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O. V. CHUIKOVA^{1*}^{1*}Odessa National Medical University (Odessa, Ukraine), e-mail mallena0707@ukr.net, ORCID 0000-0001-7062-0393**FAREWELL, "CASTRATED OTHER": GENDER MEDICINE AND DECONSTRUCTION STRATEGIES OF POSTMODERNISM**

Purpose. Objectives of the study are as follows: to remove the reduction of women to a metaphysical subject, to the "castrated Other" through the correlation of postmodern strategies and gender medicine; to institutionalize gender medicine as knowledge and practical activities that improve the quality and span of life of women based on the methodological application of deconstruction, complementarity, difference, "double writing", X-subject treatment and biomedical innovations; the perspective of gender medicine development is the implementation of the concept of "sovereign writing" of postmodern in individual treatment of a person. **Theoretical basis.** Shock value of the title means farewell to metaphysics in the complex of its derived concepts. The author criticizes the abstract, reduced, marginalized, deviant subject of classical metaphysics and its continuation in psychoanalysis (Freud, Lacan), explores the correlation of postmodern philosophy strategies and biomedical innovations. The allusion to the masterpiece of world cinematography Pasolini's "Ciao maschio" corresponds to the rhizomatic stylistics of the postmodern. **Originality.** After feminist transgressions, gender constructivism postmodern philosophy demonstrates a new subject and a new methodology, which formed gender medicine. Difference, distinction, complementarity, X-subject of treatment, chiasmatic movement, "double writing", "sovereign writing" organically turned over and reconstructed modern medicine in gender, biochemical, and hormonal innovative variations. **Conclusions.** 1. Based on the philosophy and biomedical innovations, a new direction has grown – gender medicine, which has removed the reduction of women to a metaphysical subject, "castrated Other", which has improved the quality of women's health and span of life. 2. Gender medicine in organic combination with the strategies of deconstruction, complementarity, difference, distinction as hormonal distinction, "double writing" as a "dual protocol" of treatment for the same diseases of men and women, the treatment of X-subject turned out to be "new wisdom", which improves the quality of health and span of life in everyday practice. 3. The prospect of the gender medicine's development is in the implementation of the "sovereign writing" as an individual treatment of a specific person.

Keywords: "castrated Other"; X-subject of treatment; gender medicine; postmodernism; double writing; difference; qualitative treatment; hormonal distinction; gender constructivism; sovereign writing

Introduction

Gender deconstruction of twenty-first century medicine is the dephallization of medicine, when the traditional metaphysical subject (father) is replaced by ... – no, not by the psychoanalytic binary opposition He (knowing and active) and She ("other" and passive) – by X-subject of postmodern and gender constructivism. Paraphrasing the words of J. Derrida (1994), X does not mean uncertainty, it is the chiasmatic movement of modern scientific knowledge, humanitarian and biomedical innovative cognition and experiment. The postmodern chiasmatic strategy – flexible and multiple, intersecting, diverging and converging – has created gender medicine of the XXI century, which includes in its development a female subject with female hormones, generally focuses on the hormonal distinction of patients. What for? Is it a victory of feminism? Or doctors tell the truth that they want to start treating women more effectively; that the treatment that prevailed in medicine until the twenty-first century focused only on the man, repressing the female hormonal distinction from the treatment protocol for common diseases.

Purpose

Practical medicine in its development is concerned not only with the sex "at the bottom level", separated from the rest of the organism, which would be Freud's biodeterminism, or an abstract subject without sexual characteristics ("body without organs"), which would be "metaphysics". Its task is to remove the reduction of women to the metaphysical subject, to the "castrated Other". Modern practical medicine is pragmatic and wants to benefit all patients, wants to improve the quality of treatment, the quality of health, the life expectancy of not only men, but also women – we consider gender medicine in our study in this aspect. We do not consider other aspects of gender medicine, such as, for example, experiments on sex change, or experiments on unifying gender differences in the process of upbringing and education of children of preschool age (Chuikova, 2016, p. 191). We study the correlations of postmodernist strategies and gender medicine, which aims to improve the quality of treatment, quality of health, life expectancy not only for men (this was always performed, the man is a traditional subject of medicine), but also for women with the same diseases. The development perspective of the gender medicine is the implementation of the concept of "sovereign writing" of postmodernism in the individual treatment of a person.

Statement of basic materials

During the twentieth century, the philosophical subject changed and, accordingly, the subject of medicine changed several times, the place of a woman in philosophy and medicine, the quality of her treatment directly depended on these changes. In traditional medicine, a unified approach was applied to a woman; a woman was reduced to a male subject, which in fact meant that a woman was treated as a man. The beginning of the twentieth century proclaimed the final move away from the binary opposition of the metaphysical abstract subject and the marginal subject repressed by it, which was a woman. However, a woman as something marginal continued to be reduced to the male subject and continued to be treated as a man. The exceptions were two areas: gynecology (sexology) and psychiatry. The beginning of the medicalization of the soul, the institutionalization of psychiatric clinics and education meant the emergence of a new binary opposition of the old metaphysical approach to a woman. So the metaphysical abstract subject is the Father of the "anatomical subject", "the woman as a castrated man" of Freud (1991), and then the "speaking (symbolic) subject", the "Other" and the "hysterical subjectivity" of Lacan (1997) which remained within the framework of the binary oppositions of metaphysics: He (knowing) and the "Other" (deviant, feminine).

A "knowing" doctor of medical sciences, professional psychiatrist Freud placed a sick woman in a sexual context and, thus, invented a "hysterical" – female hysterical subjectivity. Another interpretation of the female subject also came from the "marginal" (in the spirit of metaphysics), the "deviant" context of sexuality, namely: the castration complex, which is formed at the stage of overcoming the Oedipus complex (Freud, 1953). According to Freud, the boy successfully overcomes this castration complex, and the girl stays in it. It is on this difference in the formation of gender identifications, based on the difference in relation to the castration complex, in the structure of subjectivity that Freud's definition that the girl is a castrated boy is built.

In relation of the Oedipus complex to the castration complex, gender dif-

ference draws attention to itself, which is likely to have consequences. The

girl stays in it for indeterminate amount of time and only late gets rid of it and even then not completely. Under these conditions, the Superego has to suffer, it cannot achieve the strength and independence that give it cultural significance, and feminists do not like being shown the consequences of this moment for the usual female character. (Freud, 1991, p. 369)

So, in a phallogocentric world order, women as "castrated men" are doomed to a repressed structure in the culture as a whole, both in theory and in practice, including medical care. In the twenty-first century, medicine is only beginning to treat a woman as a woman, and a man as a man, but the practice of treating women as "castrated men" as "Others" is still common. This is also confirmed by Freud's other work, where not only anatomical features are central to the formation of gender identity. The concept of castration becomes ambivalent: on the one hand, it is the gender sphere of the unconscious, on the other, it is not only biological, but also social determinants, based on symbolic threats of "castration" (for men, this is deprivation of power, post), "shortage" (for women this is doom to a defective attitude in society, to the role of the invisible person). "Ciao maschio" by the famous director Paolo Pasolini means the end of the power of the patriarchal world order based on the bio-logo-psychodeterminants in the spirit of Freud. "Farewell to the male" in this interpretation also mirrors the farewell to the defective, castrated notion of female subjectivity. Later we will add to this series a farewell with the "otherness" – the eternal "obscurity" of women for the masculine world (Freud, 1989, p. 382).

Lacan's psychoanalysis developed in the spirit of Freud's poststructuralism and criticism, but this did not save Lacan from the metaphysical binary opposition I – Other. For a man, a woman is always "Other", inevitably incomprehensible, and therefore always distanced, marginalized, deviant. The invention of female hysterical subjectivity continued, with the only difference that a woman can speak about herself (Kolesnykova, 2017). And for herself, because for a man, even a psychoanalyst, she is still an incomprehensible "Other" who is not clear what she is talking about. The structure of feminine subjectivity continued to be equated to the structure of hysterical symptoms, but the "Dora case" clearly demonstrated the masculine inability to either build narratively or interpret feminine subjectivity (Lacan, 1997, p. 148). Thus, the woman remains "Other", inaccessible for understanding, but accessible for repression. Lacan rejected Freud's biodeterminism and drew attention to the linguistic structures of the unconscious. So, Lacan formed the next stage – the female "speaking subject" who lives life on the symbolic level of social institutions and processes.

So, when the moment of understanding the gender difference in culture, in society takes place? One can find the approaches to understanding the differences in psychoanalysis. Lacan's gender identification of a child occurs "at the stage of a mirror" (Lacan, 1997, p. 7). If, for Freud, gender identification coincided with the oedipal stage and the castration complex, which reduced the social significance of women in all spheres without exception, then for Lacan the gender identification of the child coincides with the stage of the formation of the "narcissistic Self". At these stages, a girl finds herself in a "shortage" and acquires a "castration complex", and with this complex she enters the phallo-logocentric order of the cultural space organization, where she turns out to be repressed, superseded into a marginal position in society. So, at the beginning of the

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twenty-first century, gender medicine removed the dialectics of the binary opposition of metaphysical and psychoanalytic concepts, because modern strategies of scientific knowledge allow combining postmodern philosophy and biomedical innovations in the field of hormonal biochemistry and physiology. Construction of the X-subject of postmodern philosophy of gender medicine simultaneously accompanies the linguistic construction of the "double writing", which led the discoveries of biochemical hormonal distinction to the possibility of "double treatment protocol" separately for men and women with the same diseases based on the introduction of hormonal differences in gender medical discourse and practice. Men and women are now equal in their access to effective "sovereign" treatment. According to Derrida, to find "meaning" is to lose "sovereignty".

There is no core of meaning, there is no conceptual atom, and the concept represents itself in the fabric of differences ... This writing – a major one – will be called writing because it does not fit into the framework of logos (meaning, domination, presence, etc.) (Derrida, 1994, p. 157)

The concept, which produces itself in the cloth of differences, this is relevant for the emerging gender medicine, which produces itself through the discovery of differences in hormones and effective wholesome treatment of "sovereign" patients without "domination" relationship of masculine order and "subordination" of women in this order even in such important issues like medicine and the life value. We walked away from the main metaphysical treatment standard.

To correlate a major writing with a sovereign operation is to establish correspondence in the form of inconsistency, it means to write in a gap in the text, it means to bring the chain of discursive knowledge into conformity with ignorance, which is not one of the moments of knowledge. (Derrida, 1994, p. 155)

Thus, the next form of gender-oriented medicine, gender constructivism will be an "individual approach" to each specific person in his/her complex of biological "differances", which again correlates with the strategy of postmodern philosophy: takes the medicine away from "major writing" and leads to correlation with the concept of "sovereign writing".

A differentiated approach to the treatment of men and women is a feature of gender medicine and it directly correlates with Derrida's concept of differance. Differance is a strategy for overcoming the fundamental principles of metaphysics (presence, logos, identities), it is also an opportunity to "distinguish", "differentiate". Thus, differance is the production of differences, dia-criticality, this is "permission" to see differences within one type of knowledge, and through this "gap" of meaning to reconstruct knowledge in combination with "breaks" in other types of knowledge, which turned out to be productive for both the natural sciences and for the emergence of "new wisdom" (Potter, 2002), and for practical benefits in treatment at the beginning of the twenty-first century. For example, Internet sources publish information that «Only two years ago,

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scientists at Northwestern University (USA) published a sensational article that women are 50% more likely than men to suffer from side effects of drugs. That some drugs do not act on them at all, while others, on the contrary, affect too actively, as in an overdose... This is because the male sex hormone testosterone enhances the effect of the drug, but estradiol (the female sex hormone) has no such effect, because different hormones "control" men and women. And a competent therapist will never treat equally a man and a woman of the same age who came to him with seemingly "the same problem"» [<https://sites.google.com/site/dcpmsp5/zdorove/gendernaamedicina>].

"Differances" of biological and social sex gave us a "gender", gender sciences; biochemical, hormonal "differances" (testosterone and estrogen, etc.) launched a wave of innovative gender constructivism in medicine. Today, primarily physicians (Bogolepova, & Malofeyeva, 2014; Allen, Damasio, Grabowski, Bruss, & Zhang, 2003; Kolodyazhnaya, 2014; 2015;) write monographs and dissertations concerning gender differences in medicine. Thus, difference legitimized the production of differences in biochemistry, pharmacology and medicine in general.

Everyone knows that deconstruction consists of two steps: the first step turns it over, the second one reconstructs it. Feminism is the first step that raised the silent facts of the "healing" of women. Here is an example from many online sources: "The study showed that thousands of women die in vain from heart attacks, because they are simply treated worse than men. In England and Wales alone, according to conservative estimates, poor treatment resulted in more than 8,200 women dying within 10 years. The authors of the study found that many people, including doctors and patients, sincerely consider heart disease a male problem". [<https://www.medikforum.ru/medicine/1426-zhenshin-lechat-xuzhe-chem-muzhchin.html>].

Feminism removed the male dominance hierarchy over female in medicine, where female was traditionally marginalized, declared deviant, driven into sexology, gynecology and psychiatry, remained within the framework of a metaphysically developed psychoanalysis that prevented medicine from moving further. Feminism carried out a transgression by its criticality and shock value of the truthful facts, it shaken the phallo-logocentrism of the world order. Then medicine moved to the step of gender reconstruction, to the new privileged concepts, it extracted all the reduced opportunities and conceptual resources from the once repressed structures and concepts. Thus, deconstruction, having overcome metaphysics, developed and organized the institutionalization of knowledge of a new type of relationship between philosophy and other sciences (Chuikova, 2016, p. 23). The facts of dissertation research, which specialize both in the medical fields of knowledge and social medicine, speak in favor of institutionalization, while philosophers and the humanities are lagging behind. The concept of a "new wisdom" of V. R. Potter (2002), biochemist and oncologist by profession, confirms the new type of philosophizing. Postmodern strategies show how philosophy intertwines with other sciences, including biomedicine: in immanence, in the horizontal position of development. Changing the vector to horizontal, we retain the philosophy's right to life in other sciences, we are talking about "correlations", about constructivism, about rhizomaticity (Deleuze, & Guattari, 1998). In addition, Derrida speaks of deconstruction in terms of chiasmatic doubling or intersection, the form of chiasma X, is not a symbol of the unknown, but rather resembles a kind of fork, a crossroads, with one line crossing the other and going further, which preserves the difference between the two movements due to their dissymmetric communication (Derrida, 1994). This is how the treatment X-subject of gender medicine was constructed.

The strategy of "complementarity" is also involved in the reconstruction of gender sciences after the transgression of feminism. We use complementarity as a strategy of composing self-sufficient concepts of female medicine with a female subject as a whole and male medicine with

a male subject as a whole, which are added one to another, are combined into a whole one, and through this combination, the addition of one with another during treatment of identical diseases, the intersection of one whole with another whole creates X-subject of treatment. In this sense, "addition cumulates and accumulates presence" (Derrida, 1994). Also, another value is in replacement of the "shortage" in the woman, the addition performs the compensating function of the inferiority of the female subject, making it complete. Thus, the traditional value of the supplement, in which there are two fullnesses, two wholenesses, is added by the development perspective, which was originally laid, planned by the initial structural shortage. The initial emptiness of the structure suggests that the place of the absent principle will be taken by the addition. In this non-traditional sense, addition does not precede the principle, but takes the place of the missing principle (Derrida, 1994). Thus, the inclusion of hormonal and other biochemical differences between men and women into the general protocol for treating the same diseases is the complementarity that was assumed in medicine from the very beginning, but was absent.

Originality

Originality of the study is to develop the concept of creating gender medicine based on post-modern philosophy strategies that have deconstructed the scientific paradigm and social system, having replaced the traditional metaphysics of the world phallo-logocentric system by gender differentiation strategies (both in social status and in the status of hormonal difference) as distinction, repetition, chiasmatic movement, X-subject, thus, changing the patterns of thinking and consciousness of the modern person, making possible biomedical innovations for practical implementation. The very fact of differentiation of biological and social sex (which, in fact, is gender) by the criterion of sociocultural figuration of gender, the official redistribution of social roles in medical practice and the classification of scientific research in medicine on gender basis refers to the refusal of medicine from metaphysics using the postmodern philosophy and its practical benefits. Many strategies of postmodern philosophy have deconstructed the culture, social order of phallo-logocentrism, opened the mental patterns of consciousness, thinking for the discoveries and inculcations of biomedical gender innovations that improve the quality of health into the ordinary practice. In this article, we only mentioned the difference, distinction, chiasm, X-subject, "double writing", complementarity, deconstruction as a whole, but examine the subject's deconstruction and the appearance of X-subject, "double writing" as a "double" treatment protocol separately for men and women with the same diseases. We mention the distinction as hormonal distinction, introduced into everyday medical practice as the basis for different treatment of men and women. The X-subject of treatment is the implementation of a chiasmatic approach to treating the same diseases (for example, the heart) in different ways in men and women based on hormonal differences that permeate the entire body in different variants in order to improve the quality of health and span of life.

Conclusions

Modern medicine has become gender-related because it has undergone a series of strategies of philosophical postmodern constructivism, gender constructivism and, as a result, stopped treating a woman as a metaphysical abstract subject, or as a "castrated man" of Freud, the "Other" (of Lacan, who "has read Freud"), eternally distanced, incomprehensible, inaccessible for interpretation, which together gave us the ironic concept of the "castrated Other" with allusion to Pasolini's masterpiece of world cinematography "Ciao maschio". Binarism turns on a binary "fare-

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well" automatically: if the end of the patriarchal world ("male") comes, then its derivatives of binarity ("castrated Other") lose their relevance. Deconstruction of the metaphysical subject and psychoanalytic subjectivity, as a result of which gender medicine is organically implemented in the treatment of the X-subject, has become the leading strategy of the postmodern philosophy. The problem of self-representation of repressed feminine is solved through the strategy of "double writing", which is also constructivism in the field of "treatment protocol". In gender medicine, it shifted away from the standard and became "double", i.e. oriented to different treatment of men and women with the same diseases. The goal of gender medicine is more effective treatment, especially for women, because until the twenty-first century women were reduced to a metaphysical patriarchal subject, or to a castrated man, or to the "Other" that cannot be understood, or to hysterical subjectivity.

The X-subject strategy allows for biomedical innovations in the field of hormonal discrimination in a broad version of the treatment protocol for all diseases, but adjusted for the difference in gender. Postmodernism and gender medicine, having said goodbye to imaginary female subjectivities, focuses on deconstruction, complementarity, difference, X-subject of treatment, "double writing" for men and women with the same diseases, "sovereign writing" for individual approach of gender medicine of the future, biochemical, physiological innovations in medicine and starts to bring practical benefits, to treat women more effectively. Thus, the X-subject of treatment in gender medicine, the gender medicine, and the strategies of postmodernism in general, the prospect of a "sovereign writing" is humanism. Gender medicine turned out to be the "new wisdom" of the XXI century, which is humanistic in everyday practice to improve the quality of health and the value of life of any particular person.

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ПРОЩАВАЙ, "КАСТРОВАННИЙ ІНШИЙ": ГЕНДЕРНА МЕДИЦИНА ТА СТРАТЕГІЇ ДЕКОНСТРУКЦІЇ ПОСТМОДЕРНІЗМУ

Мета. Завдання дослідження: завдяки кореляції постмодерністських стратегій прибрати редукцію жінок до метафізичного суб'єкту, до "кастрованого іншого"; на підвалині методологічного застосування деконструкції, додатковості, *differance*, розрізнення, "подвійного написання", Х-суб'єкту лікування та біомедичних інновацій інституціоналізувати гендерну медицину як знання та практичну діяльність, що поліпшують якість та довгостроковість життя жінок; перспектива розвитку гендерної медицини – реалізація концепту "суверенного написання" постмодерну в індивідуальному лікуванні людини. **Теоретичний базис.** Епатажність назви означає прощання з метафізикою у комплексі її близьких концепцій. Автор критикує абстрактного, редукованого, маргіналізованого, девіантного суб'єкта класичної метафізики та її подовження у психоаналізі (Фрейда, Лакана), досліджує кореляції філософії постмодерну та біомедичних інновацій. Алюзія на шедевр світової кінематографії "Прощавай, самець" Пазоліні відповідає ризоматичній стилістиці постмодерну. **Наукова новизна.** Філософія постмодерну після феміністських трансгресій, гендерного конструктивізму демонструє новий суб'єкт та нову методологію, які сформували гендерну медицину. *Differance*, розрізнення, додатковість, Х-суб'єкт лікування, хізматичне рушіння, "подвійне написання", "суверенне написання" природно перевернули і реконструювали сучасну медицину у гендерних, біохімічних, гормональних інноваційних варіантах. **Висновки.** 1. На базисі філософії і біомедичних інновацій з'явився новий напрямок – гендерна медицина, яка прибратила редукцію жінок до метафізичного суб'єкту, "кастрованого іншого", та підвищила якість здоров'я та довгостроковість життя жінок. 2. Гендерна медицина у природному поєднанні зі стратегіями деконструкції, додатковості, *differance*, розрізнення як гормонального розрізнення, "подвійного написання" як ведення "подвійного протоколу" лікування при однакових хворобах чоловіків та жінок, Х-суб'єкту лікування виявилася "новою мудрістю", яка у повсякденній практиці поліпшує якість здоров'я, довгостроковість життя. 3. Перспектива розвитку гендерної медицини – у реалізації "суверенного написання" як індивідуального лікування конкретної людини.

Ключові слова: "кастрований інший"; Х-суб'єкт лікування; гендерна медицина; постмодернізм; подвійне написання; *differance*; якісне лікування; гормональне розрізнення; гендерний конструктивізм; суверенне написання

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ПРОЩАЙ, "КАСТРИРОВАННЫЙ ДРУГОЙ": ГЕНДЕРНАЯ МЕДИЦИНА И СТРАТЕГИИ ДЕКОНСТРУКЦИИ ПОСТМОДЕРНИЗМА

Цель. Задачи исследования: через корреляцию постмодернистских стратегий и гендерной медицины убрать редукцию женщин к метафизическому субъекту, к "кастрированному другому"; на базисе методологического применения деконструкции, дополнительности, *differance*, различения, "двойного письма", Х-субъекта лечения и биомедицинских инноваций институционализировать гендерную медицину как знание и практическую деятельность, повышающую качество и длительность жизни женщин; перспектива развития гендерной медицины – реализация концепта "суверенного письма" постмодерна в индивидуальном лечении человека. **Теоретический базис.** Эпатажность названия означает прощание с метафизикой в комплексе ее производных концепций. Автор критикует абстрактного, редуцированного, маргинализованного, девіантного субъекта классической метафизики и ее продолжения в психоанализе (Фрейда, Лакана), исследует корреляции стратегий философии постмодерна и биомедицинских инноваций. Алюзия на шедевр мировой кинематографии "Прощай, самец" Пазоліни соответствует ризоматической стилистике постмодерна. **Научная новизна.** Философия постмодерна после феминистских трансгрессий, гендерного конструктивизма демонстрирует новый субъект и новую методологию, которые сформировали гендерную медицину. *Differance*, различение, дополнительность, Х-субъект лечения, хізматическое движение, "двойное письмо", "суверенное письмо" органично перевернули и реконструировали современную медицину в гендер-

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ных, биохимических, гормональных инновационных вариациях. **Выводы.** 1. На базе философии и биомедицинских инноваций выросло новое направление – гендерная медицина, убравшая редукцию женщин к метафизическому субъекту, "кастрированному другому", чем повысила качество здоровья и длительность жизни женщин. 2. Гендерная медицина в органичном соединении со стратегиями деконструкции, дополнительности, *differance*, различия как гормонального различия, "двойного письма" как ведения "двойного протокола" лечения при одинаковых заболеваниях мужчин и женщин, X-субъекта лечения оказалась "новой мудростью", которая в обыденной практике улучшает качество здоровья, длительности жизни. 3. Перспектива развития гендерной медицины – в реализации "суверенного письма" как индивидуального лечения конкретного человека.

Ключевые слова: "кастрированный другой"; X-субъект лечения; гендерная медицина; постмодернизм; двойное письмо; *differance*; качественное лечение; гормональное различие; гендерный конструктивизм; суверенное письмо

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