Perspectives for a “Radical” Brand of Pedagogy. Gender, Techno-sciences and the Economy of Bodies

Anna Grazia Lopez
University of Foggia

The techniques related to reproduction are progressively transforming the female body into a machine functional to conception. In the past, reproductive biology was an aspect of labour. We recall, for instance, how the breastfeeding of the children of women from the wealthier classes was performed by paid wet nurses, an antecedent to the use of female bodies by the labour market. However, today with the emergence of the bio-economy, new forms of use of the female body are emerging. Therefore, an economy based on incorporeal, intangible assets like knowledge is flanked by one comprising undeniably material goods like the human body (the womb, the umbilical cord, seminal fluid, etc.) on which the transnational human reproduction trade is based. While aware that we are in the face of a natural evolution of human experience, we cannot but recognise the problematic nature of these changes and propose a formative model as radical as the changes that these events cause. Pedagogy, due to its identity, as well as to its critical and contestative function, interwoven with its commitment to politic, as a pro-civilization project, and to ethics, the goal of which is human wellbeing, can conjure up “outdated” models of education and training, capable of rejecting the narcissism and conformity that characterise contemporary life. As far as practice is concerned, radical pedagogy can intervene in issues regarding the education and training of those carry out research and who, because of the excessive fragmentation of knowledge, cannot always obtain the overall view they need to be able to foresee the consequences the outcomes of their work suggest. This kind of pedagogy can also have an impact on the community, on the increasingly unconscious succubus of an ideologically neo-liberal project which has set in motion a process capable of influencing individuals, causing them to “renounce thinking” when it comes to addressing problems related to women’s health and the future generations.

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1. Gender and the Commercialisation of Bodies

Contemporary society is characterised by openness to plural forms of ideology which permit men and women to assert their individuality by virtue of the progressive relaxation of those forms of control which, at legislative level, used to regulate the body as well as issues of sexual and reproductive relationships. This freedom is linked, however, to a discursive regime (de Lauretis 1991) which, though it renders control over bodies less coercive, turns out to be equally effective. In other words, we are in the presence of a “more relaxed
regulation” concerning bodies. This is particularly evident when it comes to procreation, marked increasingly by the medicalization of the human body, especially the bodies of women, due to the use of artificial reproduction technologies. In this process of control of the body, a prominent part is played by medicine, a science which appears to be more and more bent on treating bodies, not only affected by disease, but also by problems “which may include the will to compensate for natural, involuntary flaws perceived at times as a form of moral condemnation” (Greblo 2008). Not only is cosmetic and plastic surgery used to change the bodily geographies of women, but the image of the female body has always been ambivalent: It has been represented on one hand as a symbol of desire, on the other as an emblem of maternity. This representation of the feminine has contributed to the diffusion of a vast and varied range of techniques related to reproduction, including surrogate motherhood, a process which involves gathering and uniting gametes (ova and sperm) outside of the bodies of the parents and planting the embryo thus obtained in the womb of a women different from the one from which the ova were taken. In the past, reproductive biology acted as an aspect of labour. We recall, for instance, how the breastfeeding of the children of women belonging to the wealthier classes was carried out by paid wet nurses, an antecedent to the use of female bodies by the labour market (Duden 2006). Today, however, we are faced by a process where the production and control of reproduction coincide. This is known as bio-economics, a strategy used by advanced-economy countries to respond to the recession caused by financial speculation and which sees the integration of research carried out by the agricultural, medical, and industrial sciences as a means by which to guarantee greater economic autonomy than that provided by the petrochemical industry (Cooper & Waldby 2015). What we are looking at here is a process of feminisation of work which Cooper and Waldby call “bio-labour.” Alongside an economy based on information capitalism, whose reference is not the finished, standardised product but a less simply defined (intangible) entity, another economy is emerging based on new forms of labour, featuring the use of human bodies like surrogate motherhood and the sale of biological tissues (Braidotti 2008).

The term bio-economy has not produced adequate reflection on the consequences its processes have on the bodies of men and women, on the use made of bodies, on how bio-technologies change not only ways of relating to one’s own body but also ways of relating to those of others. Today, the numbers of women who avail themselves of MAP (Medically Assisted Procreation) is on the increase, as is the number of women offering to act as surrogate mothers as well as the number of men and women willing to sell their gametes. The latter represents a veritable, though unacknowledged, labour force required undergoing medical intervention which often proves to be painful and invasive and which regards, in any case, areas of the body until quite recently considered extremely intimate. The procedures these people undergo are often dangerous and undertaken in exchange for money or drugs the price of which is prohibitive outside the ambit of experimentation. Assisted reproduction technologies have led to the sale of organic material and the use of surrogate mothers, a flourishing market where the labourers are chosen on the basis of race, sex, and social class. Cooper and Waldby speak of “clinical labour” (Cooper & Waldby 2015). This expression is new because, in bioethical terms, those who take part in these experiments or rent their wombs are donors who provide their services for the good of others, whether or not they are paid for their services or their tissues marketed. As long as participation in these experiments is considered a gift, the work entailed is not recognised as labour and therefore goes unprotected because not subject to current work legislation. There exists, therefore, a labour force which contributes to biomedical research though it is neither acknowledged nor featured in economic analyses. In other words, the cognitive work of the scientist is acknowledged as essential to the interpretation of organic
material but the fact that this research exists because someone provides the required biological material is disregarded. Here it is the body which creates value. Therefore, an economy based on intangible, incorporeal assets like knowledge is flanked by one comprising undeniably material goods like the human body. In fact, it is bodies that provide the “living” material (stem cells, womb, umbilical cord, seminal fluid, etc.) on which the reproductive and regenerative market is based (Cooper & Waldby 2015). This trade involves women who want to become mothers, (some) women who in order to survive, and (others) who freely choose to do so, earn money for their own subsistence and that of their families.

2. For a Radical Pedagogy

While aware that we are in the face of a natural evolution of human experience, we cannot but recognise the problematic nature of these changes and the impact they will have on our lives, especially on those of future generations. New determinisms seem to be emerging from the bodies of women belonging to other cultures who seek to conform to the dominant, apparently freer, western model of femininity, from the bodies of women used as new merchandise for transnational commerce.

The diffusion of the notion of one’s being able to decide what to do with one’s own body (self-determination) has been reinforced, according to Pauly Morgan, by the transformation of the “doctor-patient relationship” into a “micro-institutionalisation” of knowledge and medical practice (Morgan 1998, 91).

This transformation is marked by the importance attributed to the dual meanings of the Italian verb curare, in English translated by two terms: to cure, which means healing, restoring health, and to care which means protecting, concerning about, paying attention to another. Starting from this distinction, the establishment of a care relationship means one,

positively aimed at supporting the individual, committed to the overall good of the person, a relationship where the person who detains the therapeutic power aims at identifying empathically with the needs of the patient, at recognising his/her individuality and uniqueness, at respecting his/her diversity and at establishing a relationship which is, in short, therapeutic.

(La Torre 2004, 82)

In other words, there is a growing tendency to attribute value to the decisions of patients called upon to express their opinions regarding the choices to be made. The doctor tries to understand the patients’ wants—their need for confirmation, emotional support, information—not only by listening to their ideas regarding illness but by extending the interest he/she takes in patients to include lifestyle and factors which may have an impact on individual wellbeing. Through dialogue, doctors discover patients’ notions of health and investigate the conditions which lead women to resort to surgery, the importance to them of the health institutions they have turned to (their credibility, for example), their ability to gain access to information capable of helping women to decide, the influence of their families and their work environments (Lopez 2015). The micro-institutionalisation of the doctor-patient relationship finds one of its justifications in the transition from the biomedical to the bio-psycho-social paradigm, as this has led to a transformation of medical practice.

The programmatic documents that have followed each other over the years have marked, however, the emergence of a new concept of health which forsakes technicality to take into account aspects affecting patients’ lives, representations of illness and health, the presence or absence of a supportive family entourage. The spread of narrative medicine, used to promote greater humanisation of doctor-patient relationships, can be of support to those who decide to undergo cosmetic surgery. Morgan identifies another form of
micro-institutionalisation called self-management (Morgan 1998) which is simply that self-determination from which the use of body technologies derives, without, however, questioning the consequences that certain procedures may have upon bodies. This is one of the results of neo-liberalism which acts by carrying out selections based on parameters of race, gender, and class. This process does not fall from the sky but starts from ourselves who are, to some extent, the arbiters of our own behaviour and choices, even when and if these spell economic gain for others. There is also another regulating form which avails itself of the technologies of life and information in order to promote a type of “self-evaluation” aimed at preserving and improving physical and intellectual performance. Neo-liberalism works on self-enhancement and does so by recurring to medicine, to the pharmaceutical industry and by spreading the idea that it is possible for individuals to cure themselves. In this case control over the bodies is reproduced not only by recourse to medical knowledge and practice but also to the use of medical language. This happens when medical knowledge becomes a part of the everyday language and culture, with the result that single individuals perceive themselves as active subjects, capable of managing their own illnesses. We often refer to the rhetoric of choice, responsibility, control, self-determination and perceive as real this increase in our capacity for power and decision-making (Morgan 1998, 96).

The complexity underlying the definition of health and the attention paid to the personal dimension and self-determination has caused medicine to turn into a science attentive to the treatment of bodies affected by disease but also influenced by perceptions of the self in terms of shortcomings which make people consider themselves ill whether they are or not, thus transforming the medical paradigm into one we address daily. Potentially, everything becomes a form of illness: relationships with others, difficulty at being accepted and the perception that one is unable to act autonomously that one’s body is infertile; but “health” is seen as achievement of one’s desires, even if these are manipulated by the media or, more generally, by gender technologies.

The desire to procreate is satisfied by recourse to the power that money has over those who have none and are, therefore, willing to sell their bodies, submitting to the power of those who have money and who believe they are free to spend it as they see fit. Those who make their wombs available do so often because of economic necessity—one thinks of the condition of many Indian women—or, at times, to realise their dreams which are often the manipulated result of ideologies or of the system of values upon which the culture the women belong to rests (Nussbaum 2007). Here we are in the presence of a form of cultural neo-liberalism that makes sure we believe we can do as we please with our own bodies, forgetting that we relate to the world through our bodies and that the first form of interaction with the world takes place through it.

We cannot, therefore, but share Lorena Milani’s idea of the need at pedagogical level to promote not only a socio-economic project which pays greater attentive to human needs, but also and above all, to foster a “revolution centred on cultural disobedience as an option which refuses to serve logics that betray human beings as such” (Milani 2015). The “cultural disobedience” Milani writes about must help men and women to understand the reality in the light of the goals of those categories which have characterised western culture and which have dictated ways of relating to otherness, of building culture, of practising science.

This applies both to the researcher and the ordinary citizen, because it seems that both the researcher and the man in the street have been unable to grasp, even if for different reasons, the problematic of the transformations we are experiencing and their complexity, so that phenomena which appear distant are gradually changing the very bases of our humanity.
Both those who work in the field of techno-scientific research and those who simply share the results must learn to contextualize their thinking and their actions within a global picture: a dimension where specificity and globalism do not present themselves in terms of opposition or as alternatives but, on the contrary, as phenomena capable of coexisting harmoniously. (Pinto Minerva 2011, 5)

and imagining possible utopias.

Therefore, at training level it is necessary to work on those who carry out research and who, due to the present excessive fragmentation of knowledge, do not always possess the overall vision required to predict the consequences of the results of their work. The use of different languages actually impedes dialogue between disciplines and therefore prevents the discovery of points of contact capable of leading to a pedagogical project where politics and ethics are present together; a project stemming from a reflection on the consequences the discoveries made in the field of bio-technology may have on the lives of men and women. For this reason, at educational and training level, it is desirable to recur to a transdisciplinary approach capable of teaching people to interpret reality upon various planes and foster a scenario at the service of men and women, in contrast with the “monofocal vision of economy and finance (...) which simply generates inequality and proposes a mercenary vision of life, based on slavery, exploitation and on blackmail triggered by the need to survive” (Milani 2015). Transdisciplinary collaboration creates links between disciplines on themes shared by the various fields, responding to the need to obtain an overall vision by sharing not only fundamental nuclei of knowledge but also transversal or aggregating categories, epistemic nodes or common problems.

It is also important to work on the community, on those who, as far as issues regarding future and present generations are concerned, believe that either they cannot do anything or that these matters are too far removed from their everyday lives to concern them. This attitude, which translates into lack of interest, must be addressed by training young people in anticipatory responsibility, which is difficult, since the changes we are experiencing bear little resemblance to those of the past. People need to be taught prefiguration, an aspect of the art of critical thinking and, therefore, of learning to ask questions, first of all about what is happening to the human species today, what impact on the lives of men and women the results of research conducted by medicine, biotechnology, genetic engineering may have, and in what the utopia of these sciences consists. With regard to the future, the new generations will have to be educated in such a manner as to question the effects that processes of human manipulation may have upon the species and hypothesise possible scenarios, to identify opportunities as well as limits and make predictions regarding probable outcomes. Similar reflections concerning the present should permit the knowledge and logic of different disciplines to interact and provide the future generations with “meaning” (Milani 2015) which simply means leading young people to perceive themselves as actors responsible not only for their own present but also for the future of men and women as yet to come.

Then again, the word “responsibility” derives from the verb “to respond,” which means reacting to something and presupposing the concept of freedom, the freedom of the individual subject to make choices and make them freely. However, responsibility has a twofold meaning: When we make choices, we need to know that we are responsible not only for the choices that impact upon ourselves but we must also understand that they affect the lives of others too. If by now we have established the fact that our existence in the world depends on the relationships we have with others and that, therefore, humans are relational beings, whose lives are linked to those of the people closest to us, but also to those who are distant, then all our choices, important or not, have an impact upon others.
This is evident, above all, in societies “governed” by the ideology of individualism, as is the case with western society, where men and women are closed against others, bent as they are upon planning their own existences, ignoring the fact that every action, even one that apparently concerns themselves alone, has repercussions on the lives of others. But responsibility for others needs to come to terms with emotional detachment, with that anaesthesia of feelings which has led to indifference towards others, to an inability to enter into syntony with the pain, joy, worries, and feelings of others. Responsibility for others is based, instead, on empathy which permits us to be concerned for others, also as far as the actions we ourselves perform are concerned. This is an ethical question on which the future of humanity depends; it is the key concept of an ethic for the future. Taking responsibility for our actions is not only desirable but an imperative if we consider the extent to which power is wielded among humans, unlimited power thanks especially to the development of the techno-sciences. Homo Faber has lost his perception of the limit and exerts a degree of power he never exercised before, power the victim of which is the human being him/herself. Stressed by technique, Homo Faber has become Homo Creator, a human being who manufactures new human beings, without paying any attention to the consequences of his actions.

The choice of undergoing operations which modify our bodies, the choice of becoming social parents or surrogate mothers are ones we make as individuals. Hanna Arendt spoke of the “banality of evil,” of evil stemming from apparently innocent actions. With neoliberalism, the privatisation and individualisation of the idea of progress were promoted by states and accepted by citizens as a form of liberation permitting individuals to evade those obligations they perceived as limitations of their freedom.

The problem is that today it is difficult not only to make forecasts but also to take a stand against those who are turning the future into a nightmare because, at present, we are no longer in a position to understand who is responsible for these changes. The power of technology has reached such levels that it is difficult to predict what the long-term consequences may be, so we often choose, when possible, when called upon to do so, without being completely aware of what we choose. The extraordinary nature of the events we witness requires new reference points.

In the specific case of the bio-labour and its transnationalisation, we must now learn to include in the category of “otherness” not only all living beings but also those as yet unborn. For this reason we need to begin recovering the meaning of limits as a constitutive part of the human condition. Limits do not necessarily represent a duty but should stem from awareness of human frailty and vulnerability, now the only way to abandon selfish and narcissistic attitudes that prompt us to ignore the fact that we are all human beings, bodies, vulnerable entities, therefore, regardless of difference. The disillusionment which urges us towards nostalgia for the past (Bauman 2017) should instead be tackled by recovering utopias and with them hopes that change is possible, imagining a future where we should seek first and foremost to preserve our humanity and commit ourselves to new perspectives. The first step, however, concerns “little things.” Just as evil stems from banality, from gestures and choices made on a daily basis and often of no great significance, so too one must begin to do good, to act for the benefit of others, in small things, in gestures of everyday care. Care means concern about others, paying attention to them, first of all by looking after their needs. Being attentive to the other also means opening oneself up to the world, overcoming selfishness, through continuous, constant commitment. It is in care that we find the two declensions of responsibility: assuming responsibility (accountability for our actions) and responsibility for (putting ourselves in the shoes of others and being concerned for them) (Pulcini, Veca, & Giovannini 2017). But being responsible also involves a change in our way of life, in our habits, in what we do.
in the places where we live. Responsibility is an imperative, a duty towards others, whoever they may be, a question that cannot but be answered, an issue which one cannot disregard, an exigency which arises when the condition of the other is one of need. In any case,

This obligatory way of responding to the call for responsibility should not be seen as a reduction of freedom, because, in actual fact, the call to respond to others is an invitation to adopt an authentic mode of existence, one involving relationships with others, relationships ethically committed to seeking what can make living good. (Mortari 2015, 132)

Works Cited


