbalizing problems, providing arguments or various justifications andthe specific means for handling problems. For political rationality there is no pure, neutral knowledge that simply "re-presents" the reality of governing. This rationality also produces intellectual tools for processing reality (behaviour, procedures, institutions, legal forms), which later become a part of the technology of politics. Second, the concept of governmentality can be used in a more general sense indicating a close connection between the relationships of power and the processes of subjectification, because in the 19th century the idea of governing had more than just political meaning. It also described the processes of self-control, information and advice for families and children, the management of households, care for the soul, and others. Thus Foucault defines governmentality as conduct, or more precisely "the conduct of conduct", but also as a term that ranges from "governing the self" to "governing others" while focusing on neoliberalism