Kristin Zeiler and Lisa Folkmarson Käll (editors)
Feminist Phenomenology and Medicine
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Contemporary biomedicine is a complex system of discourses, ideologies, institutions, and practices. At the center of this system is the human body, which is simultaneously both an object of scientific inquiry: a biological, machine-like entity, and a unique individual: the seat of subjective experience. Casting a critical eye on medical practice entails looking at the taken-for-granted ideologies and belief systems that frame how we understand the body through medicine. In fact, it is important to keep in mind that all illnesses and physical conditions are also social constructions. What this means is that beyond symptoms and biological manifestations, physical conditions are conceived of, interpreted, and experienced in particular ways as a result of the sedimented beliefs and assumptions operating within medical discourse.

Taken-for-granted assumptions are often so ingrained into the structures of institutions, daily practice, and common-sense beliefs that they can elude explicit thematization. When considering the practice of medicine this can lead to concrete injustices, oppression, marginalization, and discrepancies within power relations. Since the 1970s, feminist scholarship has made salient issues regarding power, social control, the social construction of illness, and the sometimes racist and misogynist interpretations that overwrite biology and medicine. This scholarship has explicitly thematized the role of gender within conceptions of what constitutes illness, especially in light of the continuing medicalization and pathologization of "ordinary" female bodily experiences such as menstruation, pregnancy, childbirth, and menopause.

To date, gender and the treatment of female bodily experiences within biomedicine, and the socially constructed categories it deploys, is a continuing concern; *Feminist Phenomenology and Medicine* is an important contribution to the feminist literature on medicine. Through the fifteen critical essays in this collection, the volume does a commendable job of interrogating the limits of medicine, biological determinism, feminism, and the performative and discursive aspects of embodied life, especially in the cases of illness, disease, and other bodily "disorders." The

editors, Kristin Zeiler and Lisa Folkmarson Käll, are academic philosophers from Linköping University, Sweden, both of whose work sits at the intersection of phenomenology, medical ethics, and feminist philosophy. *Feminist Phenomenology and Medicine* arose as a result of a similarly-titled conference held at Uppsala University in May 2011 and is comprised of essays from participants in this event.

The central methodology of the collection is feminist phenomenology. This is an approach that combines insights regarding embodied experience, through phenomenological investigation, with reflections about the discursive structures that frame that experience, through feminist theory. As embodied experience is always shaped by a broad range of factors that have political and social significance, such as age, gender, race, sexuality, ability, and ethnicity, among others, feminist phenomenology attempts to reveal not only the taken for granted structures of lived experience, but also the sedimented or "hidden" assumptions that inform our experience with respect to these categories (1-2). Through this sort of reflection, the notion of a "natural" body or "natural" experience becomes problematized, and the discursive frameworks that endow embodied experiences with meaning, and in fact set the limits to bodily experiences (188), start to reveal themselves. As a result, feminist phenomenology is a powerful tool for critical reflection with respect to biomedicine and medical practice. This mode of inquiry renders experience---or lived, existential concerns---a central factor when considering the potential for injustice, unfairness, oppression, and marginalization within the framework of medical practice.

Feminist Phenomenology and Medicine is comprised of fifteen critical essays that engage feminist theory and phenomenology to analyze a diverse range of medical topics spanning illness, surgery, childbirth, gender, and mental health, among others. The insights of the French phenomenologist Maurice Merleau-Ponty regarding the body and the structures of lived experience act as a foundation for most of the essays in the collection. Beyond Merleau-Ponty, the phenomenological ideas of the twentieth-century thinkers Edmund Husserl, Martin Heidegger, and Jean-Luc Nancy are also employed in the collection. As can be expected with a collection of this size, depending from which field of inquiry one approaches the book, some chapters are of more interest and merit than others. Primarily drawing on the chapters by Lanei Rodemeyer, Gail Weiss, Margrit Shildrick, and Cressida Heyes and with mention of the contributions from Nikki Sullivan and Erik Malmqvist, the main aim of this review is to draw out from the volume some of its original theoretical insights. These insights are of great utility when thinking about how bioethics and biomedicine theorize---and, as a result, treat---the body.

Rodemeyer's essay, "Feminism, Phenomenology, and Hormones," asks a pressing question regarding feminist critiques of biology and medicine; "What should feminism do if scientific studies do not seem to support important and/or well-established feminist claims (or seem to oppose them)?" (185). In particular, she considers the feminist critiques of biological determinism with respect to sex and gender. It is widely acknowledged by feminist theorists that gender is socially constructed and performative. However, scientific studies demonstrate that there is a clear "link between prenatal hormone exposure and postnatal sexual or gender-related behavior," seemingly undermining feminist claims regarding the social construction of gender (and Butler's further claim regarding the social construction of sex) (187). What, Rodemeyer asks, should feminism do about hormones? Or in other words, and more generally, the question is: "where does the body lie in this tension between biology and discourse?" (188). This is an

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important question that is, in fact, at the heart of all medically classified diseases, conditions, or bodily disorders.

Rodemeyer tackles this question through an insightful elaboration of discursive limits. She writes: "The performative and discursive understanding of gender . . . identifies the limitations that discourses and performativities impose upon our bodies, and it reveals extremely well how we modify our lived experiences . . . so that we fit within the discursive limits that have been set" (188). The body too, Rodemeyer argues, acts as a discursive limit, but also "has its own destiny . . . a destiny that sometimes can rupture discourse" (189). In other words, Rodemeyer is alluding to the important fact that the discourse that surrounds an illness will, in part, shape the expression and manifestation of that illness for the individual who is suffering from it. However, discourse is never the whole story; the physical attributes---for example, hormones---of the body can disrupt the narrative channels of a particular discursive thread. All this points to the fact that illness and disease, as conceived of through medicine, are a complex intertwining of discourse and what we might call "biology," and this must be continuously acknowledged and interrogated.

Rodemeyer's reflections lead her to discuss what Nikki Sullivan terms the "wrong" body problem (123). This is the experience of having a mismatch between the "outer" body and the "inner" self---the common trope of the thin person trapped within a fat body, the woman within a man's body, the young person within the aged body, and so on. Increasingly, this "wrong body" phenomenon is a concern of medical practice and is treated through procedures such as gender reassignment, cosmetic surgery, anti-aging treatments, and even amputations, as in the case of Body Integrity Identity Disorder (BIID) (120). The experience of the "wrong body" is challenging to theorize when working from a phenomenological framework that repudiates any dualistic conception of the body or any fixed distinction between "inner" and "outer." In the case of transgender, for instance, there seems to be a clear distinction between one's authentic "inner" self and one's physical body, seemingly confirming the dualistic paradigm.

In one of the original theoretical insights of the volume, Rodemeyer introduces Edmund Husserl's distinction between *Körper* and *Leib* as a means to give a phenomenological reading to the experience of the "wrong body" (190–92). Whereas *Körper* refers to the body as a physical object, *Leib* refers to body of lived, sensory experience. Our experience, as embodied beings, is an entanglement of both *Körper* and *Leib*. However, *Körper* can be understood and experienced in two distinct ways, as a purely *physical* reality (genitals, hormones, and so on) or as a *social* reality (the result of social conditioning or discourse) (191). Experiences that seem to confirm some sort of dualism between "inner" and "outer" arise, Rodemeyer argues, when the "voice" of the *Leib*---gut feelings, sensations---do not resonate with the experience of one's *Körper*, in both the physical and social senses (191). With respect to the question of gender, and the tensions between biological determinism and social construction, she concludes, "the situation of the transsexual best exemplifies how the 'voice' of the body, as *Leib*, expresses itself---against all other 'meanings' of the body" (194).

Underlying the concerns about gender, identity, and the body in Rodemeyer's essay are "the three Ns" that receive sustained attention in Gail Weiss's chapter "Uncosmetic Surgeries in an Age of Normativity." These "Ns" are: the Natural, the Normal, and the Normative. Weiss frames her discussion through considering contemporary rhetorics regarding bodily enhancement. The crux

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of the problem is that as cosmetic medical procedures become normalized---and here Weiss relays a telling anecdote about her own son's cosmetic dental surgery---then the "distinction between the 'normal' and the 'abnormal' body . . . becomes irrevocably blurred" (104). However, Weiss makes clear that this distinction has never been particularly robust: the very categories of "normal" and "abnormal" are always socially constructed and intricately interconnected with notions of "the natural" and "the normative." In terms of enhancement procedures that become normalized, the worry is, of course, that those who refuse enhancement procedures, aesthetic or otherwise, are "regarded as not only *aesthetically deficient* but also *morally blameworthy*" (105).

In other words, the normal, in this case transcending "the natural," becomes conflated with the normative, or that which is right or good. The problem of "accommodating unjust social norms" through "surgical means" is also addressed by Erik Malmqvist in his discussion of cosmetic surgery and complicity (83). Complicity is, of course, an ethical issue, especially when, as Malmqvist points out, "conceptualizing individual responsibility for collective harm" (83). The concern, as medical procedures develop and become commercially available, is some sort of enhancement "rat-race" that ultimately might cause more harm than good. Weiss's reflections on the "three Ns" are important in this respect. She makes salient the fact that medical practice and discourse must remain diligent when deploying these concepts, particularly in the framework of trying to negotiate the murky territories of the treatment/enhancement distinction.

Margrit Shildrick's chapter, "Visceral Phenomenology: Organ Transplantation, Identity, and Bioethics," introduces two concepts that are of interest when considering Rodemeyer's and Weiss's reflections, as discussed above. First is the notion of "visceral phenomenology," which "understands changes to the interiority of the body as having as much import to being-in-the-world as our external interactions" (53). Reiterating some of Rodemeyer's concerns in theorizing the *Leib*---the sensing, experiential body---Shildrick discusses how the experiences of "*con*corporeality" (50), which are necessarily involved in organ transplantation, mean that it can "never be simply spare part surgery" or "a matter of technical proficiency stripped of any implications for the embodied self" (53). What this points to is the fact that using phenomenology as the starting point to theorize the body in medicine means that the conception of the body as a machine-like entity that is the site of one's fixed identity while also one's private property---a standard starting point in bioethics---is radically undermined. Instead, the body is what Shildrick calls "becoming-in-the-world" (55), the second of her theoretical insights that I would like to draw attention to.

Becoming-in-the-world is a "never-ending process of construction that belies any reference to a core self" (55). This becoming-in-the-world is composed both of the physical body, and its events, and the ever-shifting discursive frameworks within which the body is situated. It is, as Shildrick points out, intercorporeal, or in embodied relations with others, and necessarily so; as embodied beings we have "an inherent openness to others" (60). Becoming-in-the-world is a useful concept within medical practice as it points to the significant fact that through the experience of medical treatment we are never fully "restored" or "returned" to our "natural" (that is, "healthy") state; there is always some sense of emergence or "becoming" with respect to embodied identity and sense of self as we become ill and then well again. Of course, this is most obvious in cases such as amputation or organ transplantation where enduring changes in our visceral phenomenology are perhaps more apparent.

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Approaching the question of a feminist phenomenology of medicine from the other direction, Cressida Heyes's essay "Anaesthetics of Existence" employs an aspect of medical practice---anaesthesia---as a trope to theorize what she sees as one of the existential struggles that face the human subject, that of continuous self-transformation and critique. Employing a Foucauldian disciplinary framework for her reflections, Heyes posits that "anaesthetics of existence" are the "routine, habitual strategies of pain-relief that we use to cope with the trials of everyday life" (264). The cosmetic surgery devotee Lolo Ferrari---who reportedly loved the "enchanted sleep" of anaesthesia---is a launching point for these reflections. Heyes discusses how surrendering to "the oblivion of general anaesthetic" is deeply seductive in a culture, and here she quotes Meredith Jones, "where self-control, self-determination and self-awareness are paramount" (271). To cope with the "sensory assault" and "ethical challenges" of modernity we often eschew our "critical, agentic" practices in favor of "checking out" (274). Heyes writes: "Yet to choose to be numbed, to withdraw from the organization of time and the economies of pain that keep us compliant---to check out---is perhaps the most literal way to passively resist disciplinary power" (274).

When considering medical practices, Heyes's reflections are both metaphorical and literal. In fact, the normalizing tendencies of medical interventions, especially in the realm of cosmetic surgery and other "enhancement" practices, as, for example, discussed by Weiss and Malmqvist in their chapters, lend themselves to this sort of passivity and complicity: one surrenders one's agency to the hands of the medical professional who can literally "put one to sleep" in the process of enforcing compliance to the normative and disciplinary frameworks of "the clinic," to use Foucault's terminology. These concerns, as noted, have a long history in feminist scholarship about medicine, and Heyes and many of the other contributors to this collection do a laudable job of highlighting the contemporary concerns that arise within the social, scientific, and political landscapes of biomedicine.

My overall assessment of *Feminist Phenomenology and Medicine* is positive. I believe this book is a significant and original contribution to both feminist theory and phenomenology. The volume bridges a range of fields of inquiry, filling a gap in the feminist scholarship on medicine while, at the same time, providing theoretical insights that will inform conceptual and practical concerns within biomedicine. I believe the book will be of interest to scholars working in phenomenology, philosophy of medicine, embodiment theory, and feminist theory, and also of interest to theoretically-minded clinicians working within medicine and medical humanities.

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