

**The Human Body as cultural
Playground
with emphasis on the Female
Body**

Marianne Springer-Kremser

Introduction

The focus of this paper is on the vicissitude of the disposability of the human body, especially the female body, facilitated by means of 'Human Enhancement'

The culture-specific demands and the tensions arising from interactions within these already well established 'cultural demand' patterns, based on results of so called scientific research on one hand and individual psychic or/and spiritual conditions on the other hand, are stressed.

- As Psychiatrist and psychoanalyst, the suffering of female patients in connection with their bodies have consistently fascinated me as much as the pain inflicted by various institutions on the female body and psyche outrages me.
- From the actual different applications of the term 'Human Enhancement' referring to any attempt to temporarily or permanently overcome the current limitations of the human body and mind through natural or artificial means, this paper will concentrate on techniques that can be/are used not simply for treating illness and disability, but also for enhancing human characteristics and capacities.

The Areas selected to exemplify the necessity for critical debate regarding certain technologies or substances, euphemistically labeled as ‚Human Enhancement‘:

- Mentally: Nootropics, with emphasis on Antidepressive drugs and further on Amphetamines (Ritalin), used against Attention-Deficit Hyperactivity Disorder (ADHD) - the most common psychiatric disorder in children and adolescents (Psychiatry) - Globalization of clinical research
- Reproductive Technology: Preimplantation genetic diagnosis
- Physically: Internal (aiming at the change of a bodily function) and external Body Modification (cosmetic Surgery)

Focus on the Mind 1: Depression

- Psychic suffering seems ubiquitous labelled as 'Depression'- by psychiatrists as well as by lay-people. This diagnosis also is often applied to somatic conditions, eg chronic pain, when no somatic substrate can be identified. The diagnosis – very often basing on questionnaires without a face to face diagnostic interview – is followed by the prescription of a psychotropic drug. This exclusively symptom orientated approach disregards the role of critical life events prior to the onset of depression – to say nothing about questions regarding early losses in the patient's life. Since the 1970 Brown and Harris, Schepank et al among others clearly showed in their field surveys the social and psychodynamic origin of depression: early loss of the most beloved persons makes an individual prone to develop depression in later life.
- Since S. Freud's paper 'Mourning and melancholia', published 1916, we know that depression – or as the old terminus melancholia - can be understood as an exaggerated (if not pathological) form of mourning.
- In so called 'postmodern society' mourning about a loss seems to be forbidden – but the prohibition of mourning is the 'via regia' into depression (Besides the raise of guilt feelings).

Even if there nowadays never is - and in psychoanalysis never was - any doubt about the fact, that in the etiology of any psychic suffering intrapsychic, biological and environmental factors are interacting, the dominant clinical practice concentrates exclusively on the biological facts, and consequently antidepressive drugs are prescribed, thus neglecting the other etiological facts. This procedure seems clearly connected with the economic interests of the pharmaceutical industry.

But critical voices concerning this practice become more and more prominent.

Under the headline ,Talking back to Prozac' (Serotonin reuptake inhibitor, SRI Fluoxamin, in the US widely used and in drugstores available) independently from each other, in autumn 2007 three books have been published:

- How normal Behaviour becomes a sickness (Yale Univ Press);:
- The loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive disorder (Oxford Univ Press), .
- The unhealthy Relationship between the Pharmaceutical Industry and Depression (New York Univ Press).

Women and Depression

- Surveys and original papers confirm the wide spread observation, that women are more likely to be diagnosed as depressed (2/3 women, 1/3 men) and consequently the figures of psychotropic drugs prescribed for women are correspondingly much higher compared to men. (Doyal, 1995; Sieverding, 1999). Post partum depression, unexplained infertility, menopausal complaints, - all of these sufferings include losses, even ideal losses, - figure as indications for psychopharmacological interventions – even if the depression is attributed as 'light'. The antidepressive medication seldom is regarded as helpful, but as protracting the women's suffering. (Springer-Kremser et al, 2006).

- .

Therapy of depressive states

- State of the Art treatment actually for light depression is psychotherapy; for medium depression psychotherapy, in certain cases combined with antidepressive drugs. For cases of major depression the treatment with antidepressive drugs is obligatory: but combined with psychotherapy. Psychotherapy and biological therapy have to be applied simultaneously and psychotherapeutic interventions have to be adjusted to the psychic and somatic condition of the patient in question.

Globalization of clinical research I

- The New England Journal of medicine in February 2009 has published a paper on 'Ethical and Scientific Implications of the Globalization of Clinical research' Quotation: Pharmaceutical and device companies have embraced globalization as a core component of their business models, especially in the realm of clinical trials. This phenomenon raises important questions about the economics and ethics of clinical research and the translation of trial results to clinical practice: Who benefits from the globalization of clinical trials? What is the potential for exploitation of research subjects? Are trial results accurate and valid, and can they be extrapolated to other settings. Trends in the Globalization of Clinical Research show, that clinical trials increasingly occur on a global scale as industry and government sponsors in wealthy countries move trials to less wealthy countries.'
- The number of countries serving as trial sites outside the United States more than doubled in 10 years, whereas the proportion of trials conducted in the United States and Western Europe decreased
- The substantial cost savings by conducting trials in developing countries motivate companies to increasingly move phase 2 and phase 3 trials to places such as India and South America. A first-rate academic medical center in India charges approximately less than one tenth the cost at a center in the United States..

Globalization of clinical research II

- A major concern is the ethical oversight of research involving human subjects in developing countries. Wide spread disparities in education,, economic and social standing, health and care systems may jeopardize the rights of research participants'. –
- The authors also argue, that 'another question relates to social ecology and the genetic make-up of trial populations.. Geographically distinct populations can have different genetic profiles, and these differences have been shown to be related to the safety, and effectiveness of drugs' – and this has a specific impact on psychiatric illness and its treatment with psychotropic drugs meaning, that an effect or a certain response to the drug applied, which was watched in a region in sub-Saharan Africa or South East Asia might not be comparable with the response of a patient, diagnosed with the same illness in western Europe...

Focus on the Mind II: Attention-Deficit Hyperactivity Disorder (ADHD) I

- Prof Leuzinger-Bohleber and her Team, Frankfurt, could show in their Research on Prevention of ADHD, that diverse Problems and destinies of children might be hidden behind this diagnosis: organic problems of the brain, early emotional neglect, traumatisation of children and/or their parents, loss of a parent, high giftedness, cultural or institutional adaptation problems.
- Under the e.g. Ritalin medication not only the symptoms, but the diverse etiologies of this 'disturbance' are not visible any more and, consequently, even if the indications remain, no adequate therapy is offered. In addition the long duration consequences of the Amphetamine medication in children - besides sleeping disturbances, lack of appetite - are not sufficiently reviewed. Besides the chemical interference with the developing brain, the risk of: so far unknown psychiatric and or neurological consequences in later life can not be denied. ...

Attention-Deficit Hyperactivity Disorder (ADHD) II

- In Germany, approximately 150.000 Kindergarden children with the Diagnosis ADHD consume psychotropic drugs regularly, often without previous pediatric investigation – to say nothing about children-psychiatric diagnostic interviews! Even if in some cases after careful psychiatric investigation, the Amphetamine might be indicated, it is alarming that in the last 10 years this Amphetamine Medication for small children has increased extremely 270 times multiple.
- A further ethical challenge is the fact, that children from disadvantaged families, often migrant families are more likely prone to the prescription of Amphetamine.

Female reproductive capacity and Preimplantation Genetic Diagnosis I

- Our present socio-cultural scenario seems to produce complex demands, which manifest themselves in conflicts/symptoms. The idealization of scientific progress, as regards reproductive technologies, fosters the idealization of the 'Baby to be'. So, mother/parents not only want a child, but a beautiful, not handicapped, lovely child. This wish is undermined by what is called 'reproductive confidence'.
- One fundamental measure of the health of a society is reproductive confidence. On an individual level, there are many social and biological factors that can undermine this confidence. Fear of transmitting a genetic disease to one's child can have a major impact on reproductive confidence, and this can be the case whether the fear is well founded or not.

Female reproductive capacity and Preimplantation Genetic Diagnosis II

- Following Prof Pembrey, GB, PGD, for genetic disease brings together 3 areas of biotechnology, that have each engendered their own ethical debates: in vitro fertilization, genetic testing and prenatal diagnosis for the purpose of selective continuation or establishment of a pregnancy. He stated, that the overall goal of medical genetics as being *'to help those families with a genetic disadvantage live and reproduce as normally as possible'*

PGD offers opportunities to four groups of couples:

- Where a woman with a known genetic risk has had a tubal ligation because (acceptable) prenatal diagnosis was not available at the time
- Where a woman is having IVF for infertility reason and also happens to face a high genetic risk
- Where a woman with a known genetic risk has had a disastrous reproductive history with repeated selective abortions following prenatal diagnosis
- Where a woman with a known genetic risk has an absolute objection to abortion on moral and religious grounds.

Female reproductive capacity and Preimplantation Genetic Diagnosis III

- Increasingly, request for PGD in GB come from women who do not wish to contemplate an abortion, but dare not start a pregnancy because of their high genetic risk.
- In these circumstances, discussion of the reliability of PGD becomes a key part of the non directive counseling process, aiming at an informed decision..
- Finally, the woman's body and mind, her whole personality is touched by these problems and consequently the quality of the services, counseling and ethical safeguards has to be of the highest possible standard. Non directive counseling, respecting the value system of the woman in question, thus not imposing the counselors individual value system on her, is of paramount importance. There is a great deal to be done in training health professionals in genetic counseling and in the development and delivery of the appropriate services.

Example: The case of a young woman, who witnessed her mother's suffering from Chorea Huntington

Focus on the female Body: internal Body Modification

-

- Intrapsychic and externalized dramas which revolve around the disposability of the own body and, as the case may be, its total disposability through others, are expressed, for example in:
The wish of a 22 year old patient for hysterectomy without somatic indication.
- A Lemma (2010) describes different unconscious fantasies, which might underpin body modification, cosmetic surgery. One of these fantasies seems to be the 'reclaiming fantasy', where the own body could be experienced as container of other's (the mothers) hostile projections. A. Lemma suggests that 'removal...of a body part thus serves the function of rescuing the self from an alien presence, which is now felt to reside within the body; that is the modification (here the hysterectomy) is driven by what I am calling the reclaiming fantasy' (p 136)

Focus on the female Body: external Body Modification

- External bodily changes
- The wish for cosmetic/surgical alteration of individual body-parts could be pursuit in order to match an idea of "beauty" or may be to fulfill other unconscious demands, become increasingly important.
- Freud himself stated 'Regrettably, Psychoanalysis has not much to say about beauty' (S. Freud. 1910). Joan Riviere contributed to this topic with her concept of 'Femininity as a mask' (1929) and has captured the significance of 'beauty' in a given culture.

Who disposes of the female body? Is it the individual woman?

Which institutions presume to dispose of the female body - and by what means? What desperate measures are undertaken by women in order to prove - partly for themselves, partly in connection with their environment - that they themselves are in possession of this right to dispose: that they are "mistresses in their own house"? Throughout the female life cycle, in connection with pregnancy and childbirth, women are directly or indirectly at the mercy of institutions - the medical system being the most readily seen. The increasing medicalization and economization of the female life cycle facilitate her disposability.

Focus on the Body: internal and external Body Modification

- The subjective image of disposability therefore is of interest: Which are the relevant fields of interaction between psycho-sexual development and the growth and differentiation of internal and external object relations, which cause the body's disposability or else the helpless admission of disposability through others? The self-destructive dimensions the desperate attempts to dispose of the own body, together with the attempts to master the fear of the own destructive power, and the attempts to avert the persecution by internalized "evil", are truly shattering.
- The fact that institutions or their representatives assume the right to dispose of others' bodies, especially those under their care, not only affects women - as we know from the current dispute about sexual abuse within a wide range of institutions.....

Fazit – Open for Discurs

- Many critics argue that "human enhancement" is a loaded term which has eugenic overtones because it may imply the improvement of human hereditary traits to attain a universally accepted norm of biological or mental fitness (at the possible expense of human biodiversity and neurodiversity), and therefore can evoke negative reactions far beyond the specific meaning of the term. Furthermore, they conclude that enhancements which are self-evidently good, like "fewer diseases", are more the exception than the norm and even these may involve ethical tradeoffs, as the controversy about ADHD arguably demonstrates.
- The approaches of different value systems towards 'Human Enhancement' have to be considered Carrico, Dale (2007). *Modification, Consent, and Prosthetic Self-Determination.* <http://ieet.org/index.php/IEET/more/carrico20070226/>. Retrieved 2007-04-03.