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The gender of disease: practices, discourses, texts and representations

Sibylle GOEPPER and Emmanuelle ROMANET

- 1 In 2013, an issue of the journal *Clio* entitled 'When medicine meets gender'¹ was released under the direction of Nicole Edelman and Florence Rochefort, attesting to the dynamism of French research into the relationship between gender, medicine, and health. The first international conference to take place in France on the theme 'Gender and Health' at the University Diderot in Paris in 2015 explored the same issues. Not only has this recent work shone light upon the large field of research, but it has also allowed us to note that the scope of *representations*, as explored in literature and the arts were only taken slightly into account when it came to discussing these issues.
- 2 The one-day conference organised by the Gender Group Lyon 3 (GL3) on 13 November 2015 at Jean Moulin University Lyon 3 on the theme: 'The Gender of Disease: practices, discourses, texts and representations' began to start filling this gap. Its aim was twofold: on the one hand it integrated literature and the arts into the field of research, on the basis that these domains/fields, as well as history and social sciences, helped to refine the perception and cultural understanding of the phenomenon of disease and its relationship with gender; and on the other hand it built upon transdisciplinary, transcultural, and diachronic approaches.
- 3 Thus, when considering genders as identities constructed both rationally and structurally existing and thriving in a particular environment, it may be rather a positive development to move away from the contemporary period and/or the French domain. Additionally, looking at other eras, cultures and languages may allow us to note the crossovers, or in other words, the intersectionality of gender in order to avoid the essentialisation of 'men' and 'women' and their relationship with disease.
- 4 Yet what precisely can be the contribution of literature and the arts when it comes to analysing the impact of identities and social dynamics based upon the health of

individuals? The phenomena of differentiation between men and women, which are surely a result of power and of domination, are in clearly represented in the artistic field. In many respects, these disciplines make up in effect a continuation; indeed literalised and mediated, yet similar to those representations of disease in the reality of societies, communities, and families. It's here that we see the shared beliefs of what is and what should be a man or a woman and therefore what is and what should be their respective disease. But their role does not stop there, for if the representations are able to come forth and reinforce these ideas, they can also complete them, develop them, or modify them. As these representations create, due to the bias of fiction and the imaginary world, a paradoxical expanse where everything is at once true and false, they are without doubt able to collide with the gendered discourse on disease. The *œuvre*, when it transcends traditional notions and views, thus becomes a place for (re)construction, capable of contesting the hierarchies of gender, modifying them and, why not, abolishing them.

- 5 The present issue of *Transtext(e)s Transcultures. Journal of Global Cultural Studies* brings together the work of specialists, centering around these questions, in French, Germanic, Hispanic, Greek, neo-Hellenic, English, and Chinese history and literature. It is characterised firstly by the diversity of approach and of source. The latter fall within the medical field (medical education and treatises), as well as the private sphere (letters) and even legal (court reports). The literary texts explored include poetry, short stories and novels. We also find intermediary genres such as accounts of diagnoses in keeping with both medical discourse and literary tradition, or meta-discourses of literary criticism. The bridge between place and time period connects Ancient Greece to Greece today, the Holy Roman Empire of the 17th century to reunified Germany of the 2000s, Spain in the pivotal years between the 18th and 19th centuries, France in the 19th and 20th centuries, all via China of the 1920s and the United States in the pre-WWII era. Obstetric and gynaecological illnesses, syphilis, hysteria, madness, schizophrenia, autism, narcissism, neurosis, heartbreak, stroke, encephalitis, or even alcoholism – numerous illnesses are covered. Physical, psychological or moral, all of these correspond to real pain or to the scars left by society at different time periods and thus allow us to question to the individual or collective impact of disease through the gender of those affected and those seeking to help the impacted.
- 6 The crossover between historical archives and works of art gives us a clear message of a medicine which, far from being neutral, has always been both representative and supplier for systems of interpretation. As Nicole Edelman points out, medicine acts to 'elaborate biological, ethical and political norms which have validated the hierarchy of the sexes.' In this way, the female body is always understood in relation to the male body and it is the ideas of imperfection and absence.
- 7 Both Pascal Luccioni and Sylive Imparto-Prieur, in their own ways, look at how naturalisation, differentiation and inferiority have characterised the discourse on the female gender over the years. We make the distinction between 'feminine' and not 'women' as men also concerned by the orders of gender when they don't correspond to hegemonic model of virility, bravery and behaviour. These two articles reveal the role assumed by the medical field of social regulator(/control) which, building upon a supposedly scientific approach, tends to take the established order assuming the role of natural order and, therefore, one which is vital. Under the guise of bringing out the essence of 'the woman', as understood in the 'feminine', the word of doctors relays the ideological desire which seeks to exploit the body for the common good. Woman thus find

themselves denied access to certain unions available to men, or have their uterus confiscated, a paradoxical object of fascination and repulsion, as well as being forced to carry children. This phenomenon is not exclusive to Europe. Jacqueline Estran explains that in China, the principles of Yin and Yang, which make up the biological dimension of the medical discourse, also contribute to reinforcing the gendered domination. These mechanisms shed light upon the exclusion of women from both intellectual and public spheres; a fact which often remains today. Yet the perceptions of both political and economic issues also allow to become aware of the ambivalence of the demographic control. Even if it is undeniable that medical discourse prevents women from taking care of their own bodies and thus forces them to conform to societal norms, it does however play a part in the improvement of real and tangible progress in the understanding of their gender specific organs, just as it puts into place public health policies which constitute very positive progress. This is the work, amongst others, of Emmanuelle Romanet-Da Fonseca.

- 8 The discourse on 'women's diseases' belongs principally to men and it indeed leads to gender inequality. While we are looking at the relationship between the ill and the caregivers there is still ambivalence. What we find is the proof that the groups 'doctors/males/the dominators' versus 'the ill/females/the dominated' are more complex than we might have first thought. Stéphanie Chapuis-Després explains how female neighbours, matrons and midwives have to as much protect women in labour as they do keep a close eye on them. Their taking part in society's controlling of women's bodies poses the question of the internalisation of the norm. We find in the short stories of F. Scott Fitzgerald many characters of wives and of nurses who sacrifice themselves for society's expectations of their gender. Yet Catherine Delesalle-Nancey emphasises the real synergy of the patient/caregiver pair. She points out especially the fact that hiding behind the devoted women played out in Fitzgerald's work there is a man; notably Fitzgerald himself who devoted himself to looking after his sick wife. Here we find a clear challenge of the pattern according to which women are responsible for care whilst men simply take advantage of it.
- 9 The proposed considerations also validate the profoundly shifting nature of gender distinctions. The reconfiguration of the relationship between domination and hierarchy depends, on the one hand, upon technological discoveries which alter, in a more or less abrupt fashion, the medical discourse of the sexes; and on the other hand, the evolution of ideas is shaped by political, economic, and social powers. The influence by a series of factors other than medical progress is clearly shown by this collection of work. Amongst these factors we might point out the rivalries of the different professions in the medical field (doctors, surgeons, midwives), class reports, which bring about disparities of salaries of those providing care; be they self-taught or qualified medical professionals, or the lack of information on certain diseases when coming from rural regions as opposed to cosmopolitan cities. Let us finally point out the growing importance of the interaction with the legal sphere where victims more and more take legal action in order to gain compensation for any wrong done.
- 10 If we consider that inequalities are reconstructed and that they are, in a sense, the bedrock of society, the arts seem to offer a more favourable place in which there is a less normative understanding of bodies and their assigned genders. Sophie Coavoux shows how poetry may alter or subvert pseudo-medical logic which designates the categories of 'shameful' and of 'virtuous', 'healthy' and 'unhealthy', and of 'pure' and 'impure', in

terms of the sole heterosexual norm. However in prose, Sibylle Goepper wishes to explore alternative and dissonant voices at the heart of both a predominant society and a medical world which acutely distinguish human beings into two sexes. Both Coavoux and Goepper look at works which explore both gender and sexuality outside of heteronormativity. It's by this transformation of the real or concrete, made possible by artistic transfer, or in other words by symbolism, images and metaphors, that we might begin to understand and to call into question the state of discrimination. In revealing the infinity of masculine (s) and feminine(s), the present aesthetics analysed in fact undermine existing hierarchies and favour going behind this binary thinking. Indeed, it is in terms of writing itself that disease seems to allow scope for new possibilities. Such a dimension is brought to light by Thu Thuy Bui who, by looking at both language and text in which inhabit rage and madness, brings to the fore a place of resistance faced with pain brought about by grief and exile. This healing process of 'written words' against 'pain experienced' is the prepared antidote for escaping insanity. This healing is both source and result of the identity quest of the author and their characters.

- 11 The present collection welcomes 10 contributions spread over three parts spanning from History to literary representations.
- 12 In her introduction, Nicole Edelman proposes the following question: 'When does disease meet gender?' To answer this, she looks at the history of medicine, emphasising from the outset that gender is a way of thinking about the world which allows us 'to understand all forms of control between men and women; and more widely between all human beings'. Edelman also analyses the masculine and feminine categories whose binarity has been problematised due to biological and medical findings. She then traces the evolution of the gendered idea of the body and its illnesses from Ancient Greece to the present day via the major discoveries of the physiological causes of disease of the 18th century, followed by the 'milieu intérieur' (or 'the environment within') and the unconscious at the end of the 19th century. This vast approach allowed Edelman to define the theory that disease has always played a part in the hierarchisation of gender; the latter depending upon place and time period according to political, economic, social or cultural, and overlooked or hidden issues. In the 19th century, the medical discourses on hysteria offer not only a perfect illustration of the inferior place of women, but the construction of a racial and racist discourse more generally, aiming at criminalising foreigners and those on the margin of society – an analysis whose relevance is particularly striking.
- 13 Stéphanie Chapuis-Després analyses the evolution of the role of midwives in the Holy Roman Empire of the 16th and 17th centuries. She underlines a paradox: giving birth, which is in practice largely a woman's concern, is commented upon and taught by men who, little by little, inhabit the domain of gynaecology and obstetrics. This is such due to the fact that midwives take care of 'normal' births, whereas doctors (in this case male) are called in for 'pathological' births, from which they gain more credit. We see in parallel a progressive tightening on controlling the activities of midwives given their supposed lack of experience. At the time when male intervention on the body of women became more widespread and where these practices were less about an act of caregiving but of a concern of decency, it was in fact the presence of these midwives and their intervention which were more efficient.
- 14 Sylvie Imparato-Prieur studies the pivotal moment of early 19th century Spain during which surgeons, previous authors of obstetrics treatises, extend their field of expertise, notably through specific training courses, to gynaecology and paediatrics. In their work,

the bodies of women, compared to those of men, appear essentially 'disrupted'; the menstrual cycle making them naturally ill beings. These medical descriptions always play a part in the moral discourse which reduces women to their role as procreators and thus justifies by supposed fragility of their bodies their place at the centre of the home. Furthermore, they serve the interests of the collective, which needs healthy mothers and children. It's the ambivalence of this pseudo-scientific discourse, which, on the one hand, excluded women from the public sphere in glorifying their place at the centre of the home and, on the other hand, contributed to the understanding of their specific diseases and thus laid the foundations for future public health policies.

- 15 With Emmanuelle Romanet-Da Fonseca, we reach the second half of 19th century France. Her work looks at the 'explosive duo' created by syphilis and nursemaids whose milk carried the disease. They could therefore infect the child but also be infected by the child they were nursing. The progress achieved on the different ways of transmitting the disease leads little by little to a change in perception of this ailment. Whilst syphilis had for a long time been considered as a symptom of prostitution, the 'innocence' of certain victims brought with it a new responsibility of taking care of those affected by it. We see this at, for example, the Antiquaille Hospice in Lyon. The article also shows how, over time, the taboo surrounding by syphilis was gradually lifted thanks to, amongst other things, lawsuits filed by nursemaids against their employers who hid the syphilis of their children.
- 16 The second half of the dossier, which takes us from Ancient Greece to modern Greece, places itself between medical discourse and literary discourse.
- 17 Pascal Luccioni focuses on the treatises of Greek doctor Galen (2nd century AD) who brought to the scene the diagnosis of a disease of one of his female patients due to a broken heart. This was one of many instances in which writers of the Antiquity recount cases of heartbreak, yet with a difference: Their cases do not concern a woman, but young men. The comparative reading of this body of work reveals, on the one hand, that the 'treatment' of heartbreak is different depending upon whether one is a man or a woman; or in other words, that it adheres to a gendered grammar: estimation worth in both directions of the same behaviour (in this case, silence), healing/non-healing, resistance by force/by the passivity of temptation of forbidden love. On the other hand, it shows us how gender, as both a social and literary construct, impacts not only the memory of the doctor/author, but also that of its characters and its readers.
- 18 Sophie Coavoux tackles the pathologization of homosexuality in Greece at the end of the 19th century looking at the work of poet Constantine Cavafy. Focussing on Foucault's concept of *scientia sexualis* (science of sexuality), she shows how medicine (psychopathology, psychiatry) and psychoanalysis are exploited by society, and in this case literary criticism, in order to expose sexual behaviour which did not fit the heterosexual norm and thus fed a homophobic rhetoric. Cavafy's originality lies in the fact that, contrary to other contemporary writers, he does not adopt this guilt-laden discourse, yet rather integrates it in his homoerotic poetry in order to deflect and undermine it. Here he develops an *ars erotica* which serves as a counter-discourse aimed at reversing the discourse presenting homosexuality as an illness and which questions the hegemonic understanding of the categories 'healthy' and 'normal'.
- 19 In the third part, the considerations move further towards the literary representation of disease in prose.

- 20 Through the work of the writer Shi Pingmei, Jacqueline Estran sheds light upon the major role played by disease for numerous female Chinese artists of 20th century who, during periods of isolation, find a free space ideal for creation. Feminine writing, illness and suffering bodies maintain a close relationship in these texts. If the pain experienced is one of the foundations of the community conceived by Shi Pingmei and her circle of friends, its thematisation in fiction allows her to tell about these painful experiences and also to adhere to a double affiliation. The latter is that of women making work out of their physical and emotional suffering, and that of daughters giving life back to their mothers at the heart of their work. Those works which are more autobiographical attest to an existential quest and a path of emancipation of the characters, an *alter ego* of the writer, as one of them switches from the ill person to that of the healer, taking on the role of nurse during the war.
- 21 Catherine Delesalle-Nancey studies male artists whose creative talent has been limited by illness (stroke) or addiction (alcoholism). The two short stories focus on the important place held by caregivers, usually a nurse or wife. However, these texts do not expose the 'gendered' sharing out of roles, where the woman would ensure the role of care, whereas the man would receive it. She rather follows the trail of a new mode of 'patient care' which transcends the categories of 'men' and 'women'. She anchors them in an interaction which unifies two subjects in the same 'economy of desire' which is founded upon the reciprocity of a link which is only disproportionate at first sight. Catherine Delesalle-Nancey goes further by looking at the notion of 'full subjects' by presenting both sick person and caregiver as as flawed beings, inhabited by both a drive for life and death, as well as by an absence, a driving force for desire allowing them to place themselves as subject.
- 22 Following on from couples, Thu Thuy Bui looks at the father-daughter relationship marked by destructive rage in the literature of Linda Lê, which is not known for its easy accessibility. The mourning for her father (the main character who is deformed in *The Three Fates*) gives way not only to the relevance of words, but also to a rupture in the norms of daily communication. Parallel to the metaphorical analysis of fire and bird which link father, daughter and death, the study shows how writing exerts a 'wholesome' influence, by helping the writing to channel her madness and to overcome the crisis following the various different losses she experiences; that of the country of origin and that of the 'ideal reader' (her father).
- 23 With the novel *Du stirbst nicht* by Kathrin Schmidt, Sibylle Goepper looks at other forms of loss of bearings, inner exile and mourning. These phenomena are linked to the aftereffects of a brain injury experienced by a writer in her forties, where we learn that she is in fact the alter ego of Schmidt. Here, language and memory remain linked, the patient still having to go looking for them, through a long and painful journey of reconstruction during her physical recovery. Gender creates an additional key to understanding the memory recall of the protagonist-narrator returning to her citizen's path in the German Democratic Republic (GDR) and her turbulent relationships between her husband Mattes and her lover Viola. On this occasion, it is also the appearance of the potential advantage of disease which gives an unexpected transformation of language and its meanings. It is on this final positive note that the dossier closes.
- 24 The present articles thus present the notion of disease, the particularities of which being either 'masculine' or 'feminine', as well as its place in different time periods and geographical regions. They explore ill people, but also cures, the field of care and

caregiving individuals. They question the perceptions of 'normality' and 'deviance', as well as their impact on the knowledge of disease, and/or the discourse surrounding it, and finally personal development and the construction of the identities of individuals. We hope that this body of work will help to improve the understanding of the question of disease and its link with the questions of gender in History and the arts.

- 25 Translation in English: Christopher Mole
26 For other translations in English thanks to Sonia Roux and Eric Marquis
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NOTES

1. Nicole Edelman, Florence Rochefort (dir), 'When medicine meets gender', in *Clio. Women, Gender, History* [Online], 37, 2013, published online on 19 July 2013. URL : <http://clio.revues.org/10956>. Accessed most recently on 5 May 2017