

Power of naming: from medical framing to the embodied experiences of women

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The quest for healthy bodies, lives, and lifestyles reflects the growing importance of medical institutions that have the legitimacy and power to classify people, to define "normal" existence, and to name and transform status and identities. The definition of "good health" and "healthy behaviours" is intrinsically related to what is defined, by contrast, as unhealthy, ill, or deviant. To the extent to which it identifies, names, and frames life situations, behaviours, and bodies (e.g., as "ill" or "healthy"), the (bio-)medical paradigm takes part in the production and reproduction of social norms. By doing so, it goes beyond its main sphere of action with radical implications that will be explored in this panel.

Indeed, the requirement of medical validation for transforming situations and experiences of illness remains questionable. In this panel, we will consider discourses and practices of medical legitimacy through the lens of "corporal proof". On a macro level, the power of medical validation in shaping the definition of "social problems" such as "female genital mutilation" will be examined. On a meso level, the attribution of (or refusal to attribute) a victim status by medical services measuring levels of violence through the examination of physical traces of violence on bodies will be explored. On a micro level, subjective feelings and strategies of HIV-infected women challenging medical HIV normalisation will be discussed.

The first paper provides a frame analysis of newspaper articles on female circumcision and female genital cosmetic surgery by focusing on the construction of "social problems" in medical discourse. The second paper presents an ethnographic study of a healthcare service that specializes in supporting victims of all types of interpersonal violence. It considers the central role played by forensic documents in certifying traces of violence on the body, thereby legitimising or delegitimising a victim's status, the acknowledgement of which could provide the necessary judicial grounds for seeking legal reparation. The third paper focuses on the tension between what is regulated as a positive medical outcome of a treatment and

what is experienced by HIV- infected women who resist this imperative of "normal health with HIV" by adopting personal strategies that ensure a certain "quality of life" rather than a "quantity of life".

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