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Reader’s review of the Diploma Thesis by Sebiha Gungor

Women's Experiences with Gynaecological Examinations and Debates about Virginity in Ankara, Turkey

The reviewed thesis sets out „to understand how society’s expectations of women’s sexuality and virginity affect women’s lived experiences and knowledge of gynaecological healthcare.“ The well-written and well-structured work convincingly presents the importance of such an analysis. Sebiha Gungor however achieves more than this. Her work addresses the very important issues of women’s health, reproductive rights and biopolitical regulations of women’s sexuality, but also highlights that medical examinations are one of the cultural location where de/valuation of women’s lives takes place – de/valuation that is centrally related to gender norms and disciplining of sexuality. As the author intimates in her careful positionality, her own early experience with this mechanisms of valuation was the original inspiration for writing this thesis.

Corresponding with the research design, Sebiha Gungor chose the method of semi-structured in-depth interviews. It merits mention that she creatively used not one but two snow-ball lines to reach communication partners out of different social circles. This diversification is also important with respect to the sensitive nature of the shared experiences and help to protect the anonymity of the women that contributed to the research. This reflects the level of critical ethical awareness that the author, Sebiha Gungor shows throughout her work. Despite the difficulties of the pandemic year, the author managed to collect interviews with 10 women. Before I delve into a more detailed discussion of the thesis, I wish to foreground that Sebiha Gungor’s thesis provides a layered and sophisticated discussion and has a potential to deliver important contribution to feminist sociology/cultural studies of medicine and gynaecology. Below I briefly summarise important points that the thesis makes and then offer some suggestions to further the potential of the presented work.

The six key themes Sebiha Gungor abstracts explore the dissonance between women’s own perceptions of their sexuality and the cultural emphasis on virginity that dominates the medical discourse of women’s sexual health. One of the most powerful points of Gungor’s thesis relates to her ability to reveal the ideological power of the discourse of virginity. The author argues that the importance ascribed to virginity (and honour) translates into mechanisms that question the women’s social belonging and produces intense feelings of social exclusion. Moreover, as the author points out, the medical beliefs that virginity is defined by an intact hymen are scientifically inaccurate. Even though, I do not disagree with her here, I believe that focusing solely on the inaccuracy and ‘false’ facts held by medical practitioners actually misses a more important and sociologically interesting point related to the power of the ideology to ‘create’ corporeal

matter. Below I want to offer a different framing through which we could understand both the intense feelings of not belonging that the women articulate, as well as the medical 'false' insistence on the presence of intact hymen.

The author manages to center-stage the performative (and material) force of the virginity discourse – the hymen becomes a material part of women's bodies that divides them into two separate categories (*kadın/ kız*) that are reflected in their social status and in wider normative social structures. In this sense, women that fall into the category 'unmarried yet sexually active' experience their (gender/sexual) undoing, to echo Butler, in the moments of gynaecological examinations and when they have to reveal that the matter of their bodies do not reflect the expected and socially normative materiality. To quote one very powerful statement of one of the communication partners, "Who am I? Why am I explaining? What do they think about me? I ask myself where do I belong in their eyes?" The medical practitioners, for their part, when asking "Are you married?", seem to be asking a question about gender status/category (aking to "are you a boy/a girl) that is to guide their 'good practice' not to do harm (this is reflected in the decision not to do vaginal exams on bodies that they see as belonging to the bodily category of *kız*).

Tracing the intersectional nature of the women's experience, Sebiha Gungor attempts to chart the influence of religion, social and economic status as well as age. While it seems that the women's religious views do not play a very significant role in their seeking gynaecological care (in this sense Gungor manages to emphasise once more the dissonance between women's own religious views and the determining power the institutionalised religion has over their lives), social and economic access proves of crucial importance for women's (limited) agency to secure access to care they need and care that would not potentially endanger their standing in their families and in society at large (as Gungor makes us aware, the women are very aware of the fact that the Turkish state could seize their private health information). While being able to accrue enough of social and economic capital to decide which professional they will see speaks of relative advantage, Gungor resists to read this as 'privilege' or as a fact of the women's advantage pointing out that this still is a serious drain of women's capacities and barrier to their health.

The areas of opportunity that I see in Sebiha Gungor relate to 1) conceptual framework; 2) more detailed elaboration of the intersectional analysis; and 3) for possible publication, I would like to encourage the author to stay with the rich data and unpack them more.

Ad 1) As I have said above, the whole thesis is carefully and well-written, the only section of the thesis that did not read as well as the rest of the work are the chapters devoted to theoretical and conceptual framework. The author undoubtedly did her work in amassing substantial

sources, and gave preference to sources written specifically about sexual mores and gender norms in Turkey. This gives the author the detailed knowledge she needs to understand the data. Yet, as a whole, this section seems to lose the voice of the author herself; the text is somewhat disjointed, at times reads as a collection of synopses of the individual articles presented. We need the author to tie it all in and guide us with her questions/theses.

As a historian, I was not convinced by the seemingly universalised and ahistorical claims of some of the literature the author leans against, and would thus recommend to bring in the link to the present political situation much earlier and ground the discussion in the biopolitical nature of the current regime. This might help to set the discussion in its proper historical context. But most importantly, in the conceptual framing of the thesis, I was missing a more theorised discussion of the gender order, its biopolitical nature, links to authoritarian regimes; a more nuanced and abstract framework that would allow the author to abstract further from the women's experiences.

Ad 2) I really enjoyed that the author is applying intersectional lens in her analysis. The intersectional methodology should be described in more detail and with more precision. Having said this, the author does clarify what categories/criteria she takes into account. To further the intersectional objective, I would like the author to explain the following: Why did she focuses on the experience of urban (Ankara) women with university degrees, and relative social and economic 'privileges'? To clarify, I am not disputing these choices, and I believe they can be very powerful in pushing against our assumptions about social privilege and agency, but they need to be discussed and explained precisely with view to this. Following, what do experiences of those women intimate about the power dynamic in this particular medical setting and how do they relate to experiences of other, less privileged, women? Focusing on the relatively well-to-do women, or more precisely women who can afford to pay for private care illustrates that the agency negotiations are mostly expressed through financial means and via choosing a private institution – how do women from different social classes in less urban setting deal with medical care based in surveillance and discipline? Similarly, all the communication partners identified as cis and heterosexual—what relevance does this have for their experiences?

Ad 3) The following remarks are shared with the hope that the author will consider on expanding her findings and rework them into an academic publication. In the present form (mostly also given the restrictions of the diploma thesis), the discussion of the data is too quick and does not do full merit to the rich experiences of the women. For instance, we do not learn what meanings and values do the women ascribe to their own sexuality – something that would be of a great importance in the context of a system that supresses these opinions from being articulated. What

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does it mean for them to be healthy? How do they themselves define sexual health and reproductive health? How do they imagine the gynaecological exams could/should look like for them?

Also, one the central theme of the thesis transpires to lie in the dissonance of the medical professional and their 'patients'/'clients'. To explore this more, I believe it would be valuable to include voices of the medical professional who as I trust are trying to deliver the best care they can.

Overall, I do heartily and with pleasure recommend the thesis for defence with the grade A, the final evaluation, as always will depend on the discussion at the defence.

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