



# Invisible Lady Doctors<sup>1</sup> and Bald Femininity: Professional Conference in Czech Reproductive Medicine<sup>2</sup>

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**ABSTRACT** This article analyses visual representations of femininity and women at the annual conferences of the Czech Obstetric-Gynaecological Society. The analysis reveals representations objectifying women (and their bodies) in such a professional setting, based on the event documentation (conference programs and books of abstracts between 2006 and 2014, and field notes and photo documentation made during the conferences in 2012 and 2014). While the medical specialization of gynaecology and obstetrics deals with women's bodies as objects of expertise, nevertheless the purpose of specialised professional conferences is to cultivate and spread recent knowledge in the field among practitioners, who are (gender neutral) professional experts. Omnipresent product advertisements targeted at women as consumers, and representation of women as objects, tend to reproduce stereotypical imagery of gender “appropriate” dual spheres and complicate the professional relationship between men and women in the specialization. The visual perspective applied to an event otherwise framed as expert and professional revealed significant gender bias, which helps us understand a particular aspect of gender relations in the medical profession that contributes to the reproduction of the notion of most medical specialisations as male professional worlds. The conference renders professional women invisible and their objectified and commodified body remains the very visible aspect of a bald femininity.

**KEYWORDS** Medical profession, gender, stereotypes, gender advertisements, late modern medicine

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<sup>1</sup> According to Lingea Lexicon 5, “lady doctor” refers, in addition to women physicians, to the generic title of the medical specialisation (women's doctor – “ženský lékař” in Czech), thus also to men practicing gynaecology. I have decided to make use of this pun in the cultural translation of the invisibility and absence of symbolic representation of women in the profession. In the title, lady doctors are meant to refer to the women physicians.

<sup>2</sup> This text was written with the support of the Czech Science Foundation project “Childbirth, assisted reproduction, and embryo manipulation: A sociological analysis of current reproductive medicine in the CR” (GAP404/11/0621). The core analysis rests upon research interviews with health professionals and its results have been published elsewhere. I would like to thank Eva Šlesingerová and the anonymous reviewers for their valuable feedback on earlier versions of the text. Please send all correspondence to PhDr. Iva Šmídová, Ph.D., Department of Sociology, Faculty of Social Studies, Masaryk University, Joštova 10, Brno, 602 00, Czech Republic.

What Erving Goffman shares with contemporary feminists is the felt conviction that beneath the surface of ordinary social behaviour innumerable small murders of the mind and spirit take place daily. Inside most people, behind a socially useful image of the self, there is a sentient being suffocating slowly to death in a Kafkaesque atmosphere, taken as “natural”, that denies not only the death but the live being as well.

Vivian Gornick, *Introduction to Erving Goffman's Gender Advertisements* (Goffman 1987: ix)

Biomedical practice and its domination over the human condition in reproduction has been often addressed by social science analyses in international contexts. The unquestionable credit of late modern medicine for saving lives and preventing death, and the expert knowledge formalized, protected and localized by sets of credentials to a clearly identifiable group of professionals, has been confronted with evidence of the power politics and authoritative safeguarding of such positions (Foucault 1990, 2009; Jordan 1997; Oakley 1993; Rabinov and Rose 2006; Slepíčková, Šlesingerová and Šmídová 2012; Stacey 1991). Nevertheless, such studies have so far been only rarely targeted on the Czech context, on the situation and relation of Czech biomedical practice and decision making processes.<sup>3</sup>

Furthermore, gender analyses and sociological interpretations of the visibility of actors involved in medicine are not only absent, so far, from the reflection of the processes in Czech biomedical practice, they, at the same time, offer a shortcut, an easy guideline to understand inequality within the profession and the forming of relations within it. The ease of “reading” representations of certain medicine traits is enabled precisely by concentration on the visual material. The fieldwork data presented here offer, in a rather bold, straightforward manner, the structure of power relations present in the medical profession, in particular in the field of gynaecology and obstetrics. The analysis uses visual representations from the years 2006–2014, and yet these can still be easily grasped by conceptualisations and sociological reflections of such phenomena pointed out in texts from the early 1990s concentrating on gender relations (Oakley 1993; Riska and Wegar 1993; Stacey 1991).

This text aims to continue bridging the gap in local interpretations of the gendered character of biomedical practice, and concentrates on the subfield of reproductive biomedicine. It provides evidence from the field of obstetrics and gynaecology, in particular from the events of its statutory organization in the Czech Gynecological and Obstetrical Society of the Czech Medical Society of J. E. Purkyně (hereafter referred to as ČGPS – the abbreviation of its Czech title). Based on documentation of the visual content of the Programs and Books of Abstracts of their annual national conference covering years 2006 to 2014 and fieldnotes based on my own (visual) experience of attending the conferences in 2012 and 2014, this article illustrates and hopefully problematizes several issues related to the representation of gender in these professional documents and the events of this particular subfield and specialisation of Czech medicine.

Interestingly enough, concentration on the visual aspects of professional relations was not amongst the originally envisaged research methods for this research project. The phenomenon of specifically gendered visual presentations and representations at a medical

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<sup>3</sup> Credit should be given to several local social scientists (Dudová 2012; Hrešanová and Marhánková 2008; Šlesingerová 2005; Slepíčková 2009; Šmídová 2011).

conference venue and in the content of nine years of documents accompanying the conference was encountered rather unexpectedly. Being such an accident, a personal shock I must say, and representing a sharp contrast to my previous professional disciplinary experience, I have decided to explore the field of the thematic conference and its documentation using the perspective of perceived normality or abnormality, and visibility and invisibility of particular aspects of femininity and masculinity as well as representations of bodies of men and women (or their segments or even absences). In this respect, the target event deserves more analytical attention and corresponding reflection. Thus a modified approach using this visual material has been adopted as a useful means for enabling fast and manifest, intense insight into the studied field during my research endeavour besides the textual analysis of the contents of the booklets, programs, abstracts and presentations themselves.

### **Perspective, standpoint and study background**

This article documents and elaborates upon the visual contents of the conference booklets (2006–2014), and the status quo of spatial and visual arrangement of a representative event, namely the annual conference of the ČGPS<sup>4</sup>. The conference was attended in May 2012 (and re-attended in 2014)<sup>5</sup>. Thematic critical discourse analysis (Rose 2001; Fairclough 1995) of the visual content has been conducted to provide an overview of the types of visual depictions that attendees of the conference, targeted at professional physicians, have been confronted with.

Validity of the data under scrutiny has been strengthened by two major supplementary strategies: first, by providing supplementary evidence (and evaluation) of the same event as grasped in the core study of the topical research project, i.e. interviews with obstetricians and gynaecologists, and their accidental and rather anecdotal feedback on the conference venue and arrangement.<sup>6</sup> And second, the analysed material has been validated by comparison with the programs and books of abstracts of similar venues organized internationally. These were in particular FIGO – the International Federation of Gynecology and Obstetrics<sup>7</sup> – conference materials and the American Gynecological & Obstetrical Society<sup>8</sup> annual meeting materials, and by materials from several Czech national medical conferences organized by other Societies under the umbrella professional organization of the ČGPS (namely aesthetic surgery, oncology and general surgery – the Czech Surgical Society shares a common history with the ČGPS).

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<sup>4</sup> See <http://www.cgps.cz/en/>; <http://www.cls.cz/>.

<sup>5</sup> Due to the timeframe of this special issue, fieldnotes from the fieldwork in 2014 are incorporated only to a limited extent and have primarily served for validation (Silverman 2001) of the interpretation of the data from previous years.

<sup>6</sup> In-depth interviews with obstetricians and gynaecologists were collected in 2012–2013 and these serve as the core basis for the project analysis of the status quo and changes in practices of childbirth in Czech maternity hospitals. From these analysed interview transcripts, references to the conference materials and environment have been taken into account when reflecting upon the analysed visual material presented here.

<sup>7</sup> See <http://www.figo.org/> and their congress web pages <http://www.figo.org/congress>.

<sup>8</sup> See <http://agosonline.org/>.

It is fair to acknowledge several guiding milestones that have oriented the analysis. Analytical concentration on the specialisation of reproductive medicine reflects the aim to target biomedical (technological) advancements in medicine, and the specialisation of gynaecology and obstetrics presents one of the core fields where the complexity of technologies meets with negotiation of natural, cultural and technological processes. In reproductive medicine, themes of governmentality and biopolitics as well as gendered aspects and power relations within the system can be identified. The historically appropriated power of medicine over the process of reproduction has been studied (Foucault 1990, 2009; Davis-Floyd a Sargent 1997; Jordan 1997) and its gendered character repeatedly pointed out (Cahill 2001; Scully and Bart 2003; Oakley 1993; Inhorn 2007; Riska and Wegar 1993; Riska 2012), highlighting the historical appropriation of childbirth by men-professionals, unequal professional chances for men and women physicians, as well as stereotypical gender-biased relations between patients and representatives of the medical profession, including gendered practices in medicine, such as “toys for the boys” (Cahill 2001) or the renowned study of Becker and his team on “men in white” (Becker 1977), addressing the socialisation process into the gendered profession. As Ann Oakley has pointed out in her chapter on the limits of professional imagination (Oakley 1993: 19), “some of the most powerful images of women and motherhood are those held by the professional disciplines which lay claim to a special expertise in the field of reproduction – namely medical science, clinical psychiatry and psychology.” She then describes the dominant image of women in modern obstetrics as a mechanical one, with women as reproductive machines (Oakley 1993: 21), and proceeds to find that “normal mothers in the medical paradigm are not really adults at all. They are like children; and, like children, have to be guided and disciplined into correct models of behaviour” (Oakley 1993: 25). Oakley then adds one more characteristic of normal mothers in the medical paradigm: they are prone to anxiety and depression, and this trait in fact frames the image of motherhood and womanhood more generally (Oakley 1993: 25).<sup>9</sup> In this article, I suggest that such an image of mothers and women applies also to the framing of women in the profession of obstetrics and gynaecology, at least with regard to the materials in the 2012 conference venue that readers of the conference visual materials (2006–2014) were confronted with.

In her classical study, Emily Martin draws attention to the culture-bound gender stereotypes used (unintentionally as well as unreflexively) in texts interpreting human reproduction (Martin 2001). There is a striking parallel in this sense between the imagery of women as objects of (obstetrical) care and the representation of femininity in advertising, as pointed out by Erving Goffman in his *Gender Advertisements* (1987): the presentation of women in adverts avoids associations with seriousness and instead involves gestures and poses of a child-like manner. Similar images and gender representation keep reproducing (Mac an Ghaill 2007).

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<sup>9</sup> Unfortunately, in this book, where Oakley analyses a gender perspective of the imagery of women and the division of labour in medicine, she does not depict the structure of medical professionals themselves. Thus, in her interpretation provided in 1993, the medical professional – the physician – remained gender neutral in contrast to the gendered patient, nurse or midwife. Later research studies by Riska, Inhorn and others have started thematising this issue as well (Inhorn 2007; Ginsburg and Rapp 1995; Riska 2012; Riska and Novelskaite 2008).

In this respect, an analysis exploring visual material combining gender and medical practice subfields seems to make sense and promises perhaps unexpected interconnections.

In recent decades, a serious body of visual studies analyses has flourished (Hall 1997; Rose 2001; Sturken and Cartwright 2009), thematising particularly the visualisation of human reproduction and its respective association with medicalized contexts, technologies, screening techniques and their cultural contexts and effects (for a recent example, see Lie 2014). Today, such analyses of visibility depict the embryonic, cellular or even DNA level of reproduction and elaborate the socialisation of such scientifically produced knowledge, as Emily Martin does in her classical study (Martin 2001). These studies often use the feminist perspective in thematising gender issues relevant to the cultural labelling and reading of such materials (Treichler, Cartwright and Penley 1998; Bordo 2003; Jones 2003; Shildrick 1997; Jordanova 1993). However, it seems that little research attention has been paid to (visual) representations of the involved professions, their representatives and the relevant gender aspects of such visualisations. In this line of thought, the analysis presented here is a step towards bridging such a gap.

The changing status of Czech late modern (bio)medicine has been addressed elsewhere (Slepičková, Šlesingerová, and Šmídová 2012; Šmídová and Slepičková 2013). Here it is useful to note that medicine as a profession undergoes several processes, such as routinisation, deprofessionalization, and commercialisation that lead to questioning the prestige and power allocations within medicine (Riska and Wegar 1993). Nevertheless, the medicalization of human life (reproduction) still remains the axis of the current practice in human reproduction. What drives my research endeavour is to look at how hegemonic practices (legitimised, negotiated, performed) in the Czech repro-bio-med settings, which are predominantly represented by men, correlate/coincide with the dominant biomedical uncontested expert knowledge. And surprisingly enough, obvious indicators of the status quo were easily ascertained. Despite my hesitation and cautiousness about making generalizing statements, the analysed visual material does not provide hints for a more colourful interpretation.

### **The context of the fieldwork: ČGPS and the conference**

ČGPS was founded in 1936 and amongst the foundational activities of the Society is the organizing of annual national conferences for its members. These usually last three days, and subcommittees of the Society organize other thematic scientific meetings and specialised conferences. Books of abstracts including the conference program of these annual ČGPS conferences covering all years available online (2006–2014)<sup>10</sup> were analysed. The article begins with a description of the analysed data, and proceeds to contextualise these descriptive findings into a broader analytical sociological perspective. Two descriptive sections depicting the fieldwork follow, providing a picture of the empirical terrain: one pays particular attention to full-page advertisements present in these booklets (2006–2014), and the second concentrates on the visual artefacts from the 2012 conference itself. These contain several analytical

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<sup>10</sup> Most of them are available for download in the section for individual annual conference event web pages here: <http://www.cgps.cz/akce/> (the 2013 conference web page hosting has expired, so the year 2013 material was received from the conference organisers upon request).

reflections which are later more fully developed in the concluding section, which offers a theoretically grounded perspective on the data. The structure of the article, by presenting the descriptive passages first and only afterwards taking an analytical approach to the fieldwork data, reflects the gradual process of the researcher's recognition of the omnipresence and unilaterality of images of femininity and women used in this particular professional medical context. An attempt is made to stimulate such growth of awareness for the reader as well.

After first being confronted with the 2012 ČGPS conference program, which includes abstracts, literature from previous years was then explored to seek confirmation of the initial impression. This review sustained the original impression: each year, copious full-page advertising forms a significant part of the booklet contents, presenting predominantly hormonal contraceptive drugs.<sup>11</sup> Such commodification and commercialisation, or fusion of medical science with the pharmaceutical industry, was simply striking. Moreover, this significant visual profile of the printed material was only complemented and strengthened by the environment of the 2012 conference venue. There, product placement included striking representations and visualisations of the conglomerate corporations of the profession with drug and technology marketing. The exhibition of 3D life size figurines in the conference lobby, where coffee breaks took place, represented specific aspects of femininity – the beauty myth, fashion passion. Such depiction served to attract attention to the consumer products of the conference's general partner, and also demonstrated objectification of the female body and silencing of the representation of women as professional experts (the core segment of women walking through this exhibition were addressed as consumers with female bodies rather than professionals making informed decisions). Thus the field is infiltrated by “corporate medicine” or “the new medical-industrial complex,” as Elianne Riska and Katherine Wegar name it (Riska and Wegar 1993: 3).

Thus, the visual images both at the conference venue and in the analysed printed material since 2006 are targeted primarily to the recipients of medical care (with only few exceptions). As far as the product composition is concerned (oral hormonal pills, vaccination serums, enzyme supplements, and other contraceptives) and imagery used, women and femininity are presented in its bald stereotypical form. And the women (targets) as professionals remain invisible.

Such symbolism can also be detected in the colour code used at the event and in materials. Medical doctors wear the (formal) blue badges, whereas a red badge identifies midwives. The conference booklets are printed on glossy paper and in a full colour scheme,<sup>12</sup> significant space is provided for the logos of the general and main partners (commercial) as well as a full list of conference exhibitors. There are also photo portraits of the key conference figures – all men (President, Vice-president and the heads of the scientific board) and a list of the members of the scientific board; in 2012 there were 21 members (one female amongst them). In

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<sup>11</sup> All but one of the conference booklets in the years 2006–2014 contained full colour and full page advertising. With the exception of 2007, when no product adverts were present, advertising has formed an integral part these booklets' contents.

<sup>12</sup> This link to the 2012 booklet can serve as an example of the material structure: <http://www.cgps.cz/akce/2012/ck/doc/PROGRAM%20Brno%202012.pdf>.



previous and following years, the total number of scientific board members varied between 12 and 31 (with a maximum of three women members). Other visual depictions include men awarded with honours, medals or prizes for best publications. Thus the ČGPS, rather unsurprisingly, shares its position amongst the gendered organisations (Acker 1990) in the medical profession in its most visible form of the representation of gender hierarchies.

What a social scientist notices is that the total number of conference presentations listed in the conference program usually exceeds the number of abstracts included in the booklet by a magnitude of 2–3 times. This pattern indicates that the presentation selection for the conference program, which is made by the scientific board, follows a different pattern than assessment based solely on the abstracts of the proposed presentations. In addition to the usual content of a conference booklet (such as the program, organizational information and instructions, and abstracts), advertising occupies a significant space there. These included sponsored satellite symposia and full colour (most often) full page advertisements.

### Visual content of the booklet advertisements

Social science conference organizers perhaps can only envy the corporate partnership involved in medical conferences. Lack of interest from commercial partners saves us, though, from posing ethical questions arising from business growth through science and expert medical practices that are claimed to be independent and objective, and thus free from biased decisions influenced by market pressures. Yet, the 2012 booklet (44 pp.), for example, contains five full-page adverts. The ads promoted vaccination against a combination of five cervical, vulvar or vaginal diseases, including cervical cancer, the others presented oral contraception.

Picture 1: Bald femininity – women and/as flowers



The booklets with printed programs and books of abstracts consisted, in the years 2006–2014, of 344 printed pages (including the front cover pages), and there was a total of 50 full page advertisements (15 % of the space). Forty-seven of these were explicit product adverts, and three presented company-sponsored satellite symposia using visual references. The advert visuals predominantly featured female figures, either full bodies or portraits in very specific ways. Women were portrayed with flowers and often in misty pastel colours. Another type of presentation of women in these ads were portrayals associating femininity and women with cleanliness – fresh water, white towels or white and light blue details (items, dress). Here, rather than the formal blue indicating office wear or a uniform, the colour blue refers to the inverse of the colours of bodily fluids. (See Pictures 1 and 2 and, for example, ČGPS Programs 2006: 7, 13; 2008: 23, 24, 30; 2014: 26, 30, 77).

**Picture 2:** Woman/water/cleanness/harmony



Most of these portrayals present women as happy, smiling, self-fulfilled, and their depiction is supplemented either by the sun (and yellow beams) or by wings and butterflies, often on a flowery meadow. An association with nature (countryside) and harmony is sometimes depicted by explicit use of a mild curve line – a sinusoid, or natural sceneries in the background (pond, sea, lawn, sand, etc.). The portraits of women are taken either as photographs (mostly coloured) or colourful rather naive drawings/illustrations (collage or cut-out shapes). Even the black and white photographs use fades and shades reproducing the female body and face as retouched or free from problems and/or defects. All women are slim, well-kept and fit the standards of the beauty imperative (or myth). Only one ad depicted a woman of age (see Picture 3 and, for example, ČGPS Program 2008: 13, 30; 2011: 20; or 2013: 41.)



**Picture 3:** Woman – smile, happiness, sun, wings

The conference book of abstracts and program is a manual for conference attendees and professional physicians (and midwives). Thus, such blatant objectification of either the professional women (presented as mere consumers of the prescribed drugs and pharmaceutical products) or even doctors as bare mediators of such articles to be delivered to their patients/clients is highly problematic. Methodologically and analytically, this was a very easy job, as there was not much work with latent messages. As Oakley (1993), Goffman (1987), Riska and Wegar (1993) and others have pointed out, such images reproduce the polar perception of dual gender identities: women as beautiful, childish and emotional, fragile, loving (motherly) creatures, leaving rationality, professionalism and robustness to men. Smiling faces, segments of women's bodies, flowers, butterflies framed by blue and "clean" pastel colours that cover a major proportion of the advertising pages were the most stereotypical depictions. Nevertheless, these were not the only ones.

Despite the most frequent depictions of women as single figures, or segments of their bodies (such as portraits, or their back with an applied plaster), some advertisements reference the seriality of the collectivity of women (Young 1994). Women are grouped as team members sharing a common destiny and experience. This is done by presenting a series of similar portraits (all smiling) depicting either only the faces of several individual women, or portraits of women in their associated life-contexts – such as with a man (touching and kissing), with a child (caressing), or with a female friend. Another arrangement of this seriality was through the portrayal of a group of female figures – staring, or walking in one direction.

Less frequently than the naïve, smiling and dew-like women, other visualisations of women are present too. One shows a femme fatale in black dress and with a black leather handbag and long black gloves; another, a detail of a woman's hand with striking red nail

polish; some women are presented in an active motion, such as riding a bike or dancing. Seemingly the favourite among such images is that of a woman on a swing situated in a flowery meadow or at a sandy beach. More than five advertised products have used this imagery: once the swing was made of a tyre hanging from a tree with a pond behind a meadow in the background of the picture. It is not clear whether it is the woman herself who makes the swing move. Three times, an illustrated image of a rope swing was presented with a woman reaching to butterflies – no swinging movement was recognizable in the captured image, though; the fourth depiction is a woman on a chain swing at the beach – this time she sits on the lap of a man who does the swinging.

The other two versions of active women in adverts are as follows. A woman is photographed from above with her arms stretched upwards and her thumbs up – and at the bottom of the picture, disproportionately small, there is a small scale visible, on which the woman is standing. The other depiction is a woman music fan at an open air concert cheering for her singer/music band – pictured as she is being thrown up into the air, in a lying position, by her co-fans (thus again accepting the fact that she is being moved about). Such capturing of women again implies their dependence on others and disciplining their body to fit the social gender norm.

When analysing the visual content and critically reading these cultural productions for a professional audience, one wonders about the socialisation environment and contexts that form the professional relations and interpersonal attitudes of physicians in this medical specialisation in the Czech context. It seems that the liberated marketing environment combined with underfinanced and mundane working conditions helps these colourful yet simplifying and restrictive images proliferate without the necessary critical reflection on the part of their professional consumers (as well as producers) in the leading positions of the medical hierarchy (such as the scientific boards and presidents of the conferences). These are left unnoticed or form a part of publicly undisclosed politics.

Apart from the stereotypical visualisations of objectified and commodified women's bodies,<sup>13</sup> there were few other visual messages in the booklets. The following depictions were included in the ads: an MP3 player decorated in the product design motives, a framed modern abstract painting (the frame is a thick golden antique), or a section of the same painting every year indicating the graphic logotype of the advertising company. One company has used a graphical caricature for travelling the Earth (with or without taking the pills supporting urological continence). And only exceptionally do the advertisements contain no major visual material and instead use the full page for textual presentation.

One more dominantly graphical element is present in the booklets apart from the product adverts. These are invitations to sponsored satellite symposia – which also use the symbols of a flower or portraits of women in dewy meadows, even though no particular product is

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<sup>13</sup> There were no men's figures depicted in the analysed brochures. This alludes to the notion that the invisibility of men (both as subjects and objects) is part of the general androcentric mode present in the social structure at large, where men are unequivocally understood as (non-gendered) representatives of professionalism and enjoy the unobjectified status associated with (impartial) science and authoritative, expert knowledge.

advertised in these sections. Using these visual references, the association with the sponsoring company can, nevertheless, be easily made with their products which are advertised using the same symbolic language of product promotion. Sometimes such a graphic style is used throughout the booklet as such, using spirals (2011) and flower petals (2009).

As already noted, the visual images are used to advertise predominantly oral hormonal pills, and other products (such as vaccination serums, enzyme supplements, and other contraceptives) targeted primarily to the recipients of medical care. Thus, medical professionals present at the conferences are used as means to deliver these goods to their patients, or perhaps women doctors (and other women participants) are included in the target population. In this respect, a significant proportion of the space in these supposedly expert, formal publications aims clearly at dividing the professional men's audience (those who prescribe such drugs) and ambivalent women audiences who must interpret whether they are targeted more as professionals or more as users of these products.

This ambivalence is made even more explicit in the missing or inappropriately small proportion of ads devoted to expert information. These ads are professional visual materials depicting mostly women, and any technical details of the advertised drugs are rather limited or printed in a font legible only with magnifying glass. With very few exceptions, the textual part of the advertisements usually occupy between one third of a page to only a few lines (rarely more than 2/5 of a page is devoted to the textual information, including the company logo and contact information). This mode of presentation invites an interpretation following the line that physicians are either not acknowledged as partners in negotiating the expert information about the chemical composition of drugs and their dosage by the pharmaceutical industry companies, or they are not even taken as professionals and relevant experts at all, as the same product presentation is most likely used for patients as well (thus economizing the companies' money invested in promotion). The physicians (conference delegates) are thus used as a simple means to deliver these tempting product images to the doctors' lists of women patients. And by doing so, in the context of mainstream lay understanding of unquestionable medical expert authority, such advertising works hard to reproduce the gender order, where women are smiling naïve objects. As Emily Martin (2001) and Pierre Bourdieu (1990) point out, such reversal of causes and effects, or blurring the socialized science in highlighting its objective and gender neutral role, serves to reproduce gender stereotypes and the unequal representations of femininity and masculinity.

## **The conference space**

The space of the actual professional event deserves some attention, too. When strolling through the 2012 conference location, coloured conference name tags hang on each delegate. These swing on their necks tied by a coloured ribbon with printed logos of the drugs/products of the key conference partner (or general partner). These are all hormonal contraception pills. Similar product logos later appear on refreshments provided in the conference main lobby (the only place to spend breaks between presentations and blocs). Logos are pinned as little flags to sandwiches or desserts. The refreshments are served from a central dominating display stand of the general partner (i.e., occupying the central position in the conference lobby).

The display stand includes secluded places to sit and talk, and these are divided into segments by walls covered with the company logo. The space is further “decorated” by life-sized female mannequins as if transplanted from the shop windows of a regional department store (see Picture 4). Not only is this product placement as such, but the fact that the motionless female figurines are stumbled over or even seen as unwelcome obstacles in the conference space again thematises femininity and womanhood in a very specific manner. The omnipresent gaze is mixed with the ignorance of the well-socialised medical professionals who have, in contrast to the social researcher, been exposed to such representations of women since their studies – both as the message of the pharmaceutical industry in their specialization and via the objectification or segmentation of the female body in anatomic models and medical training.

**Picture 4:** Conference space



Apart from these obvious visualisations, other details of the geographical space at the conference deserve some attention, too. A notepad distributed to all conference delegates in the conference file advertises a hormonal product, too. Both sides of its cover graphically depict a series of smiling women standing behind – this time for a change – a woman doctor holding a hormonal rubber ring in her two fingers. One can write down notes in this notepad while strolling around the basement floor, fully devoted to the exhibition which is integral to the conference as such.<sup>14</sup> There, various screening machines, examination chairs and other equipment, as well as some instruments and publishing houses or educational institutions

<sup>14</sup> At the 2014 conference the spatial organization of the venue was a bit different. The refreshments were not served in the lobby next to the main conference rooms (and no general partners’ stand was located there, nor any mannequins). This space was used for PC screens with poster presentations. Coffee breaks were situated in the back of the basement floor – so in order to get your coffee or water, or talk to delegates at a table or bar, one had to walk through the whole exhibition area – past the key partners’ stands (offering trays of canapés with flags promoting hormonal pills) and all the

present and sell their products. On these premises, a more coloured depiction of the status of women is added – women as professionals – laboratory technicians (but not as physicians). Among the products on display, drugs to help you get a smart baby (“chytré miminko”) are promoted or further hormonal therapies are advertised (such as a woman in boxing gloves presumably fighting her destiny; her gloves are red and decorated with small flowers).

The conference space thus confirms rather than subverts the analytical conclusions drawn from the contents of the conference booklets during the decade under study. The use of space points out how the pharmaceutical industry takes advantage of the prestige of medical knowledge and what can reasonably be presumed about the dependence and/or lack of reflection of this relationship on the part of the representatives at the event. Perhaps this is part of the strategy of the conference organizer (a hired company), which relieves the burden of time-consuming preparatory work from the shoulders of the medical experts. It is no surprise that the marketing of commercial products would exploit references to gender stereotypical depictions of women (and men), as this is a well-proven strategy. Nevertheless, this raises ethical issues that should be reconsidered, as the public prestige of the medical profession is at stake.

### Comparative perspective

The national context of this specialised medical conference has been explored by attending two years of the conference (in 2012 and 2014) and by analysing the conference booklets (for the period 2006–2014). Several related conference settings were explored in order to relativize or ground the documented material, both nationally and internationally. These will be at least briefly introduced in this subchapter.<sup>15</sup>

In the national context, it seems evident that sponsors are customarily present at other medical conferences, as well. Four specialised national medical societies and their annual congress documents were compared. These were all societies affiliated with the umbrella professional organization of the Czech Medical Society of J. E. Purkyně – namely the Czech Society of Aesthetic Surgery, the Czech Oncological Society, the Society for Czech Palliative Medicine and the Czech Surgical Society – which shares a common history with the Czech Gynaecological and Obstetrical Society.

The Czech Society of Aesthetic Surgery was selected as representative of a specialisation both stereotypically associated with beauty (and thus femininity) and as a much commercialised segment of medicine (where the cure and healing of ailments are rather marginal activities). The Society does not organize, according to their web pages, their own congresses. They participate in a congress organized by the Czech Society for Plastic Surgery.

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companies and products on display. In comparison to the 2012 gathering, this was a good marketing strategy, as the exhibition area was crowded in 2014.

<sup>15</sup> Each of these would deserve a more grounded analysis, or perhaps even other medical societies and specialisations could have been selected. This remains fruitful terrain for future research. For the purpose of this text such references serve as at least basic, albeit anecdotal, contextualisation of the core material analysed in the article.

Their own event is an annual golf tournament called the Aesthetic Open (co-organised with the Society for the Development of Aesthetic Surgery).

The Society for Palliative Medicine was, on the other hand, chosen as a representative of a discipline dealing with events in the course of life that are becoming medicalised (in a way similar to, for example, that of the reproduction cycle and childbirth in earlier years). This Society prepared a program book for their annual conference, in which full page adverts as well as general and other key partners were presented. Their four full page ads (in 2011) featured drugs to ease pain and improve breathing – three of them explicitly depicted men using these drugs, and the fourth image visualised a nose (seemingly that of a man). A more thorough analysis of the missing connection between aging as a strongly feminised phenomenon and the representation of men supported by drugs at an advanced age (or in a state of disease) by the product placed in the program book is needed. Nevertheless, this society follows a similar pattern to that of ČGPS.

The oncological society, selected as representative of a specialisation expected to seriously deal with ethical issues on a daily basis, has fulfilled these expectations. Their congress data and book of abstracts, which is available online, provide background material about the profession. (Additionally, their web pages are available in English in detail, their systematic calendar presents events worldwide, and they have an archive of conference abstracts available online).

Similarly to the oncological society, the Czech Surgical Society organises several large scale national conferences (called “Surgical”). Their books of abstracts and conference programs follow the professional standard (including the texts of abstracts and schedule of the program) but also include the list of general and main partners, and their conferences are accompanied by exhibitions that are documented in detail on the conference web pages. Here<sup>16</sup>, rather anecdotally, a series of photographs depicting an exhibited Range Rover is documented (despite the fact that Range Rover is not listed on the conference exhibitor’s list). This makes one wonder about the use of Range Rovers in Czech surgery. Or, it rather supports the assumption that golf tournaments (such as that of the Czech Aesthetic Surgery Society) and fast, adventurous, expensive cars document the status attributes associated with, reproduced and reassured at these events. In the booklet, though, no product adverts were included.

In an international context, materials provided in the 2009 and 2012 FIGO (International Federation of Gynecology and Obstetrics) World congress programs, the ACOG 2012 (American College of Obstetricians and Gynaecologists – 60th annual congress in San Diego), and AGOS (American Gynecological & Obstetrical Society) annual meeting in Chicago 2013 materials were analysed. The latter event is more of a social and status-reconfirming festive celebration of “belonging” to the professional group, where spouses are welcome, honours are awarded and tributes are made in honour of the recently deceased representatives (seven men in the 2013 material). The names of fellows as well as donors, including their financial contribution, are listed in full, thus literally reproducing the credentials of the society in the bulletin, graphically laid out in old fashioned calligraphy and using reprinted stamps and

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<sup>16</sup> Harrachov and Prague surgical days in 2013 were explored in detail. The reference made here is to the Prague congress: <http://www.congressprague.cz/kongresy/pchd2013.html>.



seals of the historical logo. A clear graphic link can be made between portrayals of the presidents of the congresses between the American and Czech conference booklet of the ACOG. The FIGO congress of 2009 in Cape Town addressed the burning issues of women in the developing world – and a photo visualisation was used at that world congress. And in 2012, the FIGO world congress took place in Rome (the city's historical horizon is portrayed in the colours of the Italian flag with a mother and child portrayed on its cover – an icon referring to the country's Catholic cultural tradition, as I read it).

And again, in these materials some product advertisements are present, both in the FIGO 2009 and the ACOG 2012 programs. Featured are a combination of specialised publishing houses and their topical books, a pre-natal test, laparoscopic surgery equipment, member insurance, urological treatment, vaccination and also hormonal contraceptives. Nevertheless, a clear professional layout and polished, extensive textual sections frame the presented materials.

Apart from the textual conference materials used to situate and compare the ČGPS conference, personal confrontation was used in several cases when reflecting upon the event in research interviews following the conference.<sup>17</sup> It should be noted that some members of the ČGPS have distanced themselves from the current (as of 2012) managerial board of the Society and legitimized their distinction from the conference visual format by pointing out “their” conception as opposed to the research participants’ own more ethical or reflexive standpoint. This reservation is grounded in a split within the professional society among the private gynaecologists (then in management) and the gynaecologists and obstetricians working in hospital settings.<sup>18</sup> And, as indicated, in the research interviews collected for the core research tasks and questions of this project, particular physicians, when questioned about the 2012 conference visual setting, have reflected upon the ethical issues raised by the use of product advertising. Nevertheless, they have also pointed out that such “brainwashing” (their words) has been an integral part of their socialization process into the profession from the time they entered medical school.

These facts may stay in the background of attempts to interpret the integration of commercial pharmaceutical industry strategies into the daily practice of physicians. And then, even at a professional, expert event such as the annual conference, they have rarely been

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<sup>17</sup> As already noted, in-depth interviews exploring the status quo and changes in Czech obstetrical practice with regard to hospital childbirth were conducted in 2012–2013 with representatives of the profession. As a marginal part of these interviews, reference to the national congress was occasionally made.

<sup>18</sup> In 2013, the ČGPS conference was organized in Prague with members of the Association of Hospital Gynaecologists and Obstetricians involved in the organizing team. The Association was listed as the co-organizing society together with the private gynaecologists society (midwives were excluded). Based on the 2013 program booklet contents, product advertisements were still present but the list of products changed slightly. There were eight full-page ads in the 48-page booklet, all situated towards the end of the brochure. The range of products was as follows, with one in each category: pre-surgery medication, IUD (intrauterine contraceptive device), contraceptive pills, urological medication, genetic testing labs, pregnancy food supplements, vaccination, and hormonal treatment of complications after menopause.

reflected upon as a problematic issue, at least so far. This contributes to unproblematic gender presentations being reproduced in these settings.

## Towards a conclusion

The preceding sections provide descriptive accounts of the visual encounters with the topical ČGPS conference(s). The gradual impression emerges that such portrayals of femininity in its maternal function or visualised as naïve smiling figures of women are not accidental or insignificant. The visual representations of gender presented in the official printed materials as well as in the conference venue itself, as I see it, reflect the practice and processes leading to the invisibility of women as professionals and – with all the authoritative power and respect awarded publicly to biomedicine – reproduce specific stereotypes about the female body, femininity and women in general.

The originally unexpected encounter with a very specific visualisation of a professional and gendered setting necessitates a more general contextualisation. When Libora Oates-Indruchová (1995) analysed femininity and gender stereotypes on Czech street billboards, her findings presented in the text “Women on the Street” might have caused amazement and gender enlightenment for some readers. Twenty years later, the feelings of a gender scholar towards the ČGPS’s visual material – very much like that evoked by the billboards of that earlier time but now in a professional biomedical conference setting – are of despair.

Nevertheless, visual material makes its impression faster and in more iconic forms compared to texts and textual analysis. Thus, adoption of a visual perspective on the reproduction of gender inequality in professional settings enables a shortcut to grasping particular symbolic meanings in materials which were originally planned to be explored as texts and fieldnotes. I do not separate these perspectives but I clearly identify the visual aspect as sufficiently rich to provide evidence of the invisible professionalism of lady doctors – women in the profession – combined with the omnipresent specific presentation of femininity. These bald, essentialising portrayals form a rather sharp contradiction.

The visual presentations stumbled upon at the conference venue and annually re-presented in the conference booklet conform to the most stereotypical portrayals of women as pointed out by social analysts decades ago. Erving Goffman, in his *Gender Advertisements*, first published in 1979 (Goffman 1987), and Judith Williamson even a year earlier (Williamson 1978) in *Decoding Advertisements*, elaborate on ideological depictions of women as passive, naïve and submissive creatures associated with blurred pastel colours (misty nature). Williamson points out how the re-naturalisation of synthetic products (such as biomedical drugs) works out for the advertisement receptors/audience, creating an image of a very natural process. This works by application of such products into a context of natural elements such as air, water and blossoming meadows shining with dew (Williamson 1978: 134–137). These are exactly the contexts used in the advertising at the ČGPS conferences.

Goffman has concentrated particularly on the gendered nature of advertising and its latently intrusive influence on our everyday perception of femininity and masculinity. As Vivian Gornick points out in the introduction to Goffman’s 1987 edition (Goffman 1987: vii–ix), we all know that representations of women and femininity (and of men and masculinity)

in advertisements must be interpreted from a distance. Representations of gender are manipulated and do not present actual behaviour but rather layered displays referring to how we want the real to be depicted. It is the persuasiveness of the images, though, that reconfirms particular displays of gender and reconfirms the rituals (“ceremonies,” in Goffman’s words) that function, Gornick argues, to affirm social arrangements and announce ultimate doctrine. These displays are symptoms, cultural reframing rather than portraits (p. vii). Ann Oakley (1993) has written on the stereotyping of women (as/and) mothers in the medical context, in combination with advertising congruent with the commercialisation of health care and the commodification of medicine as a profession; these trends produce a mutually strengthening fortified consequence.

Social scientists working with visual data reflect the necessary distance such representations (especially in advertising) require when making connections between them and social practice. At the same time, the impact of such representations on our everyday attitudes is unquestionable and underlies action and habitus, as well as mechanisms reproducing symbolic harm in professional as well as gender relations and/or masculine domination (Bourdieu 1990, 2001). As Goffman puts it in the context of his book *Gender Advertisements*:

although the pictures shown here cannot be taken as representative of gender behaviour in real life or even representative of advertisements in general or particular publication sources in particular, one can probably make a significant negative statement about them, namely, that *as pictures* they are not perceived as peculiar and unnatural. Also, in the case of each still, by imagining the sexes switched and imagining the appearance of what results, one can jar oneself in to awareness of stereotypes (Goffman 1987: 25).

And he frames his argument in the context of the human capacity to interpret and assign symbolic meanings to visual impulses, repetitively and stereotypically reproducing certain gendered images. “What the human nature of males and females really consists of, then, is a capacity to learn to provide and to read depictions of masculinity and femininity and a willingness to adhere to a schedule for presenting these pictures, and this capacity they have by virtue of being persons, not females or males” (Goffman 1987: 7).

The roles of the advertisers and their audiences have been distorted in the context of the conference venue and background. On the one hand, the audience has been mostly generalized into a mass of men and women understanding the licence in portraying women as childish, dependent or anxious and in need of professional assistance and control. On the other hand, the failure to address physicians as experts leaves us with the interpretation of an implicit understanding of the image of a professional (the key actor behind the scenes) as a gender neutral, and thus male, figure (following the androcentric scheme of women as “the others”). At the same time, the portrayal of biological reproduction and control over it is being reproduced as an issue where natural harmony is artificially produced in the bodies of women under the advice and control of medical professionals, while men as the counterparts of such life-affecting decisions, are also invisible.

What can be taken from such presentations of femininity in this very bald, essentialising form? And how can we attempt to understand the invisibility of women as representatives of the medical profession? Some reflections on these questions have been provided here.

Firstly, the visual material analysed in the conference booklets (2006–2014) indicated a confluence of two stereotyping trends in depicting women. These are the dual simplified images of femininity associated with beauty, flowers, butterflies, purity and pastel colours typical for marketing purposes, joined by their seriality and thus co-dependence with other smiling women. The other detected trend followed the line of Ann Oakley's stereotyping of women in medicine as dependent childish objects. In both of these visual materialisations, the representations of femininity rendered the professionalism of female physicians totally invisible, thus reproducing the most stereotypical (bald) images associated with femininity.

Secondly, the meeting space of the 2012 ČGPS conference itself only reconfirmed the framing used in the conference booklets. It even materialised the representations of femininity by the use of full-sized female figurines and flag-marked refreshments to literally consume the advertised products. Despite the spatial rearrangement in 2014, significant effort was made again to compel the medical doctors to figuratively buy the products marketed in the exhibition section of the conference. There again, the professional identity of women attendees was ignored and invisible. The professional status of the doctors was used there as a simple means to mediate the advertised products between the pharmaceutical industry and consumers (patients/clients and/or women doctors as women-bodied beings). It is not clear whether such output was a result of the autonomous practice of the company that was hired to organize the event, or made as a purposeful strategy employed by the doctors involved in such commodification of health care. Nevertheless, critical reflection of this highly problematic aspect has not yet penetrated the circles of representatives of these professional bodies.

And finally, contextualisation of the findings from ČGPS program booklets and the event space was made by comparison with other similar national and international events. In this sketchy outline, similar aspects of commodification were found in other specialized events, including gender stereotypical portrayals. In addition, medical specialisations conventionally associated with stress on an ethical approach and clear standards, such as the Czech Oncological Society, do not use any advertisements in their conference books of abstracts/programs. This indicates that even in the Czech context there exist professional medical bodies resisting the marketing pressure. Furthermore, the world congress organized by the International Federation of Gynaecology and Obstetrics also manages without the conventional product placement. Instead, it uses the advertising capacity to promote equality amongst women and/or consumers of health care.

This analysis of the ČGPS conference documents the commodification of health and illness, the objectification of women through their bodies, the use of evergreen gender stereotypes, and the rendering of professional women invisible and the use of medical doctors as a means to deliver the pharmaceutical industry's products to the consumers of care. This brings us to a final remark, which should not be neglected. It is the role of corporate medicine – the medical-industrial complex – which has so far been only anecdotally mentioned throughout this text. The power games and status-reaffirming events of the masculine dominated field of Czech reproductive medicine (especially the specialisation in gynaecology and obstetrics) do not occur in a social vacuum.

Besides the obvious gender stereotypes found in the analysed visual material that have led me to dwell on such an analysis, there is the pervasive international and cross-discipline commercialization of health care and the obtrusive domination by the pharmaceutical industry (together with the advertising business) in dictating and limiting the individual practitioners in their decisions and professional judgement. I believe this practice should be uncovered in its rough character and made visible, readable and available for reflection by the medical practitioners. As it seems now, they are used as a means of decoding the (acceptable) gender stereotypes and reproducing existing power structures in late modern medicine by lending their social prestige, expertise and credit to help make the advertising companies a larger profit. Analyses of and conceptualisations for such neoliberal practices have been addressed by social scientists with a growing intensity.

Despite the strong current of visual studies in the social sciences and humanities, the critical discourse analysis presented here would easily complement the decades-old findings by Goffman (1979) and Williamson (1978). In conclusion, we see that the gender stereotypes present in the practice and presentation of this area of Czech medical specialisation, 35 years after these theoretical texts were published, are still strongly present and undermine the professional relationships amongst physicians and between the professionals and their patients. The question remains how to translate these findings to the affected actors. In this sense, I believe, the visual material offers blunt and easy to “read” and reflect upon material even for audiences beyond the social sciences and humanities.

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