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MEDICALIZATION OF A WOMAN'S BODY – A CASE OF BREASTS[1]

Abstract

Medicalization of a woman's body is not a new phenomenon – it is widely described in Polish and foreign literature mainly with reference to maternity and menopause [Domańska 2005, Buczkowski 2005, Szczepaniak 2010, Bielawska-Batorowicz 2005, Arroba 2003, Cindoglu, Sayan-Cengiz 2010, Spina 2010, Whitaker 2000, Bell 1987, Conrad 2007, et al.]. Both issues are very complexand include theoretical deliberations and empirical research over variety of problems[2]. The paper examines the process of medicalization of a woman's body with a focus on breasts. This choice is based on observations and analyses of literature concerning the medicalization of women's bodies. A key finding was that within the frames of the process some aspects of women lives became more, while other conditions stayed relatively less medicalized – which stays in agreement with the Conrad's concept of the degree of medicalization [Conrad, 2007: 6–7] – and that one of the most medicalized part of a woman's body became breasts. To analyze this issue three dimensions of the medicalization of women's breasts are proposed: aesthetic – commercial, reproductive-demographic, medical - productive. The analysis depicts how a part of a female body became a matter of interest for

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[2] Medicalization of maternity includes such questions as infertility, in vitro fertilization, professionalization and medicalization of pregnancy, institutionalization and technicization of delivery and professionalization of motherhood, that is related to increasing power of medical professionals over the process of care and breeding of a child. Medicalization of menopause focuses on such aspects as hormone replacement therapy, psychological changes in women caused by fluctuation of hormones as well as osteoporosis as a consequence of menopause.

different medical subdisciplines depriving women of autonomy and changing normal life processes into an object of medical interventions and making women subject those interventions. The paper shows also how a female body became an object of biopower and biopolitics, which – through different tools – governs individuals' bodies as well as whole populations. To analyze the issue a new analytical approach is proposed based on the concepts of the sociology of the body and the concept of biopower by Foucault. The analyze focuses not on the medicalization of the whole body and life of a woman but only on a part of the body – breasts and it does not depicts a certain case of medicalization but multidimensional practices performed toward that part. The analysis will be made in the context of the Polish society but the assumption is that the medicalization is a global process that progresses similarly in all Western societies and some comparisons and references to other countries (mainly to the United States) will be made.

Key words: medicalization, biopower, body, breasts, maternity, cancer, plastic surgery

1. MEDICALIZATION – DEFINITION AND EVOLUTION OF THE CONCEPT[3]

Medicalization is a process in which more and more non-medical aspects of everyday life (states, actions, behaviors and attributes) come under the jurisdiction and control of medicine. They usually are defined as diseases, syndromes, and dysfunctions. These definitions underline that a certain problem must be moved into the medical, i.e. professional sphere. The contemporary model of medicalization makes use of agents who are not necessarily medical professionals (journalists, social movements, etc). Thus, the definition becomes broader and broader, and medical professionals are only one of the possible elements of the process [Conrad 1992, 2005, 2007; Poitras 2009 et al.]. Some even suggest that medical professionals are not necessary to medicalize the problem it is suffice to display and treat them as such, eg. in media or by non-professionals. Moreover, within contemporary model of medicalization definitions suggest that another

[3] Thorough elaboration of the development of medicalization models one can find in: Wieczorkowska M. [2012], *Medykalizacja społeczeństwa w socjologiiamerykańskiej*, [w:] "Przegląd Socjologiczny", tom XLI/2, p. 32–56. This article emphasizes only essential issues concerning those models which are important to understand expansion of medical procedures into women's lives in several dimensions.

aspect of the medicalization is expansion of already existing medical categories and making more and more, previously seen as healthy people suffering from certain diseases [Conrad 1992, commentary: Davis 2006].

In a broader context medicalization is seen as a part of a historical process – secularization. Since the power and authority of traditional institutions such as religion and family have weakened, a new type of power, one based on knowledge, became dominant.

An early model of medicalization placed emphasis on medical imperialism and medical social control. In the contemporary model ever more attention is paid to biotechnological development, expansion of genetics, models of managed care, and even to non-medical agents of medicalization like media and social movements [Illich 2010, Conrad 1979, 2005, Conrad, Schneider 1992, Wootton 1959, by: Poitras, Meredith 2009, Szasz 2007 et al.]. It can be readily observed that the commercialization of medical services leads to greater competition among medical institutions and professions on one hand, and greater expectations on the part of patients/clients on the other. To gain the interest of prospective patients, new medications are offered and there is a growing tendency to define non-medical actions, states and behaviors as disorders, dysfunctions and diseases. As the female body has been considered for several centuries as weaker, inferior and more captive to biological aspects, it is obvious that it is a prime candidate for medicalization. The following sections of this article will focus on the medicalization practices with respect to women's bodies.

Contemporary model of medicalization is essential in frames of this article as it shows the expansion of that process. As it was stated above, with the decreasing role of medical professions the role of lay groups increased. They include media, social movements as well as individuals joined only by common interest [Bird, Conrad, Fremont, 2000][4]. In other words, lay persons become main pressure group in treating a certain condition as a disorder or a disease (however medical professionals still have the power of deciding whether an individual is sick or not). To conclude, one can observe increasing role of new agents of medicalization including media, social movements, markets (eg. pharmaceutical or cosmetic market) and consumers themselves [Conrad 2005]. They can play essential role in frames of the medicalization of women's bodies.

[4] Examples include demands of the veterans of Vietnam war to treat post traumatic stress disorder as a disease (psychiatric environment finally included it on the list of disorders) or movements of infertile couples who demand to treat infertility as a disease with in vitro procedure as a medication to it which should be fully refund by the government.

Another important aspect in the contemporary model of medicalization is expansion of medical categories – including new conditions and new diagnostic criteria into existing categories of diseases and disorders. All those changes are visible in consecutive revisions of International Classification of Diseases (ICD). Examples include a change of norms of cholesterol level, expansion of ADHD and expansion of alcoholism. In the 60s of the 20th century the maximum acceptable range was 400 mg/dL, people who have crossed that level were prescribed statins. Today's standard is the range from 200 to 240 mg/dL and as Greene states: "Nearly 60 percent of Americans age 50 or older meet the current specifications for being prescribed statins, although only 400,000 people have cholesterol high enough "to clearly constitute a disease.""[Greene, 2009]. Hyperactivity – the second example – was a disorder diagnosed previously in children, mainly in boys who were very active and had difficulties in focusing on tasks. Later Attention Deficit Hyperactivity Disorder (ADHD) was introduced as a disease to be diagnosed more and more often in girls and youth. During last years "adult ADHD" was introduced including into this category adults suffering from distraction and personal as well as professional problems [Conrad 2007, 46-69]. The last example is similar – alcoholism is seen as a chronic and lethal disease but not only a person who is addicted suffers – an alcoholic's family members were admitted to be co-addicted and they were given a label of "adult children of alcoholics" (ADA) [Conrad 1992]. Those examples were given to show the expansion of the process of medicalization and its directions – on one hand, medical categories expand within conditions that have been once medicalized and on the other hand the process enters new areas – conditions, behaviors and states (as in the case of ADHD and the latest medicalized condition – shyness) and then expand within those categories. The same scenario one can observe with reference to the medicalization of women's bodies. Some conditions that previously were seen as normal life processes – as loosing of bone density that increases with age and can be seen as a risk factor – nowadays are treated as a symptom of a disease called osteoporosis [Moynihan, Heath, Henry 2002, 888–890].

2. BIOPOWER OVER WOMEN'S BODIES

On a broader level it is essential to focus on the concept of biopower and biopolitics[5] proposed by M. Foucault and its role over disciplining and controlling women's bodies.

In historical perspective biopower is third type – after sovereign power and disciplinary power – of governing populations. It is a power over life. Biopower relates to the development of technology and liberal economy[Foucault 2006, Lemke 2010]. While disciplinary power was the one over an individual and was based on discipline and training, biopower focuses on control and regulation [Foucault 1993]. Political technology of life consists of two types of technology – disciplinary and safety technology. The first one focuses on an individual body that is being trained to make it productive and economically effective. Discipline is executed through institutions, but responsibility of being in a good condition lies in individuals. Safety technology refers to population and its main aim is to control and to prevent negative consequences coming from coexistence of population as biological entity [Foucault 1993, 2010, 2012]. In order to this biopower has to regulate processes and conditions of populations. Regulation refers to the concept of a norm, which describes what and who falls under this category and who is an outsider, who is healthy and who is sick [Foucault 1993, 2010, 2012, Lemke 2010, Bińczyk 2002]. One has to remember that biopower is related to knowledge, it is a sort of knowledge-power. Regulation and control is executed through the state.

In 19th century those two types of power became joined together as complex political technology which is aimed at control of the man-body and the man-species at the same time [Lemke 2010]. One of the tools of new knowledge-power is medicine. That is why practices of medicalization can be seen as practices of biopower. In frames of this paper practices and procedures of medicalization of women's breasts are treated as technologies of biopower.

[5] The concept has much longer history tracing back to 19th century's "philosophy of life". In the 20th century Rudolf Kjéllen gave birth to contemporary concepts of biopolitics, developed through next decades in the form of biopolitology, ecological and technological biopolitics and – in the concept by Michel Foucault [Lemke 2010].

3. CONCEPTUALIZATION OF AN ANALYTICAL FRAMEWORK

As it was stated before medicalization of women's bodies has been widely described in the body of literature. The process itself has a long tradition tracing the change in perception of a woman body.

Usually, medicalization is described in two ways. The first one is a kind of „holistic" approach in that sense, that a woman's body or a whole life of her is depicted as the onethat has been medicalized and to illustrate how much, authors give examples of certain medicalizedconditions [Waggoner, Stults 2010, Morgan 1998, Costa, Stotz, Grynszpan, Souza 2007, Buczkowski 2005]. The second way is to describe certain cases of medicalization of women's bodies as the medicalization of menopause, pregnancy, premenstrual syndrome or maternity. The approach proposed in this paper focuses not on a whole female body but only on a piece of it – breasts, and examines not a single case of medicalization but variety of proceduresof medicalization toward that single part of a body.

What is so special about that part of the female body? First, it is the most visible distinction between girls and boys during adolescence. Second, a woman's breasts play several roles, being a tool for erotic satisfaction (pleasure), a symbol of womanhood (identity), and an instrument for breastfeeding (reproduction). Third, the fascination with breasts is a uniquely human feature, and there is evidence that it is biologically rooted [Young, Alexander: 2012]. And last but not least, breasts are an organ in which one of the most damaging types of cancer can develop. The importance of women's breasts can be observed in many aspects of everyday life,on micro- and macrolevel, where they are an object of discussions, actions or programs, such as:

– **In language** – there are lots of words to describe female breasts, many of which are not neutral (bust, tits, melons, balloons, boobs etc.);

– **In marketing**– "breasts can sell anything" say some marketing specialists, and indeed if one looks through advertisements it is hard to deny that there is a lot of truthto that statement. A female breasts are also a demanding part of the body to care for. There are plenty of products offered to enhance them – underwear, cosmetics, massagers, dietary supplements and so on;

– **In health policy** – a woman's breasts have become an object of many governmental screening programs aimed at preventing the development of cancer;

– **In health services** – concerns about the quality of one's breasts have created a huge market for health services focused on breast enhancement, with the dominant role played by plastic surgery;

– **In the psycho-social dimension** – a woman's breasts are an element of sexual identification and personal attraction, a symbol of womanhood and maternity, as well as an element in sexual relations and a source of sexual pleasure. This list does not deplete all aspects, it is rather a kind of illustration of an extent of the issue without an aim to classify or put in some order. To analyze the medicalization of women's breast, at first three dimensions of the medicalization of women's body are introduced based on the following criteria:

- Function of the body;
- Perception of the body;
- Responsibility for the governing/managing the body;
- Methods of governing/managing (Table 1).

The first two criteria are based on concept developed within the area of sociology of the body [Buczkowski 2005, Bauman 1995: 73–102, Featherstone 2008: 109–117, Shilling 2010, Nettleton 2007 et al.], while the last two are based on the concept of biopower by Foucault that was described before [Foucault 1993, 2010, 2012].

TABLE 1. Dimensions of medicalization of women's bodies

Dimension	Function of the body	Perception of the body	Responsibility for governing	Methods of governing
aesthetic-commercial	delivering pleasure	flexible – body as a project / product	individual (auto-control)	discipline, training
reproductive-demographic	prolonging the species	body as an instrument	institutions (institutional control)	control, regulation, training
medical-productive	economic efficacy and utility	body as an instrument	state / government (political control)	discipline, regulation, control

Source: own elaboration based on: Buczkowski 2005, Bauman 1995: 73–102, Featherstone 2008: 109-117, Shilling 2010, Nettleton 2007, Foucault 1993, 2010, 2012.

The first, **aesthetic-commercial dimension** directs attention on the function of delivering pleasure. As Featherstone writes "in the consumption culture the body is seen as a vehicle of pleasure: it is desired and desiring, and the closer it is to idealized images of youth, health, fitness and beauty, the greater its barter value is[6]" [Featherstone 2008: 111]. And further he states that in contemporary culture the body is seen as flexible, features that once were seen as unchangeable, today are an object of modifications. Discipline and training are methods

[6] Own translation.

to achieve a desired image. And a direct consequence is that persons are obliged to take responsibility for their look. In a long-term perspective there is a shift in perception of ageing – it is seen as a symptom of negligence rather than as a natural life process [Featherstone 2008: 112]. Due to that, the body is being managed to achieve a desirable effect. Individuals with the aid of cosmetic, pharmaceutical, surgical and other markets shape their bodies. Paradoxically delivering pleasure is related to pain and suffering to which bodies are subjected to achieve desirable image. Methods of governing include discipline and training. Bodies are being managed by individuals but they rely on a huge markets of specialists and advisory bodies to direct their performance to create the "performative selves" [Featherstone 2008, 115–117].

The second – **reproductive-demographic dimension** – focuses on prolonging the species. It joins micro- and macrolevel, private and public aspect, similarly to the Foucauldian concept of sexuality. The body is seen as a reservoir for new life. The decision of having a baby is private and individual but giving birth joins an individual with the society and broader context of social life. Such decision is often considered with reference to economic and cultural aspect. Reproductive function depicts how the body shapes the background of social life and participates in it at the same time [Shilling 2010: 82]. Turner writes that each social system has to deal with "the problem of the body" which has four dimensions and their source is social: reproduction of the population in time, control over desire as an external problem of the body, regulation of the population in space and representation of bodies in the social space with the use of external body images [Turner 1984: 91–114]. The body that is seen as an instrument of prolonging the species is being institutionally managed. Preparation to pregnancy, the pregnancy itself and the delivery of a child are subjected to regulation and control of medical institutions and pharmaceutical and cosmetic market. In the book "Our Bodies, Ourselves. For the New Century" authors describe variety of diagnostic and genetic procedures during pregnancy [2004: 446–451]. The Polish "Childbirth with Dignity Foundation" for many year diagnoses a problem of dependency of women to medical institutions and of reduction of their authority in matters related to pregnancy and maternity[7].

The last – **medical-productive – dimension** directs attention on economic efficacy and utility. The body is being politically managed by the state / government and its agendas. This dimension in its theoretical layer is the closest to the

[7] For more information see: http://www.rodzicpoludzku.pl/

concept of biopower by Foucault. The body is seen as an instrument of political and medical decisions on macrolevel. There is no place for individualism and autonomy. All the decisions (concerning a woman's breasts, for example) are centrally administered and governed and must be complied with, at the risk of having sanctions imposed. Economic efficacy and utility are understood in two aspects. In the first aspect, individuals in the population must be healthy to be able to work effectively which is a demand of capitalism. In a second aspect, a sick person generates additional costs to the community and broader system. An illness or disability creates social costs that is why it is so important to control the population's health, to regulate it as "prevention is better than a cure".

Dimensions of medicalization presented here were depicted in frames of medicalization of the body. In further part of this section those dimensions will be shown together with procedures of medicalization of women's bodies and of women's breasts.

A proposal of the analytical tool is to demonstrate to what extent on how many ways women's bodies with a focus of women's breasts were and are, being medicalized.

Table 2 displays three main dimensions contributing to the placement of women's bodies under the jurisdiction of medicine, as well as certain procedures that they include, with the special attention paid to women's breasts. As itdemonstrates, the medicalization of the female body takes place in three areas: aesthetic – commercial; reproductive – demographic; and medical – productive.

In each dimension in relation to practices of medicalization of breasts a dominant practice is highlighted. A main criterion of domination is popularity of the practice in Western societies and in Poland. It is important to add that other practices mentioned in the table are related to the highlighted one.

TABLE 2. Dimensions and practices of medicalization

Dimensions of medicalization	Practices of medicalization of the body	Practices of medicalization of breasts
Aesthetic – commercial	• Plastic surgery • Body modifications (tattoos, piercing, scarification, transdermal implants) • Fitness • Diets • Wellness and spa • Cosmetics • Dermatology • Dentistry "Medical" underwear	Breasts as an object of desire: • **Plastic surgery (breast augmentation)** • Wellness and spa (vitality) – cosmetic and dermatological procedures on breasts • Breasts cosmetics • Tattoos and piercing of breasts • Clothes (bras and tops underlining breasts, corsets) • Fitness
Reproductive – demographic	• In vitro fertilization • "Illnessization"* of pregnancy • "Illnessization" of childbirth • "Illnessization" of maternity and breast feeding • Abortions • Postnatal depression • Cosmetics • Medications, parapharmaceuticals, dietary supplements • Medicalization of cyberspace • Medicalization of the book and press market • Contraception	• **Pressure to breastfeed** (dealing with milk excess and lack of milk) • Medications, parapharmaceuticals, dietary supplements to enhance breasts during pregnancy, and breastfeeding • Diets enhancing the quality of milk • Cosmetics improving breasts during pregnancy and breastfeeding and keeping breasts in a good shape after it • Special equipment (lactators, silicone caps, lactating pads, bras, tops for breastfeeding) • Guides, magazines and programs about breastfeeding • Lactating clinics • Lactose laboratory tests
Medical – productive	• Premenstrual syndrome (PMS) • Menopause • Osteoporosis • Menstruation • Ageing • Screening programs	• **Screening prevention programs** • Ultrasonography • Mammography • Biopsy • Mastectomy • Chemiotherapy • Radiotherapy • Cosmetics • Breast prosthesis • Clothes • Rehabilitation

Source: own elaboration based on the available body of literature concerning the medicalization of a female body.

* This is an approximation of the Polish term proposed to describe the process („uchorobowienie") – i.e. treating a natural process as an illness.

4. APPLICATION OF ANALYTICAL TOOLS IN CASE OF THE MEDICALIZATION OF WOMEN'S BREASTS

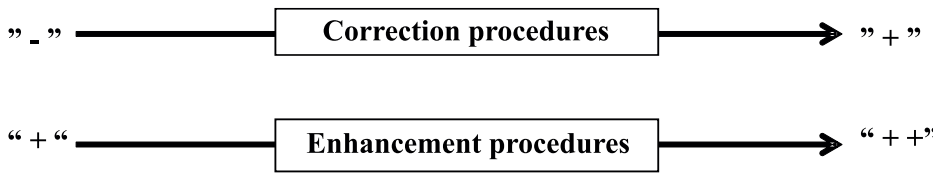
4.1. The aesthetic-commercial dimension

In this dimension the body is seen as an object of desire and/or as an object of admiration. Procedures that serve an aesthetic function can be divided into three categories:

- Procedures of beautification (correction and enhancement);
- Preventative procedures (heading off the first signs of ageing);
- Combative procedures (after the first signs of ageing).

Beautification procedures can be divided into two groups. The first, corrective procedures, serve people whose body or parts thereof have been deformed as a result of a genetic defect, an accident, or a disease. Their aim is "to repair" a failure and to bring back beauty to one's body. Plastic surgery is a good example of such a procedure (reconstruction of face or breast, surgical removal of scars, etc.). Other procedures may include transplantation of organs, dermatological and dentistry services, and even the simplest one of all – a covering make-up. The second group of beautification procedures are enhancement procedures, which "correct" the body even though it does not have the defects described above. Their aim is to make the body more beautiful than it already is, or to modify it in a way that would satisfy its owner. Among these procedures one can include all those mentioned above, as well as using beauty cosmetics, tattoos, use of special clothes (e.g. a corset), piercing, scarification, diets and exercises. Correction and enhancement procedures can be described according to the values of change under their influence (see Figure 1).

FIGURE 1. Value of change according to procedures of beautification



Source: own elaboration

Correction procedures deal with negative starting point, but their result is a positive change, while enhancement procedures refer to the positive starting point (the body is not damaged) and their result is a more positive change. In

terms of health and illness one can say that correction procedures' aim is to change illness into the state of health and enhancement procedures' aim is to improve health or, in other terms, make the body healthier. In the second case health becomes a gradable category.

Preventive procedures are used when one does not observe any signs of deterioration of the body yet, but decides to prevent future symptoms associated with ageing. Their main aim is to "postpone" the process of ageing. A recent example of a mother giving her 8-year-old daughter botox injections is a good example [Bentley: 2011]. Other practices include: physical exercises (fitness, training with a personal instructor etc.), diets, plastic surgery, taking medications (dietary supplements, vitamins etc.), and using anti-ageing cosmetics. A recent procedure involves, for example, blood transfusions to enhance and strengthen the body and the immune system. In October 2012 in Hong Kong one woman died and three other fell ill after having this procedure done in a beauty clinic.[8] The growing popularity of enhancement procedures can be seen as an effect of the omnipresent image of the young perfect body in the media. On one hand, they show celebrities with perfect silhouettes, without any wrinkles or other imperfections, who look the same without regard to the passage of time. On the other hand the media frightens consumers – mainly through advertisements – with the specter that old age is coming and one ought to fight against what is inevitable by postponing the first symptoms of ageing for as long as possible. Being an old person is seen as undesirable, ugly, even evil. An individual is responsible for his or her looks, but at the same time no one is able to prevent an old age by him or herself alone. It requires specialists – doctors, pharmacists, cosmetics, dermatologists, dietetics, instructors and psychologists.

Combative procedures are used after the first symptoms of ageing have already appeared. Their main aim is to diminish the visibility of the process of ageing and prolong the period of looking youthful. The popularity of these combative procedures is involved – similarly to preventive procedures – with the constant presence of the young image in media. People with wrinkles or flabby skin are taught that their looks are undesirable and that they have to correct their imperfections if they wish to fit into society. As proof of this one can cite the absence of elderly people in magazines and television stations. Combative procedures involve two types of effects: slowing of the symptoms of ageing, or canceling them. One can apply variety of procedures: diets, exercises, cosmetics, covering make-up, special clothes, dermatological and surgical treatment.

[8] http://www.bbc.co.uk/news/world-asia-china-19906159 [Accessed on 15.10.2012]

All the procedures described above can use similar instruments and treatments to achieve one goal – improving one's looks. They must be aesthetically pleasing. A body that is beautiful is a body that is healthy. Imperfections of all kinds are seen as symptoms of a disease and have to be diminished or cancelled. The final effect depends on the looks that one has asa starting point, but psychological and economic factors are equally important. It is worth referring to the concept of the 'sick role'described by Talcott Parsons here. He stated that a sick person is not responsible for his or her condition, but he or she has to admit that this is an undesirable condition, one which can be legally excused by medical professionals who give temporary exemptions from daily performance and routines. But the sick person has to seek professional help and cooperate with medical staff in order to get well [Parsons: 1969].

The first element of Parson's definition – the absence of responsibility for the bad condition – seems questionable in the context of this paper. But the other features match the vision of an individual with the imperfect, 'sick' body that has to be repaired. One cannot do it alone, he or she needs specialists who would advise, suggest and correct each defect of the body. In this sense, the aesthetic – commercial dimension has already become highly medicalized. Medicine establishes the standards that describe what is the norm and what is pathology – Body Mass Index (BMI), proper weight, appropriate levels of blood pressure, hormones and cholesterol, proper number of red and white blood cells, correct density of bones according to one's age, sex and ethnicity – these are just common examples of such standards. The pharmaceutical market and cosmetic trade offer more and more medications and cosmetics that can help with problems (now treated as diseases) such as flabby breasts, cellulitis, hair without vitality, or freckles. As the history of the medicalization of a woman's body shows, it has always been seen as weaker, worse, and more labile than a man's body [Buczkowski 2005]. Thus with the expansion of this process beginning at the end of the 20thcentury, the body of a woman has been more eagerly medicalized. As a natural result, it has becomemore commonplace to seek imperfections, and of course to find them. The situation spirals when the imperfect image of women places them under greater pressure to be perfect, to have perfect bodies - especially certain parts of them[compare: Featherstone 2008: 112-115]. Due to that fact women tend to look for imperfections in their bodies and tend to be harsh judges on themselves,they become especially concerned about certain parts of their bodies that are commonly perceived as being female symbols. One of them is undoubtedly their breasts. During the period of adolescence it is the most visible difference between boys and girls, and just at the time adolescent boys begin to experience their first erotic

dreams, often focused on breasts. Girls become more and more aware of their biological equipment and they realize that it can be an object of desire and/or admiration. By the time they become women they will be aware of the function their breasts can play in their life. The medicalization of the female body image in books, films, programs and magazines gives them a point of reference to determine how they ought to look. They are aware of their responsibility for the look of their body (especially breasts), but they have to rely on specialists who are able to improve their image directly or indirectly, often using medications and cosmetics.

• Beautiful, well-groomed breasts have become a symbol of a female. It is thus not surprising that so many women are concerned about their perceived quality. The main reasons women decide to undergo breast augmentation are listed below, and have an aesthetic or psychological background:

• Dissatisfaction with the condition of their breasts that is usually an effect of diets, incorrect body position, lack of movement, and the process of ageing;

• Dissatisfaction with the size of their breasts;

• Visible asymmetry of breasts;

• Dissatisfaction with the quality of their sexual life;

• Low self-esteem related to perceiving oneself as being unattractive;

• Mastectomies or other diseases and accidents that might have resulted in deformed breasts.[9]

"The better body, the better the life" read the headline of an article published in the Polish newsweekly *Wprost*, describing the popularity of the television show Make me beautiful and seems to prove the list above [Zaczyński, Koziński 2006]. "Businesswomen, lawyers, teachers, security officers, policewomen, sportswomen. They are between 18 and 57 years old and want to be more attractive. One hundred thousand of them have applied. Thanks to the POLSAT television show *Make me beautiful* [...] they want to increase their value. Beauty and attractiveness have the same market values as knowledge or skills" [Zaczyński, Koziński 2006]. Prospective participants underlined that they would find a better job, a husband or wife with higher status and professional position, that they would be identified with success, perceived as more intelligent and competent in their professional lives and more sexually attractive in their private lives. This example illustrates how the body has become a tool to achieve success in life and thus has been transformed into a market product that can be advertised, improved and sold.

[9] Compare: www.surgery.org, www.RealSelf.com and other websites concerning plastic surgery.

As mentioned in the previous section main practice of medicalization of women's breasts is plastic surgery. According to American Society for Aesthetic Plastic Surgery (ASAPS) the number of all surgical cosmetic proceduresin 2010 was 1,638,524, a significant increase in comparison to the 939,192 such procedures in 1997 [ASAPS: 2011]. Women underwent 91% of the total cosmetic (surgical and non-surgical) procedures in 2011. The five most common aesthetic surgeries in women were: breast augmentation[10], liposuction, abdominoplasty, blepharoplasty and breast lift. The total number of breast augmentation procedures was 316,848, forty-nine percent of which were performed in women between 19–34 years of age. Among women over 18, forty-four percent underwent this procedure for purely aesthetic reasons.

Between 2001 and 2002 an Online Breast Augmentation Survey was posted on a website concerning plastic surgery [Young, Watson, Boswell, Centeno: 2004]. The data was collected from women with and without breast implants (some of whom were considering undergoing the surgery). Data was collected from more than 4000 women. Most of those who underwent the procedure were satisfied and would recommend it to others. Ninety-two percent of women with implants claimed that the surgery improved their overall appearance, and 82% gained more self-confidence. More than 90% were satisfied with the doctor-patient relationship, and more than 75% claimed that they were informed about the risks associated with that kind of surgery. Another survey was conducted by the website RealSelf.com [2012], which claims that breast augmentation improves quality and frequency of sexual contacts. Seventy percent of women with breast implants claimed that their sexual life improved, and 61% of them said that the number of sexual contacts increased after surgery. Seventy-five percent declared that it was worth doing the surgery. "In my personal observation, women definitely feel more confident after the procedure, and you can easily see how that improved confidence will lead to improvements in other areas of their lives[11]", says Doctor Andrew P. Trussler, a plastic surgeon in the Dallas area and Plastic Surgery Assistant Professor at the University of Texas.

Unfortunately there is no reliable information about the number of breast augmentations in Poland. According to the website www.estheticon.pl there are 9,613 doctors and 400 clinics that offer this procedure in Poland. The cost of breast

[10] The year 2012 marks the 50th anniversary of breast implants. Nowadays the most popular are silicone and saline implants. According to the ASAPS, in 2011 31% of breast augmentation were performed using saline and 69% using silicone implants [ASAPS: 2011].

[11] http://www.realself.com/press/breast-enhancements-better-sex-life-survey-shows [Accessed on 24.10.2012].

augmentation ranges from 6,000 PLN up to 17,000PLN (approximately 2000 – 5500 USD)depending on the rank of the clinic and the service that is offered. According to the website, there are countries were such surgeries are relatively cheap (6, 000to 9,000 PLN, which is approx. 2000 to 3000 USD), for example Hungary, Czech Republic, Mexico,and others, where such procedures are rather luxurious (they range from 20,000 to 30,000 PLN which is approx. 6,000 to 10,000 PLN) – for example Canada, Georgia, Switzerland [www.estheticon.pl].

Thus it is clear that a decision to undergo a breast augmentation is in part a commercial transaction. Yet even though it is an expensive procedure, its popularity is increasing worldwide. It is also a highly medicalized decision. And apart from plastic surgery there are a vast range of other procedures to enhance one's breasts (Table 2). They include:

• Cosmetics that bring back vitality, keep the bust in good condition, and enlarge it. In Poland there is a huge market of such cosmetics accessible to women of all ages starting with the age of 30. Cosmetics can be bought in beauty shops as well as in pharmacies. The offer is adjusted to financial resources of women, but the common rule is that the more expensive a cosmetic is the more effective is its' action. Internet resources offer various rankings of such cosmetics. One of the most popular website for women, polki.pl tested bust cosmetics that bring back the vitality which is seen as a symptom of something bad, wrong, a kind of a disease. The website advises women how to take care of their breasts and neckline, how to prevent undesirable changes of bust with cosmetics suggesting that they are a kind of medication for "diseases" of breasts;

• Physical activity – special types of exercises that keep one's breasts in good shape. Physical activity is not a practice of medicalization itself but it is often undertaken as a kind of a therapy to rescue women's breasts. sometimes it can lead to medicalization procedures as plastic surgery, especially when physical activity doesn't bring expected results;

• Diet – paradoxically a diet (which aim is to be slim) can lead to the deterioration of breasts and the cure for that problem can be... a diet, which is rich in liquids and that brings back vitality to one's skin. Books and magazines underline that a diet is effective only with e set of physical exercises. To underline a medicalization aspect here it is suffice to say that a diet is usually associated to health problems and treated as a cure. Moreover, many persons look for professional help of dietetics who have medical education;

• Underwear and clothes – "medical" clothes, corsets, bras that underline breasts and optically make them bigger, tight tops and blouses with huge necklines exposing one's breasts – are designed to make women's breasts an object

of desire. They often are designed in cooperation with medical professionals but sometimes the name "medical" is a misleading marketing trick to bring a client's attention. It is believed that if something is "medical" it is healthy;

• Tattoos and piercing – these bring attention to the breasts and can strengthen sexual satisfaction. Motives for doing it are various but the medicalization motive here exists as the tattoo and piercing studios more and more often look like operating room and the procedure seems to be a mini-surgical operation (Table 2).

To sum up this part it is worth saying that all those practices that were described and mentioned above medicalize women's breasts in several ways. They increase women's concerns about their condition. They impose thinking of their bodies as imperfect, undesired and sick. They make women intensify their contacts with health services and various medical professionals. They generate many iatrogenic consequences deteriorating the health condition and causing a spiral of medical interventions. On the other hand, this dimension underlines that the body is no more seen as done and complete but as something flexible, plastic that can be modified on many ways. The responsibility for the final effect is on the side of individuals. And the extent of medicalization of the body depends on individuals, women have choice to what degree to medicalize their bodies. There are some professions where a beauty, well-done breasts are a kind of a visit card but more and more often women are dissatisfied with their breasts and they lose confidence and self-esteem perceiving themselves as unattractive. Thus the body and breasts are being disciplined in order to bring back to women their self-esteem. In the contemporary society "lookism" becomes a norm and a "flabby bust" is seen as a sort of a disease and decreases women's opportunities in private and professional life. Women undergo painful procedures to create objects of desire and pleasure (Table 1), [compare: Featherstone: 2008: 109–117].

4.2. The reproductive– demographic dimension

"Breast is best" midwives, nurses, and pediatricians tell mothers after childbirth in clinics and hospitals around the world. The pressure to breastfeed[12] starts long before the delivery of a child. Special schools, clinics, and courses preparing pregnant women for delivery become places where they learn about advantages of breastfeeding,both for their babies as well as for themselves. Midwives teach future mothers how to stimulate their nipples, which positions are the most comfortable to feed from, and how to attach a baby to a breast. Magazines, books and

[12] The Polish term describing this phenomenon is "terror laktacyjny".

leaflets for mothers are distributed in clinics and underline the unique features of human milk. Mothers are advised by midwives, nurses and pediatricians to feed their children naturally for 6 to 12 months. They are also instructed what type of food is prohibited to them (which can cause allergies, diseases, or gastric problems in newborns) and what is recommended to enhance a healthy diet for their child. Advertisements of artificial, modified milk underline the necessity of breastfeeding for 6 months and stress that the milk that is advertised is not the baby's primary milk, but the next, from the 6th month onward.[13] This is an effect of an official regulation adopted in 1981. According to the World Health Organization breast-milk substitutes have to include information on their labels describing the benefits of breastfeeding and the health risk of milk substitutes. Promotion of breast milk substitutes, as well as the distribution of free samples either to mother or to health workers, is prohibited.[14]

TABLE 3. Advantages and disadvantages (inconveniences) related to breastfeeding.

ADVANTAGES	DISADVANTAGES
Breast milk: • A mother's milk has a unique composition of feeding substances; • It always has a proper temperature; • It is sterile; • It is always ready; Breastfeeding: • Creates a unique bond between a mother and a child; • Improves the baby's immune system; • Calms down a baby; • Lowers the risk of allergy in babies; • Speeds up loss of weight after pregnancy; • Reduces the risk of breast and ovarian cancer later in life.	• One never knows exactly how much a baby has eaten; • Lactation diet (involves the elimination of certain products from the mother's diet); • Pain, irritation, cracks and even bleeding of the nipples; • A mother is dependent on the child's feeding times; • Weaker bond between a child and a father as well as between a mother and a father;

Source: own elaboration based on Eisenberg, Hathaway, Murkoff 2001;Murkoff, Hathaway 2003; Lothrop 2011; Gaskin 2012; and analyses of leaflets and internet forums.

[13] See the adverts of Nutricia, Nestle, or Bebiko.

[14] http://www.who.int/features/factfiles/breastfeeding/facts/en/index6.html [Accessed on 24.10.2012]

Breastfeeding is strongly recommended by The World Health Organization. as follows: "The WHO strongly recommends exclusive breastfeeding for the first six months of life. At six months, other foods should complement breastfeeding for up to two years or more. In addition:

• breastfeeding should begin within an hour of birth;

• breastfeeding should be "on demand", as often as the child wants, day and night; and

• bottles or pacifiers should be avoided."[15]

Probably the most surprising information that one can find in the WHO fact sheet about breastfeeding is that this method is "associated with a natural (though not fail-safe) method of birth control (98% protection in the first 6 months after birth)."[16] WHO recommends breastfeeding even for mothers infected with HIV (with certain safety precautions, such as taking antiretroviral drugs). Breastfeeding is depicted as a comfortable, fast, economic and healthy way of providing nutrition to babies. While there is some information about thepossible difficulties associated with breastfeeding, the document underscores that women can find professional help through counselors and health care facilities. The fact that the document is published by an institution that is considered as a global supplier of medical agendas strengthens the dominant position of medicine over the private and intimate act of breastfeeding. In this light, it is not surprising that women are subjected to medical control and even medical ostracism when they oppose (for any reason) breastfeeding. The medicalization of women's breasts in this dimension changes the independent and private choice of a mother to deliver a child into a medical decision. Pregnant women are advised to train their nipples before childbirth, and after the delivery they very often don't have any choice as midwives (or nurses) bring them their babies for breastfeeding without asking for permission or about their own decision. From women's reports one can learn about practices of squeezing women's breasts by health care workers in order to initiate lactation. [17]This "medical imperialism" over a woman's free choice is additionally fueled by the media. Programs, articles and books show breastfeeding mainly in a positive light, depicting it as an easy, comfortable and enjoyable activity. Little attention is paid to the disadvantages associated with this'natural way of nutrition,' which

[15] http://www.who.int/features/factfiles/breastfeeding/facts/en/index.html [Accessed on 24.10.2012]

[16] Ibidem.

[17] For further information about so-called „lactation terror" in Poland see: www.rodzicpoludzku.pl, dzieci.pl, forum.gazeta.pl, kobieta.wp.pl and other websites and forums designated for mothers.

is probably why some mothers cease breastfeeding quickly when they encounter unpleasant and inconvenient effects (Table 3). Even a quick glance on the reports of mothers on the Internet forums demonstrates how many of them are disappointed with breastfeeding. They claim they didn't know it could be so harmful and damaging for their bodies (especially the breasts and nipples). They also underline that in their relations with nurses, midwives and pediatricians they are usually made to feel guilty when they admit having problems or claim they want to stop breastfeeding. One may find the following "rant" by one of the thousands of pregnant women sharing her anxiety about breastfeeding on an Internet forum (original transcription): "I am so upset over the pressure that gets put on mums to breastfeed like warriors the second they give birth, without any reassurance of 'if you don't want to, or can't, then that is ok.' Instead I get the 'if your milk doesn't come in, then we will keep yanking on your nipples till it does, until your breasts are cracked and you are in so much pain that you are reduced to tears and become an inconsolable stressed teary mess.' Ok, maybe there is a touch of exaggeration in this description ... but that's how it feels sometimes. While I was waiting in my hospital's maternity area I was reading all the posters that were plastered everywhere about breastfeeding, and how far superior it is to formula. One poster actually said: 'BEWARE! If you don't breastfeed, your child will have a lower IQ, risks malformation, SIDS and Childhood Cancers.' Honestly... how did this get approval to even be printed! I feel like I'm the only person in the world that is disgusted by the pressures and one sidedness of breastfeeding. I approached a midwife about this poster and told her that if I was a mother that was struggling to breastfeed I would find this incredibly stressful... and the response was: Well actually less than 3% of women can't actually breastfeed, and the 3% that aren't, just aren't trying hard enough or persisting.' Yup... my jaw is still on the floor."[18] This description is supported by the results of the research done in 2011 inScotland among 220 participants (mothers, partners, midwives and other members of families). The research showed that there was a clash between the idealistic image of breastfeeding and reality experienced by women. Acceptance of the global policy that advises breastfeeding for at least 6 months may actually cause more harm than would a realistic approach to the activity [Hoddinott, Craig, Britten, McInnes: 2012].

[18] http://www.huggies.com.au/forum/1-baby/99-breast-and-bottle-feeding/2705710-the-pressures-of-breastfeeding [24.10.2012]

It is worth noting that more and more mothers become aware of that medicalized and centrally administered pressure[19] and that they starting demanding autonomy and respect for their maternal decisions.

Those who are more determined can count on a huge market of products which help mothers to enjoy breastfeeding. Most of those products are recommended by health care workers, institutions, and associations, which underlines the context of medicalization. Among the products available in Poland one can find:

• breastfeeding equipment – hand and electric lactators (for emptying breasts - used when a mother has to go out and leave her baby. Thus a newborn can be fed by other members of the family), silicone caps (they protect cracked nipples while breastfeeding), lactating pads (they are put inside a bra to avoid stains from milk on underwear);

• breastfeeding clothes - special bras that enable breastfeeding without taking off underwear, tops and blouses with huge necklines that provide"easy access" to breasts, as well aspyjamas and nightgowns with "easy access";

• cosmetics – creams, oils and ointments for cracked nipples;

• medications, drugs, dietary supplements – special teas and herbs that increase the amount of milk or stimulate lactation;

• off-label use of medications – people may purchase medications designed for one purpose (for example gastric medications) having the aim of using them to take advantage of side effects (i.e. increased lactation) (Table 2).

As can see be observed, the market of products facilitating breastfeeding is huge, thus the opportunities and excuses for not breastfeeding diminish. In the U.S. the pressure to breastfeed is so high that despairing new mothers take prescribed medications to stimulate lactation. "Breastfeeding has gone from being an ideal option for new mothers to a mandatory prerequisite for 'good' parenthood,"[Lemmon 2012], and thus the body (and especially women's breasts) have become the focal point of public interest and policy as well as a field of medical expansion.

There is another aspect of this dimension. According to "breast is best" philosophy, breastfeeding is profitable for society as a whole since it provides healthy and strong citizens. Children that has been fed human milk are said to have a better immune system and a lower risk of developing allergies or obesity. In terms of the national economy they will become high quality workers and the

[19] After writing a phrase „terror laktacyjny" (lactation terror), Google Chrome gave back more than 3700 threads referring to it, mostly on websites for young parents and mothers and within forum groups.

national costs of their medical treatment of them will be diminished since they will utilize health services less often.

Where is the holistic approach to being a mother?[20] It has gone by the way side on the stampede to the medicalization of breastfeeding. A woman is her breasts, and everything must be done for the sake of her baby. Thelimitation of the female body to her breasts leads to an evaluation of a woman in terms of her good or bad parenthood, and leads her to a redefinition of her 'self' in light of these terms. It is obvious that this dimension deprives women of autonomy and self-determination. The control over their lives and their bodies is taken over by health care workers, who'advise'them what they should and should not do. A woman has a choice, but it is neither morally neutral nor independent.

Breastfeeding presented above as the main medicalization practice in the reproductive – demographic dimension displays the connection between private and public aspect of that practice and between micro- and macrolevel. Private decision about breastfeeding becomes a public concern and is imposed to women by medical advisors. A woman has a choice but if she does not conform the regulation she usually meets sanctions – social ostracism, worsening of relationships with medical professionals, psychologically she feels guilty, loses self-esteem and perceives herself as a bad mother. Her breasts become an instrument of prolonging the species in terms of providing a high quality of citizens. Her breasts are being managed – trained, controlled and regulated - by institutions and specialists (Table 1).

All aspects of breastfeeding described above show to what extent a woman's body (with a focus on breasts) has been medicalized. Pregnancy, childbirth and maternity are those conditions that are widely described in the body of literature[21]. Women are deprived of their autonomy and they more rely on the experts' opinion than on their maternal instinct and knowledge. The medicalization of maternity entails the medicalization of childhood as a mother is not an expert in health problems of her own child as well.

4.3. The medical – productive dimension

Last but not least is the dimension where a woman's breasts are considered in strictly medical terms. The breast can be beautiful (aesthetic dimension), it

[20] In Poland a book „Polityka karmienia piersią. Ideologia, biznes i szemrane interesy" by Gabrielle Palmer was published in 2011. It stands in opposition to the „breast is best" philosophy, showing how the baby nutrition products market tries to discourage mothers from breastfeeding.

[21] For references see Summary.

can be useful (reproductive dimension), but it can be also sick. In this context the national screening programs and preventive campaigns will be considered, showing how biopower takes control over women's breasts. This dimension focuses on a macrolevel, a population level. The dimension focuses on controlling and improving of the society's health. The body of an individual is treated instrumentally as an object of biopolitical decisions and medical interventions. Women are significant element of population of each country. They are said to live longer but to be sick more frequently than man. Through centuries their bodies were seen as weaker than men. As they were medicalized to greater extent than men's bodies it is obvious that they are also an object of political decisions and centrally administered practices. On the population level one say about society's productivity and economic efficacy. It is not sufficient to focus on individuals and their health and good condition, certain actions must be directed toward the society, population as a whole. One of the best ways to diminish the rate of prevalence of the most damaging diseases are screening preventive programs. They control and regulate bodies on macrolevel. As long as there were no diagnostic tools, women weren't subjected to screening controls and their lives were not medicalized so much. With the progress in medical technology and the advent of screening programs they have been subjected to instant fright for their health and lives and to the ever-presentthreat of discovering a cancer.

Breast cancer is the second leading cause of death in Polish women, and one of the leading causes among women.The number of new cases, as well as the mortality rates, continue to rise among Polish women[22].

In comparison to other countries of Western Europe or to the U.S., the situation of Polish women is not good. While in other countries 70% of breast cancers can be cured owing to rapid detection, in Poland only 12% of women with cancer are diagnosed in such an early stage.

The most important role in prevention and early detection is played by women's awareness, which is still rather low among Polish women. Their knowledge about breast cancer is frequently based on stereotypes and fright – "cancer is incurable", "I am not going to do a screening test because they might find a cancer" – these are typical reactions of hundreds, if not thousands, of Polish women. The most popular early detection methods – self-control and a doctor's routine control - are not popular among either women or doctors [CBOS 2001, 2002]. Other methods (genetic test, ultrasonography and mammography) involve time, money

[22] Based on data collected from the National Registry Office and from the Globocan report by WHO from 2010.

and psychological stress, thus they are even less popular as a form of volunteer screening. According to the Centre of Oncology and the Polish Committee for the Fight Against Cancer, women should do preventive screening systematically beginning in their 30's (regular checkups should start with ultrasonography, but the first mammography should be done between 35 and 39).

Low awareness and stereotypes, combined with rare visits to the gynecologist's office,make the early detection and complete cure of breast cancer much more difficult and ineffective. Experience from other countries demonstrates that the best results in early detection of breast cancer are given by long-term, national health programs fighting against breast cancer. Poland initiated a National Program for the Fight Against Cancer,within the framework of which a National Program of Breast Cancer Prevention was established. It was launched by the Ministry of Health and financed by the National Health Fund (NFZ). The program is dedicated to women between 50 and 69 years old, who haven't had a mammography done during the last 24 months, as well as those who were indicated for a second test after 12 months from the previous screening. Women previously diagnosed with breast cancer could not participate in the program. Among aims of the programs the NFZ delineated:

- **Diminishing breast cancer mortality**;
- Lowering the rates of the breast cancer mortality to levels comparable to the European Union countries;
- Taking advantage of medical screening programs;
- Early detection of breast cancer in women;
- Increasing the cure rates for women;
- Introducing national rules of diagnostic procedures;
- Increasing knowledge and awareness among women;
- **Diminishing the costs of cure of women diagnosed with breast cancer by lowering their number as well as the level of advancement of the disease once diagnosed** [National Health Fund 2010].

Two highlighted aims seem to be the most important in frames of this analysis. Diminishing breast cancer mortality means that the population will not be decreasing which is quite important in the context of the contemporary demographic trends. The second aspect refers to economy – the smaller number of sick women, the smaller costs of cure (medical costs), the smaller costs of exemption from professional activity (economic costs) and smaller costs for the family of a woman (social costs).

Essential aspect is also that healthy women are an important tool of reproduction. Breast cancer is a long-term, sometimes incurable disease, and diminishes the chances of pregnancy.[23]

To control the condition of breasts women undergo different medical procedures – ultrasonography, mammography and biopsy – that generate fears and may be harmful. If the cancer is found a woman and their breasts undergo next medical interventions: mastectomy and – if it is necessary – chemio- or/and radiotherapy. Medicine offers them medical (physical) rehabilitation but does not take into account psychosocial consequences of the surgery. In the aesthetic-commercial dimension it was stated that breasts are a sign of female identity so depriving of them results in negative reactions. Women lose self-esteem, feminine identity, they feel worthless as women. technological progress offers them breast prosthesis and medical clothes to cover their disability. Additionally, plastic surgery offers reconstruction of breasts but these are another practices that medicalize their bodies and their lives.

In this dimension the decision-making and control are totally on the side of thepolitical and medical decision-makers, leaving no autonomy to women. This is also related to medical education and a kind of knowledge/power that enables medical professionals to determine whether one is sick or not. Instrumentalization of a female body in that dimension is the highest and governmental practices of regulation and control over it is to bring social, medical and economic efficacy and profits.

5. SUMMARY

The paper is a proposal for a new analytical perspective of medicalization. It focuses not on a whole female body (as most of works used to do) but on a part of it – breasts, and it does not analyze a certain case of medicalization but displays multidimensional frame of practices of medicalization of women's breasts.

Three dimensions that were distinguished and analyzed referred to the concept of biopower by M. Foucault and concepts of sociology of the body. The main aim was to show on how many ways only a part of the body can be medicalized. After the analysis a question raises whether multidimensional medicalization practices have consequences on women's identity and dignity. Focusing only on breasts would be seen as a kind of fragmentation of a female body. Examining changes in women's identity under multidimensional practices of medicalization would be an interesting empirical challenge to follow.

[23] Breast cancer rates are highest among 50-69 year-old women, who are no longer in their reproductive age but still play an important role on the job market and in households.

The article showed as well to what extent women's body is medicalized in each of dimensions and how much depends on an individual in terms of making their lives more and more medically dependent. In the first – aesthetic –commercial dimension a female breasts is medicalized on many ways but decision-making is on the side of a woman, so finally results in varying of the level of medicalization (one has to consider age, financial resources, believes that influence the decision of undergoing certain practices). The second dimension focused on the reproductive function and put stress on breastfeeding as an example of combining private and public aspect. Practices of managing the body are rather centrally administered by medical institutions and professional working there. A woman has a choice but autonomy effects in some negative psychological and social consequences. In the last – medical-productive dimension – there is no place for individual nor for their individual needs and fears. The body and breasts are governed by the state and its agendas in order to be healthy and to diminish costs of curing, fulfill the function of reproduction and to increase the state's wealth. In this dimension women's bodies seem to be the most deprived of their autonomy and humanity.

The analysis displays also how the definition of medicalization evolved – in the first section a theoretical frame was depicted, while analytical sections operationalized evolution of the medicalization definition and its models underlining increasing role of non-medical parties and lay persons in medicalizing women's bodies (which is most visible in the aesthetic-commercial dimension).

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MEDYKALIZACJA CIAŁA KOBIETY – PRZYPADEK PIERSI

(Streszczenie)

Medykalizacja ciała kobiety nie jest nowym zjawiskiem – jest szeroko opisana w polskiej i zagranicznej literaturze, zwykle w odniesieniu do macierzyństwa i menopauzy [Domańska 2005, Buczkowski 2005, Szczepaniak 2010, Bielawska-Batorowicz 2005, Aeroba 2003, Cindoglu, Sayan-Cengiz 2010, Spina 2010, Whitaker 2000, Bell 1987, Conrad 2007, itd.]. Oba tematy są kompleksowe i obejmują zróżnicowane rozważania teoretyczne i badania empiryczne. Artykuł przedstawia proces medykalizacji ciała kobiety z naciskiem na piersi. Wybór ten wynika z obserwacji i analizy literatury. Kluczowym wynikiem jest, że niektóre aspekty życia kobiet są bardziej medykalizowane – co jest zgodne koncepcją Conrada stopniowania medykalizacji – i że jedną z bardziej medykalizowanych części ciała kobiety są piersi. W celu analizy tego tematu zaproponowano 3 wymiary medykalizacji: estetyczno-komercyjny, reprodukcyjno-demograficzny, medyczno-produkcyjny. Analiza pokazuje jak część ciała kobiety staje się przedmiotem zainteresowania rozmaitych subdyscyplin medycznych, pozbawiając kobiety autonomii i zmieniając normalne życiowe procesy w obiekt medycznych interwencji. Artykuł pokazuje także, jak ciało kobiety staje się obiektem biowładzy i biopolityki, które – poprzez różne narzędzia – kontrolują indywidualne ciała jak też całe populacje. Aby analizować ten problem proponuje się nowe podejście analityczne, oparte na socjologicznej koncepcji ciała i biowładzy rozwiniętej przez M. Foucaulta. Analiza nie koncentruje się na medykalizacji całego ciała i życia kobiety lecz tylko na części ciała – piersiach. Nie opisuje jakiegoś przypadku medykalizacji, lecz wielowymiarowe praktyki skierowane na tę część. Analiza jest przeprowadzana w kontekście polskiego społeczeństwa, sądzimy jednak ze medykalizacja jest procesem globalnym, który przejawia się podobnie we wszystkich zachodnich społeczeństwach. Tak więc uwzględniamy porównania i odniesienia do innych krajów (zwłaszcza Stany Zjednoczone).

Słowa kluczowe: medykalizacja, biowładza, ciało, piersi, macierzyństwo, rak, chirurgia plastyczna