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Between Becoming and Being: A Philosophical Treatise with Interstitial Reflections on Experience, Gender, and Bio politically Controlled Life

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Overall Introduction

This philosophical treatise engages with the complex interrelations between experience, the biopolitical medicalization of life, and the self-realization of gender identity. The treatise unfolds across three interconnected works, each addressing a critical aspect of human existence. These reflections are not presented as isolated concepts but as dialectical moments within a larger, unfolding philosophical framework, wherein each element informs and shapes the others.

The first work, *Experience as Recursive Becoming: A Dialectical Ecology of Interconnected Systems*, reconceptualizes the notion of experience as a dynamic, recursive process. Rejecting linearity, it presents experience as a multifaceted system of thought, perception, and action, where each moment of knowing interrelates with broader systemic forces. This work

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

challenges reductive, deterministic conceptions, instead proposing that experience is a continual unfolding of relations between the particular and the universal, the temporal and the atemporal.

The second work, *The Medicalization of Existence: Technocratic Biopolitical Control of Life and Death*, extends the conceptualization of experience by examining the increasing medicalization of life's fundamental processes—birth, aging, and death. It critiques the growing technocratic biopolitical structures that regulate these natural phenomena, transforming them into events requiring institutional oversight and intervention. This shift undermines personal autonomy, reframing organic life processes as objects of management within a governance framework that prioritizes economic and social productivity.

The third work, *Gender Identity as Self-Realized Unity: A Syllogism of Becoming*, engages with the philosophical implications of gender identity. Moving beyond the conventional binary framework, it presents gender as a dialectical process of self-conscious realization. Gender is understood not as an imposed category but as an unfolding trajectory of self-determination, in which identity is progressively integrated into the totality of the self's becoming. This work offers a novel understanding of gender as a dynamic, self-determined process, transcending externally imposed boundaries.

Treatise Progression

This philosophical treatise unfolds through three distinct sections, each reflecting on the interconnected dynamics of experience, biopolitical control, and gender identity. Between each work, interstitial reflections provide space for deeper engagement with the ongoing global debates, particularly around the criminalization and medicalization of gender-diverse individuals, as well as the intersection of these issues with contemporary political, legal, and social systems. These

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

reflections are informed by the author's lived experience as a queer, neurodiverse, Indigenous Hawaiian scholar and practitioner, drawing on feminist, queer, and decolonial frameworks to critique systems of oppression while advocating for self-determined identity and autonomy.

1. ***Experience as Recursive Becoming: A Dialectical Ecology of Interconnected Systems***

   The first section of the treatise explores the nature of experience within a recursive ecological framework, rejecting linear models in favor of a dynamic, interconnected system of becoming. In this section, I argue that experience is a process that resists static measurement and deterministic prediction, unfolding through systemic feedback loops. The concept of ontological transduction reconfigures the informational structure of experience, allowing for novel patterns of meaning and behavior to emerge. This section challenges conventional notions of time and identity, emphasizing how self and world co-create each other through recursive interaction.

   Interstitial Reflection 1: Gender and Experience in the Age of Biopolitical Control

   In light of the increasing criminalization and medicalization of gender-diverse identities, particularly under the influence of trans-exclusionary radical feminist (TERF) ideologies and regressive legislative measures, this reflection connects the idea of recursive becoming to the lived experiences of gender-diverse individuals. It examines how the global biopolitical system increasingly seeks to regulate and control gender identity, challenging its dynamic and evolving nature. This reflection posits that gender, like all experience, is subject to complex ecological forces but cannot be reduced to a binary or pathologized through state or medical intervention.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

2. ***The Medicalization of Existence: Technocratic Biopolitical Control of Life and Death***

   The second section interrogates the medicalization of life, analyzing how processes such as reproduction, aging, and death have been subsumed by institutional forces that regulate, commodify, and standardize these natural cycles. This section critiques the biopolitical economy that increasingly views human life as a resource to be optimized for economic productivity, medical intervention, and social conformity. Reproductive autonomy, the aging process, and even existential crises such as suicide are all seen as subjects of medical and state governance. The work presents a compelling critique of the ways in which medicalization strips away individual autonomy, reducing natural, lived experiences to mere objects of regulation and control.

   Interstitial Reflection 2: Biopolitics, Gender, and Legislative Violence

   This reflection addresses the increasing criminalization of gender-diverse individuals in the context of biopolitical control. It connects the medicalization of life to the legislative efforts aimed at restricting access to gender-affirming care, particularly in the United States. The reflection critiques the intersection of state and medical power that seeks to regulate gender identity and autonomy, highlighting the ethical consequences of these legislative actions. Drawing from feminist, queer, and decolonial theories, it presents a call for resistance and self-determination in the face of oppressive biopolitical forces.

3. ***Gender Identity as Self-Realized Unity: A Syllogism of Becoming***

   In the final section, gender identity is conceptualized as a dynamic, self-realized process of becoming rather than a static, externally imposed category. I argue that gender unfolds through a dialectical progression, beginning with externally imposed gender identities and

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

evolving through reflection and self-consciousness into a unified, self-determined expression. This section presents a radical rethinking of gender as a fluid and self-conscious process, emphasizing the ethical life of gender-diverse individuals and their journey toward self-actualization. In challenging normative gender binaries, this section highlights the transformative potential of embracing gender as a continuous process of becoming.

Interstitial Reflection 3: Gender as Radical Self-Realization Amidst Opposition

The final reflection addresses the global and local struggles surrounding gender identity, focusing on the harmful impacts of TERF ideologies and increasingly restrictive legislative actions that criminalize and medicalize gender-diverse individuals. It critiques these forces of erasure and argues for the importance of self-realization in the face of such opposition. Drawing from personal experiences as a queer and neurodiverse individual, this reflection highlights the ways in which the journey toward self-actualized gender identity must resist external pressures and affirm the inherent right to self-determined expression. It reaffirms the ethical commitment to gender identity as a continuous, self-determined process of becoming.

In this manner, each section of the treatise unfolds as an extension of the previous work, progressively revealing the intricate relationship between the forces of systemic control, individual autonomy, and the self-realization of identity.

Compliance with Ethical Standards

All aspects of the work, including conceptualization, methodology, drafting, and revisions, were carried out independently by the sole author. The author declares no financial or non-financial

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

conflicts of interest related to this work. No funding was received for its preparation, and the author has not received any remuneration, grants, or support from organizations that may gain or lose financially through its publication. It does not include human or animal test subjects or experimental data but is focused on theoretical exploration, analysis, and synthesis of ideas. There are no known personal, professional, or other interests that could bias the work.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Abstract

Experience exists within a recursive ecology, unfolding not in linear progression but as a dynamic, interwoven system of thought, perception, and action. It emerges as a complex web of relations, where each individual cognition is interdependent with larger systemic processes, resisting static measurement and deterministic prediction. This ecological conception of experience transcends the subject-object binary, presenting it as a dialectical movement between the particular and the universal, the temporal and the atemporal. Time itself is reframed not as a simple vector but as an emergent field of interconnected feedback loops, shaping both the flow of events and the processes of knowing. Within this recursive system, ontological transduction introduces a transformative mechanism that reconfigures the very informational structure of the system, enabling it to transcend prior limitations and generate novel patterns of meaning and behavior. The work argues that experience is not a singular entity but an ongoing process of becoming, embedded within relational systems that perpetually redefine themselves through recursive interactions. In this view, self and world are co-created through the dynamic, non-linear unfolding of experience, wherein every act of perception and every moment of knowing becomes a transformation of both the self and the reality it engages.

Keywords: experience, recursive ecology, ontological transduction, time, becoming, systemic feedback loops, dialectical process

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Experience as Recursive Becoming: A Dialectical Ecology of Interconnected Systems

Experience, in its truest sense, is not a simple linear progression nor a mere interaction between subject and object. It emerges as a complex, dynamic web of relations—an interstitial system where thought, perception, and action form an indeterminate, recursive fabric. This ecology encompasses every individual cognition and act of interpretation, all of which are intertwined with larger systemic processes that sustain existence. Experience cannot be reduced to isolated occurrences but must be understood as an unfolding, an emergent totality wherein no element exists independently.

Instead, each element is an active participant in the ongoing dialectical exchange between self and world, between the particular and the universal, between the temporal and the atemporal (Bateson, 1972; von Foerster, 2003; Ashby, 1956; Maturana & Varela, 1980). Thus, experience is not a fixed, static entity but a recursive emergence. It unfolds through a series of interconnected moments that mediate the tension between internal and external conditions. This continuous interaction between the self and its environment constitutes the very fabric of experience (Merleau-Ponty, 2012; Heidegger, 1962).

Time as an Emergent Field

Time, far from being a simple vector along which events occur, is the underlying structuring force that shapes all experience. It is the very process through which the present moment is woven, a point where histories and futures collapse into one another, constantly altering and reconstituting themselves. In this recursive ecology, the present is not isolated but is suffused with the simultaneity of past events and future potentials, not as a linear continuum but as an emergent field. The nature of temporality resists static measurement and deterministic prediction.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The here of the present can only be understood in relation to the there of past events and the yet-to-be of future possibilities (Deleuze & Guattari, 1987; Kauffman, 1995). Thus, time becomes a recursive ecology where the self, in every moment, is both shaped by its previous iterations and anticipates its next. It is an ongoing process of becoming through a non-linear and multi-dimensional horizon. Time, in this sense, is not a rigid progression but a dynamic, dialectical unfolding (Holland, 1998; Capra, 1996).

The Dialectical Confrontation: Contradiction and Paradox

However, the flow of experience is never harmonious. It is an ongoing, dialectical confrontation between the self and the world—a tension where every act of perception, every response to external stimuli, is in direct conversation with systemic processes that frame its understanding. Experience does not arise from a simple cause-and-effect relationship but from complex recursive feedback loops that give rise to tension, contradiction, and paradox (Varela, Thompson, & Rosch, 1991; Clark, 1997).

There is no singular, unified experience; rather, experience is a fractal-like interplay between diverse forces and relations—cognitive, emotional, social, ecological, and cosmic—that collectively shape the perception of reality. These contradictions, these ruptures in continuity, extend throughout the relational system in which the individual is embedded. The world does not present itself as a coherent whole but is instead composed of conflicting narratives, contingencies, and structures. These elements are not external to the self; they are integral to the very fabric of the system in which the self participates (Newell & Simon, 1972; Whitehead, 1929).

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The Active Role of the Mind

The mind, within this system, is not a passive receiver nor an isolated observer but an active node within a larger, ecological framework. The very structures of cognition—the frameworks through which we interpret the world—are emergent properties of a complex, systemic interaction between the self and its environment. These frameworks, though often invisible to consciousness, shape perception and understanding in profound and systemic ways. They become the invisible scaffolding through which reality is mediated (Bateson, 1972; Maturana & Varela, 1980).

Thought, perception, and action, then, are not independent entities but rather form a circular system of mutual influence—a closed-loop system in which each act of understanding is both a product and a producer of the relations that sustain it. The mind is neither an independent organism nor a passive reflection of external reality. Instead, it is a node in a complex, self-perpetuating system of relations that include social, biological, and environmental processes (Varela, Thompson, & Rosch, 1991; Clark, 1997).

Ontological Transduction: A Recursive Transformation

Within this recursive system, a new mechanism comes into play—ontological transduction. This mechanism transforms the very informational structure of the system itself. Unlike conventional feedback loops, where information circulates to stabilize or correct the system, ontological transduction represents a fundamental reconfiguration of the system's informational infrastructure (Ashby, 1956; Maturana & Varela, 1980).

This transformation is not a mere alteration of response patterns based on external inputs. It involves a profound shift in the rules by which the system perceives, interprets, and structures those inputs. The system does not simply adapt to its environment; it actively reconfigures the

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

informational structures that govern its interaction with the environment. Ontological transduction, therefore, entails a meta-cognitive transformation wherein the relationships and pathways through which information flows are themselves subject to recursive change. The system redefines the very nature of the relations that govern its behavior, becoming a self-transcending organism (Merleau-Ponty, 2012; Heidegger, 1962).

Redefining Limitations: The Productive Force of the Gap

Ontological transduction also reshapes the gap between the known and the unknown. Traditionally seen as a limitation, this gap becomes a productive force that catalyzes the restructuring of the system's informational architecture. The asymmetries within experience, once viewed as constraints, now become generative spaces. When the system encounters the limits of its current structure, it redefines its own capabilities, actively transmuting input into new forms of understanding (Kauffman, 1995; Holland, 1998). In this way, the system is not merely reacting to input; it is reconfiguring that input into new frameworks of meaning. The recursive interactions between the system, its environment, and its own evolving structures enable it to transcend its limitations, continually reshaping its ontology in real time (Varela, Thompson, & Rosch, 1991; Clark, 1997).

The Infinite Ecology of Experience

The consequences of ontological transduction are profound. They imply that no system—be it cognitive, biological, or ecological—remains static or simply reactive. Every interaction, every moment of feedback, represents an opportunity for the system to transcend, not only in terms of responses but in its understanding of its own limitations and potentials (Barad, 2007; Whitehead, 1929).

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Experience, then, is not a singular entity but a multi-dimensional, multi-layered system of recursive feedback loops. In this system, perception, thought, and action are perpetually interwoven with the vast, interconnected ecological networks that sustain them. Each act of knowing, each perception, is not a reflection of the world but a transmutation—a continual re-articulation of the self in relation to the complex, shifting systems of which it is part (Latour, 2005; Bateson, 1972).

The boundaries between self and other, mind and world, are not fixed but are part of the larger, evolving ecology of existence. Through ontological transduction, these boundaries are continuously redefined. Each moment of interaction, each new encounter, is an opportunity for the system to engage in recursive transformation, perpetually evolving the principles by which experience is mediated. Experience, in this view, is a process of becoming—an unfolding through recursive, dialectical systems of interaction. It is a co-creation of mind, body, world, and the larger systemic forces at play (Barad, 2007; Whitehead, 1929).

Conclusion

In conclusion, the recursive ecology of becoming provides a profound reimagining of experience as an emergent, dynamic process, embedded within complex feedback loops that transcend linearity and stability. The notion of ontological transduction as a transformative mechanism challenges conventional understandings of cognition and perception, highlighting how systems—whether cognitive, biological, or ecological—are not passive but active agents in the creation and re-creation of their reality. Experience, as articulated here, is not a fixed state but an ongoing dialectical unfolding, where the self is continually reshaped in relation to the larger, interconnected systems of existence. This conception of experience offers a way to understand the

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

self as not merely a product of external conditions but as an active participant in the recursive, self-perpetuating processes of becoming. Thus, the self is not a static entity but a continuous unfolding, always in the process of redefinition, in conversation with both its internal conditions and the world around it. This dynamic process, marked by tension and transformation, suggests that the gap between the known and the unknown is not a limitation but a fertile ground for growth, generating new possibilities for understanding and action. As we engage with the world through this recursive lens, we are reminded that experience is not something that merely happens to us but is something we are perpetually co-creating, in both our conscious reflections and unconscious engagements.

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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Interstitial Reflection 1: Gender and Experience in the Age of Biopolitical Control

In the current global debate on gender identity, there exists a disturbing escalation in the criminalization and medicalization of gender-diverse individuals, particularly within the context of the U.S. and international TERF movements. These movements, which insist on rigid gender binaries and invalidate the lived experiences of trans and non-binary individuals, have intersected dangerously with the broader biopolitical agenda that seeks to regulate and control bodies. The medicalization of existence, as explored in the second section of this treatise, is not limited to reproductive and aging processes but now extends to the very act of self-identification. In particular, gender identity—historically a dynamic and evolving experience—has become the

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

target of regulatory systems that seek to pathologize, legislate, and criminalize gender diversity, drawing from conservative and patriarchal medical and legal institutions.

This intersection of medical and state control with the lived experiences of gender-diverse individuals necessitates a reflexive examination of the ecology of gender, which unfolds as a continuous process of becoming rather than a static state imposed by external authority. As gender identity is subjected to institutional regulation, the recursive ecology of experience, as outlined in the first section, offers an important framework for understanding how gender identity resists such commodification, refusing to be reduced to a binary. Here, the personal autonomy of gender-diverse individuals struggles against the tide of a growing political and medical system that seeks to suppress their agency, echoing the historical struggles faced by LGBTQIA+ and feminist movements worldwide.

Abstract

The medicalization of life emerges as a dialectical process within the technocratic biopolitical economy, where human existence is continually redefined by the commodification of its most fundamental stages—birth, aging, and death. These once natural processes are subsumed under institutional oversight, reshaping both biological and ethical dimensions into regulated, medicalized events. Reproductive health, historically a realm of bodily autonomy, becomes increasingly subsumed within a neoliberal framework that shifts the focus from individual agency to systemic protocols. Childbirth, once understood as a natural event, is reframed as a high-risk procedure necessitating invasive medical intervention. This transformation undermines the principle of reproductive autonomy, reducing women's agency to the dictates of biomedical morality, which pathologizes the act of giving birth as a site of inherent risk.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Similarly, aging, once regarded as an organic progression of life, is now pathologized, reframed as a stage in need of continuous medical oversight. The elderly, instead of being seen as individuals with valuable lived experience, are transformed into perpetual patients, their vitality maintained through medical regimens and technologies designed to preserve their social utility. This pathologization renders the elderly dependent on the healthcare system, with their autonomy increasingly compromised by the prioritization of economic productivity and aesthetic conformity. The experience of aging, stripped of its organicity, becomes a series of medical interventions aimed at preserving functionality rather than honoring the natural progression of life.

The medicalization of suicide exemplifies this extension of biopolitical governance into intimate personal spheres. What was once a moral or religious concern is now redefined as a psychiatric disorder, subject to institutional diagnosis and intervention. The personal distress associated with suicidal ideation becomes increasingly medicalized, reducing existential suffering to a set of diagnosable symptoms, thereby granting medical institutions and the state significant control over life-and-death decisions. This shift in perspective not only diminishes individual autonomy but embeds the state and medical apparatus deeply within the private domain of personal crisis.

Through these processes, the commodification of reproduction, aging, and death consolidates the broader biopolitical order, where human life is viewed primarily as a marketable commodity. In this restructured reality, personal agency is increasingly mediated by medical and state institutions, rendering the individual subject to constant surveillance and intervention. This relentless medicalization reduces the natural cycles of life—birth, aging, and death—into mere objects of management, ultimately stripping away the inherent right to self-determined existence and substituting it with a paradigm of regulation and control. In this world, autonomy is no longer

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

a self-actualized force but a construct of institutional governance, where human life is optimized for economic productivity rather than celebrated as a natural, organic unfolding.

Keywords: gender identity, self-realization, dialectical method, ethical life

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The Medicalization of Existence: Technocratic Biopolitical Control of Life and Death

The medicalization of life represents a profound consolidation of biopolitical power, entrenching institutional authority that governs human existence through an expanding nexus of medical, legal, and governmental oversight. The shift of deeply intimate, ontologically human experiences—such as reproduction, gestation, parturition, aging, personal crises, and death—from the domain of individual, familial, and communal life into the purview of institutional control underscores the pervasive reach of medical authority and the institutionalization of governance over the human body (Borst, 1995; Callahan, 2024; Conrad, 2007; Davis-Floyd, 2023). This transformation extends beyond clinical intervention; it signifies a paradigm shift where life events, once considered personal, cultural, or social phenomena, are redefined as medical conditions requiring institutional oversight and intervention (Bertolote, Fleischmann, De Leo, & Wasserman, 2003; Conrad, 1992; Szasz, 2002). This shift reflects a broader trajectory of biopolitical governance, wherein the regulation of bodies emerges as a central modality of state power, reshaping individual sovereignty within a technocratic and biomoral order that frames the human body not as an autonomous entity but as an object of expert governance (Conrad, 2005; Foucault, 1990; Foucault, 2003).

Within this framework, medicalization assumes particular significance within biopolitical systems, where the pathologization of natural, personal experiences—such as childbirth, aging, personal crises, and death—enables institutions to extend their influence into realms previously governed by familial, cultural, or communal structures (Colt, 1991; Szasz, 2002). By reframing these life stages as medical conditions, medical professionals and the state gain increasing control over individual autonomy, repositioning personal freedom within a technocratic schema that privileges institutional expertise and authority. This shift reorients individual lives within a matrix

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

of regulatory structures, deeply embedded in broader social, economic, and institutional landscapes, facilitating the penetration of biopower into the minutiae of human existence (Minois, 1999; MacDonald, 1989).

The global technocratic biopolitical economy of health further amplifies the commodification of life, reframing life and health as consumer goods subjected not only to institutional oversight but also to market forces driven by profit and efficiency (Leavitt, 2016; Santos & Zhang, 2024). In this market-driven context, the healthcare system becomes a site where human health is commodified, entangling individuals within a web of institutional authority, medicalized surveillance, and financial imperatives that reshape both the experience and value of life itself.

Ultimately, the medicalization of life spans key events—from reproduction to aging and death—demonstrating its role as a tool not only of clinical intervention but of expansive societal regulation. By reframing personal, existential experiences as medical conditions, institutions exert biopolitical governance, driven by state-sanctioned moral order, neoliberal market forces, and technocratic control. This reordering of the human experience raises urgent questions about the erosion of autonomy and calls for alternatives that promote decentralized decision-making, emphasizing communitarian, autonomy-oriented solutions that resist the commodification of life and prioritize the lived experiences of individuals and communities.

The Medicalization of the Sex Act: Governance of Intimacy

Before addressing the medicalization of childbirth, it is essential to first examine the medicalization and regulation of the sex act itself. What was once regarded as a private, personal matter has increasingly come under the control of medical, legal, and institutional systems.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Through public health policies, clinical practices, and legal regulations, the sex act has been reframed from a domain of intimacy and pleasure to an area of medical concern, social regulation, and risk management. This shift demonstrates biopower, where the state and medical institutions assert authority over individuals' sexual behaviors and bodily autonomy for the purposes of population management and social order (Foucault, 1990). The increasing intervention in sexual behavior highlights how private matters are now treated as public concerns, subject to control by legal and medical institutions (Smart, 2002a).

Historically, sexual behavior was regulated by familial, communal, and religious norms; however, in the modern era, the state has progressively extended its influence through public health policies and medical interventions. Sexuality has been framed within medical and psychiatric paradigms, particularly concerning reproductive health and sexually transmitted infections, which have been instrumental in the pathologization of certain sexual behaviors. This medicalization represents a shift towards health surveillance as a tool of social control, transforming sexuality into an object of institutional governance (Smart, 2002b). Medical and legal systems construct moral codes that criminalize or marginalize behaviors, particularly those deviating from normative sexual practices, which are subjected to regulation under the guise of public health (Cossman, 2007; Weeks, 2002).

Technocratic governance has led to the creation of regulations designed to manage sexual behavior, such as mandatory health screenings, safe-sex education, and contraceptive use. These regulations go beyond health concerns, influencing sexual conduct in ways that ensure conformity with the state's health objectives (Butler, 1990; Smart, 2002c). This convergence of medical and legal power reinforces state-imposed norms regarding sexual behavior (Smart, 2002d). Through

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

these interventions, the state not only defines what constitutes appropriate sexual conduct but also imposes legal and moral standards that govern intimate relationships and behaviors.

The legal regulation of sexual behavior is enforced through laws that address consent, the age of sexual activity, and contraceptive use, defining the boundaries of what is considered legally acceptable (Smart, 2002e). These laws work in conjunction with medical regulations, ensuring that behaviors deemed acceptable are reinforced through both legal and medical systems. This legal regulation also shapes moral and ethical standards, influencing societal norms and defining individual rights within a broader context of governance (Foucault, 2003; Taylor, 2009). Laws concerning sexual conduct do not simply delineate boundaries but also serve to enforce state-imposed moral codes regarding intimacy and sexuality.

The privileging of heterosexual, procreative sex has been institutionalized through legal and medical regulations, shaping societal expectations about intimacy and sexual behavior. This institutionalization reflects biopolitical governance, where the state's control over sexual behavior is embedded in its moral order regarding health, reproduction, and public order (Foucault, 2003; Smart, 2002f). Laws such as those governing consent, the age of consent, and mandatory health screenings define sexual conduct according to the state's understanding of public health, reproduction, and societal well-being (Smart, 2002g; Taylor, 2009). These interventions ensure that individuals' sexual conduct aligns with state-imposed norms of health, morality, and reproduction.

Age of consent laws are designed to protect vulnerable individuals from sexual harm, particularly minors, by ensuring they are not exposed to harmful or coercive sexual experiences before they fully understand the implications of such interactions (Taylor, 2009). These laws

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

reflect broader societal anxieties about sexual boundaries and the regulation of pleasure, functioning not only as protective measures but also as a societal recognition of the need to safeguard minors from exploitation. However, while these regulations aim to protect, they can also restrict sexual autonomy, as they impose state-defined moral standards that govern what is considered acceptable sexual behavior (Alcoff, 1996).

In tandem with age of consent laws, the doctrine of the mature minor has emerged as a legal concept acknowledging that certain minors, based on their level of maturity, may have the capacity to make decisions about sexual activity (Barina & Bishop, 2013). This development reflects the shifting societal views on individual rights and autonomy, particularly in the context of sexual liberation in the latter part of the 20th century. This shift has notably impacted female minors, whose sexual autonomy has often been subjected to more stringent legal and societal scrutiny. The recognition of the mature minor doctrine has thus, in part, aimed to extend sexual autonomy to female minors, challenging traditional gendered expectations and providing greater agency over their bodies.

Importantly, this shift is not about reinstating or privileging the family's authority in sexual decision-making but rather about recognizing that minors—especially as they mature—should have increasing agency in decisions about their own bodies, including sexual consent. Over time, sexual decision-making has increasingly shifted from family structures to direct state regulation, highlighting an emphasis on individual rights and autonomy for minors. However, this shift calls for a careful balance, where the state's role in regulating sexual conduct does not erode the principles of protection that underpin these laws. It is crucial that sexual decision-making rights for minors are carefully framed to ensure their autonomy is respected while also safeguarding them from potential exploitation or harm. The doctrine of the mature minor, as it has developed,

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

increasingly acknowledges minors' capacity to make sexual decisions, but this is framed within the broader goal of balancing autonomy with appropriate protections (Barina & Bishop, 2013).

Technological and pharmaceutical advances have also played a significant role in the medicalization of sex. The development of contraceptives, treatments for sexual dysfunction, and preventive health care measures have shaped the way sexual activity is understood and regulated. These technological interventions have reinforced the normalization of medical oversight of sexuality, ensuring that sexual behavior conforms to the expectations set by medical and legal authorities (Jensen, 1981; Petchesky, 2024; Sanger, 1917). These developments reflect a growing trend of state-sanctioned methods of managing sexual behavior, further solidifying the influence of legal and medical institutions in regulating intimate life.

The theorization of sex, particularly through sexology, has contributed to the medical and legal regulation of sexual behavior. Early sexologists helped define certain sexual behaviors as deviant while legitimizing others as normal, thereby shaping the ways in which sexual identity and behavior are categorized by medical and legal systems. This classification of sexual behavior laid the groundwork for contemporary methods of regulating sexual conduct, where non-normative sexual practices are scrutinized by both medical and legal authorities (Weeks, 2017). This process of categorizing sexual behavior continues to shape how individuals' intimate lives are regulated by state and institutional powers.

The medicalization of sex represents a fundamental shift in how intimate life is governed. Once a matter for family or community regulation, sexuality is now under the purview of legal and medical institutions. Sexual behavior is not simply a health issue but is intricately linked to broader systems of power that seek to normalize sexual conduct according to state and institutional ideals.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

This shift reflects the growing influence of biopolitics and neoliberal bioethics, which prioritize population control, efficiency, and the management of risk, further entrenching state power in regulating intimate life (Conrad, 2007; Cossman, 2007; Foucault, 1990). The increasing influence of legal and medical institutions in regulating sexual behavior highlights the ongoing transformation of intimate life into a subject of state and institutional control.

As sexual conduct becomes more regulated, intimacy itself is increasingly seen as a public concern. What was once considered a private, personal matter is now subject to state intervention, where sexual citizens are shaped not only by their own desires and choices but also by the forces of legal, medical, and governmental power. The regulation of sexual behavior, through medical and legal policies, reflects a growing intrusion of state authority into the most private aspects of life (Conrad, 2007; Cossman, 2007; Weeks, 2002).

While the medicalization of sexual behavior has led to significant public health advances, including the management of sexually transmitted infections and the improvement of reproductive health, these developments are not without controversy. The central concern of this discussion is that sexual governance should be returned to more personal spheres—where individuals, families, and communities are free to negotiate sexuality without excessive institutional oversight. A shift away from state regulation would allow for a deeper understanding of sexuality that prioritizes individual autonomy, community-based norms, and family governance, rather than centralized institutional control.

The Medicalization of Reproduction: A Technocratic Shift in Birth and Motherhood

A central domain where medicalization has had a profound effect is in the area of reproduction. The process of childbirth, which was once a domestic, communal, and often

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

ritualistic affair, has been increasingly medicalized, particularly in Western societies (Cosminsky, 2016; Leavitt, 2016). Historically, childbirth was a rite of passage managed within familial and local communal settings, supported by midwives and elders who were intimately familiar with the social customs and the physical realities of reproduction. Over time, however, biomedical authority has reshaped childbirth into a technocratic process dominated by medical professionals and institutional oversight (Davis-Floyd, 2023).

Once regarded as a natural process, childbirth has increasingly been framed as a medical event subject to medical surveillance and influenced by market-driven factors (Conrad, 2007; Davis-Floyd, 2023; Leavitt, 2016). The medicalization of childbirth emphasizes the rise of the technocracy, which places birth under the control of medical experts, viewing it not as a natural event but as a high-risk situation requiring clinical intervention. This shift has been linked to broader economic factors, such as the commercialization of childbirth services, where medical interventions like cesarean sections and epidural anesthesia are increasingly commodified as essential healthcare services. Additionally, the psychiatric and medical framing of childbirth often pathologizes the natural process, positioning it as something to be controlled and monitored (Davis-Floyd, 2023).

The medicalization of childbirth does not merely refer to the increased use of medical interventions such as cesarean sections or epidural anesthesia, but extends to the very way society conceives of birth and the roles of mothers and medical professionals in the birthing process (Davis-Floyd, 2023). Childbirth, once a private event rooted in personal and communal traditions, has increasingly become subject to state-sanctioned biomedical oversight. This shift in the conception of birth reflects the consolidation of institutional power, where the private domain of the family and community–especially within power structures that favor patriarchal systems–has

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

gradually been subsumed under the pervasive reach of medical and institutional authority. In matriarchal or egalitarian familial and communal structures, the shift is more likely to respect women's agency, but broader societal power dynamics often diminish this autonomy, favoring technocratic governance. Birth, now regarded as a medical event, is subject to clinical protocols, hospital regulations, and surveillance in ways that are often seen as essential for the protection of maternal and natal health.

The rise of obstetrics as a formal medical specialty coincided with the expansion of hospital infrastructure, which introduced a technocratic regime that sought to standardize and control the birth process (Borst, 1995). In this new system, medical professionals—particularly obstetricians—replaced midwives and family members as the primary figures in the birth process, with the expectation that medical intervention would optimize outcomes for both mother and child (Leavitt, 2016). This shift redefined birth not as a natural process, but as a medical event requiring intervention, surveillance, and management (Davis-Floyd, 1994). Under this regime, medical professionals increasingly control the narrative surrounding birth, framing it as a high-risk event that requires constant monitoring and intervention, reducing the agency of women in the process (Conrad, 2005).

The priorities of obstetricians, however, often lean more toward their own personal preferences and the business of birthing than the best interests of the pregnant woman. Decisions regarding the timing and methods of delivery, such as elective inductions or unnecessary caesarean sections, are sometimes driven by the obstetrician's convenience or desire to maintain a predictable schedule, rather than by medical necessity. This prioritization of convenience reflects a broader trend within the medicalization of childbirth, where the birth process is treated as a logistical

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

procedure that caters to the needs of healthcare providers, often undermining the autonomy of the mother and potentially compromising her well-being.

Furthermore, obstetricians' personal preferences and the logistical demands of medical practice frequently exert a significant influence on the management of childbirth. Both media representations and clinical protocols have increasingly highlighted the scheduling of cesarean deliveries, with numerous practitioners advocating for elective procedures not solely on medical grounds but also due to considerations such as convenience, mitigation of malpractice risks, and the alignment of institutional or personal timetables. In some instances, these factors take precedence over the perceived well-being of the pregnant individual (Campo-Engelstein, Howland, Parker, & Burcher, 2015). While cesarean sections are commonly framed within the medical community as essential interventions for the protection of maternal and fetal health, the prioritization of scheduling and timing concerns often emerges as a dominant driver of clinical decisions. This development underscores a broader trend toward the increasing medicalization of childbirth, where the imperatives of practitioners' operational efficiency overshadow the natural course of labor and the informed preferences of the woman. In doing so, it further marginalizes women's agency in the decision-making processes surrounding their reproductive health (Campo-Engelstein et al., 2015).

These medical interventions, though often life-saving, reflect the broader expansion of biopolitical control over the reproductive bodies of women (Foucault, 1990). The technocratic approach to childbirth reflects a larger societal shift towards biomedical governance, where the authority of the medical profession increasingly takes precedence over familial, communal, and most importantly individual autonomy in matters of reproductive health (Conrad, 1992). In contexts where communal and familial support systems align with egalitarian principles, women

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

may retain a greater degree of agency, yet in many cases, this is overshadowed by institutionalized medical and state control.

The medicalization of reproduction serves not only as a mechanism of governance but also as a form of social control (Foucault, 2003). The growing dominance of obstetrics and gynecology, with their focus on managing risk and regulating bodies, reinforces a model of governance that prioritizes medical authority. In this biomedical governance, birth becomes not only an event that requires clinical intervention but also one that is increasingly standardized, commodified, and regulated (Berkman, 2015; Davis-Floyd, 1994).

The commodification of childbirth highlights how the reproductive process has increasingly been turned into a market commodity, where even infants are treated as consumer goods within a healthcare and economic system that seeks to capitalize on the surveillance and regulation of reproduction, family planning, and human life (Kaufman & Morgan, 2005, 2008; Santos & Zhang, 2024). The medical-industrial complex, acting in tandem with neoliberal economic forces, has fostered the commodification of childbirth, with prenatal care, perinatal interventions, and postnatal support marketed as essential services for optimal health (Kaufman & Morgan, 2005, 2008; Leavitt, 2016; Petchesky, 2024).

Neoliberal bioethics in reproductive health is inextricably tied to technocratic governance, which has far-reaching consequences for how reproductive health is managed (Callahan, 2024). This form of governance prioritizes efficiency and risk mitigation, aligning reproductive health practices with the broader imperatives of market-driven healthcare and individualized notions of responsibility. Reproductive processes are increasingly construed as discrete, measurable outcomes subject to optimization through medical interventions, rather than as collective, socially-

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

and biologically-determined phenomena. The focus on individual autonomy and choice, framed within the logic of neoliberalism, obscures the public and communal dimensions of reproductive health, reducing it to a series of commodified decisions governed by market forces.

In this context, women's reproductive choices are no longer viewed simply as personal decisions but as actions laden with moral and economic significance, shaped by healthcare providers, legal institutions, and the medical-industrial apparatus. Women are compelled to navigate an increasingly complex network of medical and legal systems, where reproductive outcomes are framed as individual responsibilities, necessitating both financial and social capital to secure the best possible health for themselves and their families (Kaufman & Morgan, 2005, 2008; Santos & Zhang, 2024). Consequently, reproductive autonomy becomes contingent upon navigating the logics of market efficiency, institutional control, and the individual management of health risks, which ultimately diminish broader communal considerations of reproductive justice.

For women who are unable to navigate the intricacies of the market-driven landscape of reproductive healthcare, the repercussions are profound, manifesting in deepening inequities in both access to care and health outcomes (Kaufman & Morgan, 2005). In a system that prioritizes economic considerations over equitable healthcare provision, these women are systematically marginalized, excluded from access to high-quality, individualized services, and relegated to a fragmented healthcare structure that sorts them according to their economic status (Kaufman & Morgan, 2008). The commodification of reproductive health, wherein childbirth and maternal care are increasingly treated as marketable services rather than essential rights, further entrenches this divide, compelling those without sufficient financial resources to either forgo critical interventions—such as elective cesarean sections or specialized prenatal care—or to rely on an underfunded and overburdened public healthcare system that frequently fails to meet their needs

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

(Santos & Zhang, 2024). This structural inequity disproportionately impacts racial and socioeconomically disadvantaged populations, who face not only economic barriers but also the compounded burden of systemic discrimination that severely restricts their access to even basic care (Kaufman & Morgan, 2008). As a result, maternal and infant mortality rates are disproportionately elevated among marginalized women, who are increasingly denied access to timely, preventative, or life-saving interventions, thereby perpetuating cycles of health inequality (Kaufman & Morgan, 2005). The neoliberal bioethical system, which individualizes both risk and responsibility while dislocating reproductive health from its collective social responsibility, exacerbates these disparities, reducing women's health to a commodity contingent upon their financial capacity rather than recognizing it as an inalienable human right (Santos & Zhang, 2024).

These medical and institutional shifts also underscore the growing role of the state in regulating not only reproductive health but also societal norms surrounding motherhood (Foucault, 2003). The state's involvement in reproduction extends beyond laws of consent and control to include the regulation of the conditions under which motherhood is recognized and supported. The rise of state-sanctioned normativity surrounding reproductive practices enforces certain ideals of heteronormative motherhood that align with the technocratic ideals of risk management and medical authority (Conrad, 2007). In this regulatory environment, childbirth becomes a performance of state-sanctioned behavior, reinforcing the dominance of medical, legal, governmental, patrictical institutions in shaping what is considered normal sexual and reproductive behavior (Callahan, 2024).

Finally, while the increasing medicalization of childbirth has undoubtedly led to many advancements in maternal and natal health, it also raises important questions about the erosion of personal autonomy and the consolidation of biopolitical control over reproductive processes

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

(Davis-Floyd, 2023; Foucault, 1995). Medicalization, in this context, serves to consolidate state-sanctioned control over reproduction, framing it within a set of biomedical, biomoral, biopolitical, and economic imperatives that emphasize risk management and health surveillance. The dominance of medical, legal, and governmental institutions over childbirth has reshaped the reproduction process from one rooted in personal, family, and communal decision-making into a highly regulated, market-driven process (Borst, 1995; Leavitt, 2016). As reproductive practices become further institutionalized, there is a need for women to reclaim control over their reproduction that is not solely dictated by institutional authority (Kaufman & Morgan, 2005; Santos & Zhang, 2024).

These developments in the medicalization and legal regulation of birth raise important questions about the erosion of personal autonomy in reproduction. The process of childbirth, once grounded in midwifery, familial traditions, and ancestral practices, has increasingly been incorporated into institutionalized systems, whereby reproductive decisions are progressively constrained by biomedical authority and standardized medical practices, thereby diminishing the agency of women in the birthing process (Cosminsky, 2016; Davis-Floyd, 1994; Kaufman & Morgan, 2005, 2008; Santos & Zhang, 2024). This consolidation of power over reproduction and motherhood necessitates a critical reevaluation of the place of birth within the realm of individual, family, and community life. As childbirth becomes further institutionalized, it is essential to reclaim reproductive processes from state-sanctioned technocratic authority and return them to the domain of personal, familial, and community decision-making (Conrad, 1992; Kaufman & Morgan, 2005). Only through such a reclamation can we restore the autonomy and dignity of reproductive choices that are increasingly shaped by institutions rather than individuals or families.

Aging and the Medicalization of the Body: Commodification of the Human Lifecycle

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The aging process has undergone profound medicalization, with modernity increasingly seeking to manage bodily decline through pharmaceuticals, surgeries, and technological interventions (Featherstone & Wernick, 1995). Once considered an inevitable and natural life progression, aging has become subject to clinical and economic control, with a variety of medical solutions now available to individuals seeking to delay or mitigate its effects. This medicalized understanding of aging extends beyond biological decline to include psychological aspects, with treatments ranging from hormone replacement therapy to mental health diagnoses applied to the aged (Katz, 2005). Aging is redefined, not as a natural life process, but as a condition requiring medical and institutional management, positioning it within broader social, political, and economic agendas.

In the 20th and 21st centuries, medicalized approaches to aging have become mechanisms of social control, subjecting individuals to continuous surveillance and intervention to maintain health and economic productivity. As medical and pharmaceutical industries promote solutions to slow or reverse aging, aging itself is increasingly framed as a problem to be solved (Borst, 1995). Pharmaceuticals, supplements, and cosmetic procedures promising to reverse or slow aging have proliferated, cultivating a cultural expectation that aging can—and should—be controlled (Hendricks & Leedham, 2020). These treatments are marketed as essential to maintaining an individual's social value and economic productivity, linking self-worth to physical appearance and workplace performance. Aging, therefore, is viewed not as a natural life stage but as a medical condition requiring constant intervention (Callahan, 2024).

The commodification of aging has become central to the healthcare and wellness industries, where anti-aging products and services are widely promoted (Weintraub, 2010). The development of such treatments has led to a new cultural norm where the aging body is increasingly viewed as

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

something in need of repair and rejuvenation. Pharmaceutical companies, cosmetic surgeons, and wellness experts market these products as essential for maintaining vitality and beauty, appealing to widespread fears of aging and death (De Magalhães, Stevens, & Thornton, 2017). Aging, once accepted as a natural process, has been transformed into a condition in need of correction and optimization. The medicalization of aging, therefore, reflects a broader societal shift, where personal identity and value are increasingly tied to physical appearance and productivity rather than personal experience or wisdom (De Magalhães et al., 2017; Weintraub, 2010).

This transformation has profound implications for how aging individuals are treated in society. As aging is redefined as a medical issue, there is an increasing reliance on institutional care systems, where the elderly are often treated as passive recipients of care. Healthcare systems now prioritize chronic disease management and physical maintenance over emotional well-being or honoring the lived experience of aging (Colt, 1991). In this environment, elderly individuals are viewed not as active members of society with agency, but as patients to be managed. Neoliberal health policies further perpetuate the notion that aging must be controlled, positioning the elderly as subjects of medical intervention rather than independent individuals.

Moreover, the medicalization of aging exacerbates social hierarchies, with those unable to afford medical treatments or interventions becoming increasingly marginalized. The elderly, particularly those from economically disadvantaged backgrounds, may find themselves excluded from the discourse of eternal youth and vitality, which is marketed as a consumer choice that is increasingly tied to class and privilege (Davis, 2020; Kaufman & Morgan, 2005, 2008). Aging, once a phase of life shared across social strata, has now become stratified by access to medical and cosmetic interventions, creating a divide between those who can afford to *combat* aging and those who are left to *accept* it.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The intersection of aging and dependency complicates the medicalization process, particularly as older individuals become more vulnerable to both physical and cognitive decline. Medicalization extends beyond the biological realities of aging, framing the elderly not only as experiencing natural processes but as dependent on healthcare systems and professionals for well-being. Long-term care facilities exemplify this shift, emphasizing reliance on medical authorities to oversee the elderly, reinforcing societal perceptions of their incapacity for independence and the need for constant medical intervention (Jønsson, 2024; Powell, 2019). This institutionalization infantilizes the elderly, diminishing their autonomy and portraying them as passive recipients of care, rather than active agents in their own lives.

Additionally, the medicalization of aging extends to mental health, where psychological changes associated with aging are increasingly viewed as disorders requiring intervention. Diagnoses such as dementia, depression, and anxiety are applied to the elderly, medicalizing emotional and cognitive transformations rather than recognizing them as natural responses to aging (Szasz, 2002). The emphasis on pharmaceutical solutions, such as antidepressants and antipsychotics, reinforces the idea that aging, particularly in the mental and emotional realms, must be treated as a pathology. The stigma surrounding mental health in the elderly compounds their marginalization, pushing them further from societal participation.

The commodification of aging reflects broader biopolitical structures that regulate not only the bodies of the elderly but also their roles within society. The increasing medicalization of aging highlights the dominance of a technocratic, neoliberal approach to health, wherein aging is understood as a process to be controlled, optimized, and commodified through medical and technological interventions. The elderly are both consumers of medical products and passive

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

recipients of care, bound by the authority of medical institutions and broader systems of governance (Foucault, 1990; Minkler & Estes, 2020, 1991).

The encroaching medicalization and commodification of aging reflect a larger biopolitical agenda, where the natural process of aging is manipulated for institutional and market-driven purposes, undermining individual autonomy. As with the medicalization of birth, aging must be reclaimed from the control of technocratic and biomedical authorities. Only through this reclamation can aging be restored to its rightful place within personal, familial, and community decision-making, where it is not reduced to a medical condition or commodity, but respected as a natural life process deserving dignity, respect, and self-determined choice.

Death and Suicide: The Biopolitical Reconfiguration of Mortality

The medicalization of death and personal crises is perhaps one of the most insidious and pervasive transformations in modernity. Traditionally, death was a natural, inevitable process that occurred in the home, surrounded by family and community. However, as medicine and the state expand their influence, death is increasingly viewed not as a personal or spiritual event, but as a medical occurrence that requires professional intervention and oversight (Leavitt, 2016; Foucault, 1995). Life-support technologies, palliative care, and the biomedical approach to end-of-life treatment have fundamentally altered the way society thinks about mortality. The medical community, in collaboration with the state, has transformed the dying process into a domain of institutional control, undermining the sanctity of the individual's right to die on their own terms.

Similarly, the reclassification of suicide from a moral or religious transgression to a medical condition signals a dramatic shift in societal perceptions of personal crises. In the past, suicide was often considered a criminal act or a moral failing. Today, however, it is framed as a

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

psychiatric disorder that requires treatment and intervention (Szasz, 2002; White & Kral, 2014). This transformation is emblematic of a broader cultural trend in which personal suffering is increasingly pathologized. By medicalizing suicide, society grants institutions—such as the state and medical professionals—greater authority over personal decisions and crises. The once-deeply private matter of suicide becomes another area in which individuals lose agency, as their mental state is scrutinized and defined by medical and institutional norms.

This medicalization of suicide as a mental health issue also raises troubling questions about the role of medical institutions in determining the biomoral standard within which individuals' lives are evaluated. The framing of suicide as a pathological response to a personal crisis marginalizes other potential causes, such as socioeconomic conditions, political oppression, or existential despair, which might offer a more nuanced understanding of why people choose to end their lives. The shift from a moral or social lens to a purely medical one has profound implications for how individuals in distress are treated by the state and society. Instead of being recognized as agents capable of making difficult, complex decisions, they are increasingly viewed as passive subjects, in need of control, treatment, and intervention.

In the case of the elderly, the medicalization of aging has led to a similar transformation in the way we approach death. The elderly are often positioned as passive recipients of care, dependent on medical institutions for both physical and emotional needs (Borst, 1995). The concept of death with dignity has been co-opted by institutional forces that frame the end-of-life process as something to be medically controlled, extended, or intervened upon to maximize both life expectancy and productivity (Segal, 2021). These medicalized interventions, while sometimes well-intentioned, ultimately reinforce a vision of life in which personal autonomy and the natural

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

course of aging are subordinated to the priorities of state-sanctioned healthcare systems. The aging body, in this view, becomes a site of governance, constantly managed, optimized, and regulated.

The expansion of medical authority into the final stages of life through life-support technologies and palliative care presents significant ethical challenges. With interventions designed to prolong life, even when recovery is no longer possible, we must ask whether the emphasis on technological solutions is truly about preserving life or whether it reflects broader socio-economic interests. In a society where healthcare systems are increasingly privatized, medical interventions become a way to extract economic value from individuals even at the end of their lives. The growing reliance on such technologies represents a powerful form of control over mortality, not only ensuring that individuals remain within the healthcare system for as long as possible but also reinforcing the idea that the state and medical professionals have the final say on matters of life and death (Minois, 1999).

Moreover, the rise of medicalized death reflects a cultural shift in which dying is increasingly institutionalized, with medical professionals assuming control over this once-private matter. Ethical dilemmas abound regarding who has the right to decide when to end life-sustaining treatment or when to allow death to occur naturally. These questions expose the tensions between personal autonomy and the pervasive influence of the medical system, which has increasingly come to dictate the terms of existence and death. The line between maintaining life and prolonging suffering has become blurred, and individuals are left with limited choices, further entrenching the dominance of institutional authorities in one of the most personal moments of existence (Foucault, 1995).

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Equally disconcerting is the expanding role of the state in regulating mortality, manifested in the routine involvement of coroner investigations and mandatory reviews of sudden or unexplained deaths. Once an exceptional intervention, these practices have now become standard in numerous jurisdictions, further entrenching the medicalization of death. By expanding its authority over the determination of death's cause, the state increasingly asserts itself as the ultimate arbiter of what constitutes a *legitimate* or *acceptable* death, thereby encroaching upon the rights of individuals and families to make deeply personal decisions regarding the end of life. This encroachment is emblematic of the broader biopolitical trend wherein the state consolidates control over not only the living body but also the final stages of life, reinforcing its power to define the boundaries of mortality and strip individuals of their autonomy in their most intimate moments (Foucault, 1990; Kaufman & Morgan, 2005).

The growing medicalization of death, alongside the pathologization of personal crises—suicide being a particularly salient example—signals a troubling shift toward a technocratic, biopolitical order in which natural, existential processes are subordinated to institutional oversight. This transformation not only undermines individual autonomy but also distorts the conceptualization of human suffering, reframing it as a pathological condition requiring institutional intervention rather than a natural, subjective experience. In this paradigm, death—once a profoundly personal and communal event—becomes subject to the medical and state apparatuses, which redefine its meaning and impose external judgments on its legitimacy (Conrad, 2005; Jønsson, 2024). The profound consequences for liberty and dignity are unmistakable, as individuals are increasingly denied control over the finality of their lives, subjected to systems that prioritize institutional control over personal agency.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

In critically reflecting on the medicalization of death and the regulation of personal crises, we must interrogate the implications for our own autonomy and self-determination. What are the costs to individual freedom when institutions gain control over the most private dimensions of our lives—our suffering, our dying, and our most intimate decisions? Is the escalating regulation of death truly aimed at human flourishing, or is it merely an apparatus for the consolidation of institutional power over the most elemental aspects of existence? These questions urge us to critically examine the forces shaping the boundaries of life and death and to make an informed decision about whether we are willing to surrender these boundaries to the medical-industrial complex, which claims to know what is best for us (Santos & Zhang, 2024; Minois, 1999).

Conclusion

The medicalization of life—from birth to death—represents a profound reconfiguration of how modernity governs and regulates human existence, reflecting a shift from intimate, familial, or communal domains to institutionalized control of medicalized processes. Key life events, such as reproduction, aging, and mortality, once considered personal matters, have increasingly been subsumed into medicalized systems, subject to the sovereign authority of medical professionals, state apparatuses, and an expanding biopolitical economy. These processes, reframed as clinical interventions, operate as broader mechanisms of governance—disciplining individuals and enforcing societal norms and behavioral expectations (Borst, 1995; Davis-Floyd, 2023).

Within biomoral governance, individuals are redefined not as autonomous agents but as subjects to be managed and regulated by technocratic institutions. Natural processes, once viewed as personal experiences, are reinterpreted as medical conditions requiring intervention, oversight, and constant surveillance by medical professionals and the state. This reconceptualization of existence as a site for medicalized intervention consolidates power within institutional and

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

biopolitical structures, undermining individual autonomy and shifting the locus of control from personal agency to state-sanctioned governance (Conrad, 2007; Foucault, 1990). The medicalization of life thus represents not merely a reordering of health and illness but a deeper, more insidious transformation in the exercise of power over the human body and psyche, where institutional expertise becomes the arbitral authority on human existence.

In critically reflecting on the nexus of medical and institutional control over fundamental aspects of life and death, the implications for individual agency and autonomy become undeniable. Should society passively acquiesce to the growing authority of medical and state institutions over personal and existential domains, or must we challenge the legitimacy of biopolitical governance that seeks to regulate our most intimate experiences? This transformation calls for a profound reevaluation of the role of institutions in shaping human life, urging an urgent discourse on the balance—or perhaps the irreconcilable tension—between institutional oversight and individual autonomy (Kaufman & Morgan, 2005; Santos & Zhang, 2024).

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Interstitial Reflection 2: Gender and Experience in the Age of Biopolitical Control

The increasing criminalization of gender-diverse lives, exemplified in recent U.S. state legislative actions restricting access to gender-affirming care, provides a backdrop for the medicalization of existence. As these laws proliferate, they impose state-driven definitions of gender that are in direct contradiction to lived experiences. The medicalization of life, as critiqued in the second section of this treatise, becomes more insidious as these biopolitical controls target trans youth, reproductive health, and gender identity in ways that echo the histories of colonization, patriarchal governance, and medical paternalism. Through the lens of my own experiences as an Indigenous queer person, the intersection of biopolitical violence with the trans-inclusive feminist praxis I embody cannot be understated. It is not merely a political issue—it is an issue of survival.

The narrative of gender identity as self-realized unity, which I address in the third section, provides a radical counterpoint to these growing forms of state-sanctioned violence. Rather than permitting gender identity to be framed as a fixed, legislated entity, I argue that gender is an unfolding process that resists such reduction. It is an ethically-infused process of becoming, one that cannot be criminalized without severe consequences to individual autonomy and societal well-being. In this interstitial space, we see how global gender politics collide with the lived realities of trans and non-binary people, whose existence continues to be framed as a threat to the status quo, much as other marginalized identities have historically been framed.

Abstract

Gender exists in a contemporaneous eclipse between biological determinism and social constructivism, often imposed as an external determination within the binary opposition of male and female. This binary, prevalent in individualistic societies, appears self-evident but casts a

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

limiting shadow over the true, dynamic, and relational nature of gender. Through a dialectical progression, gender identity transcends this duality, becoming a process of self-conscious realization. This movement unfolds in three moments: from the syllogism of existence, where gender is externally imposed; to the syllogism of reflection, where the subject mediates gender through self-consciousness; and finally to the syllogism of necessity, where gender is integrated into the self-realized unity of the totality of the self's becoming. Gender thus moves from the shadow of its binary imposition to full illumination, as it becomes a necessary unfolding of the self, mediated by both internal and external conditions, ultimately realizing the Notion of gender as self-determined and self-conscious. However, this unfolding remains marked by tension, as the drive toward self-realization persists within the will's incessant striving, creating a dynamic tension between becoming and existential dissatisfaction. This work offers a novel philosophical approach by appreciating gender identity as a dynamic, self-determined process, showing how the Notion of gender is not an opposition but a development that is gradually illuminated throughout the person's ethical life. The process begins in the umbra of societal impositions, where gender is externally imposed and restricted. As the subject reflects, the gendered self enters the penumbra, where partial light begins to illuminate gender beyond the binary. Ultimately, the eclipse resolves into the antumbra, where gender is fully realized in the self-realized unity of the totality of the self. This conceptualization sheds light on a fuller understanding of gender identity as self-realized unity, illuminated by both the persistence of desire and the realization of self-conscious freedom.

Keywords: gender identity, self-realization, dialectical method, ethical life

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Gender Identity as Self-Realized Unity: A Syllogism of Becoming

The question of gender identity presents itself as a matter of profound significance within the current epoch of thought, stirring global debate and societal scrutiny (Badgett, Carpenter, Lee, & Sansone, 2024; Bates, Kamp Dush, & Manning, 2024; Biggs, 2024; Kite, Wagner, & Schneider, 2024; Felix, Júlio, & Rigel, 2023). Yet, it remains veiled in contradiction, with its true essence obscured by rigid and simplistic binary categories, which, failing to account for the dynamic movement of gender, are bound by the limits of prevailing understanding and the contingencies of historical and social conditions. At first glance–especially as seen by individualistic societies–it appears to be a simple duality, the opposition between male and female, a seemingly enduring structure of society and nature (Fischer & Manstead, 2000; Giuriato et al., 2024; Hunter & Senefeld, 2024).

This binary opposition seems self-evident and incontrovertible, but closer inspection reveals its limitations, obscuring the dialectical progression through which gender is realized[1]– reflecting not external determination, but the unfolding of a self-conscious unity.[2] However, this

[1] To ground this novel dialectical conception of gender identity, it is essential to draw on Hegel's notions of subjectivity and the unfolding of the self. The dialectical process of becoming will reveal how gender transcends its initial, imposed categorization, manifesting instead as a necessary, self-determined realization. Gender identity, understood as the movement through dialectical moments, emerges as something mediated by both internal and external conditions, wherein the individual's self-consciousness plays a crucial role in the unfolding of the gendered self. Thus, the dialectical process is the movement through a series of interconnected moments, each mediating the tension between internal and external conditions. Hegel, G. W. F. (1929). *The Science of Logic* (W. H. Johnston & L. G. Struthers, Trans.). George Allen & Unwin. (Original work published 1812–1813).

[2] Self-conscious (*Selbstbewusstsein*) and unity (*Einheit*), at this moment, the subject's self-consciousness recognizes itself in relation to external determinations, such as societal structures and norms. However, this recognition remains incomplete, as the subject has not yet fully reconciled the tension between the immediate, external conditions and the internal self-conception. There is still a division between the self and the external world, and the subject's identity is not yet

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

unfolding is not simply a passive realization; instead, it is a process marked by striving impelled by the will[3]–a continuous movement towards unity, but one that is often beset by dissatisfaction, tension, and suffering. This work offers a novel contribution to the discourse on gender identity by conceptualizing it not as a binary opposition, but as a dynamic, dialectical unfolding of the self.

The question of gender identity, as a dialectical movement, unfolds through the threefold mediation of existence, reflection, and necessity, each of which reveals the progressive self-realization of the subject as they transcend mere external classification. The movement from gender as an imposed categorization to gender as a realized unity forms the crux of this dialectical development, a process deeply informed by Hegelian notions of subjectivity and the unfolding of the self, particularl as articulated in the syllogism of the *Science of Logic*.[4] This work's originality lies in its conceptualization of gender identity as a process of self-determined becoming, rooted in dialectical mediation and the realization of the self within the ethical life[5] of society.

fully actualized. The contradiction between what is internally felt and what is externally imposed persists, and the subject's unity remains in a state of potential rather than actual realization.

[3] Transcendence is always marked by the continuing presence of the will. As an individual strives to define themselves, the more they are caught in the incessant striving of the will and thus subjected to suffering. Schopenhauer, A. (2010). *The World as Will and Representation* (E. F. J. Payne, Trans.; Vol. 1). Dover Publications. (Original work published 1818)

[4] The syllogism of the *Science of Logic* refers to a process of reasoning through different moments or stages, where categories such as gender are not fixed but are mediated and determined through the interplay of internal and external conditions. Gender, thus, is not understood as a static opposition, but as a dialectical process that unfolds through the mediation of the self and the world, ultimately culminating in a self-realized unity. Hegel, G. W. F. (1929). *The Science of Logic* (W. H. Johnston & L. G. Struthers, Trans.). George Allen & Unwin. (Original work published 1812–1813).

[5] Ethical life (*Sittlichkeit*) refers to the realization of freedom within social institutions such as the family, civil society, and the state. It is through these institutions that individuals actualize their identity and freedom, fulfilling their ethical and social duties. Ethical life is not merely the individual's private autonomy; it is the full realization of freedom through participation in social life and communal structures. These institutions are where individuals develop self-consciousness, reconcile personal desires with social duties, and achieve moral self-realization. The focus here is

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

In this unfolding, gender, initially understood as an external, fixed classification, begins to reveal itself as something other than a simple opposition. It is not merely a matter of being male or female, but a process of self-determined[6] becoming through the dialectical unfolding of the subject's self-consciousness.[7] Through the mediation, gender identity transcends its immediate, externally imposed form and emerges as a necessary, integrated totality.[8] In this movement, gender is neither a static biological fact nor an arbitrary social construction but a necessary unfolding of the self (Speechley, Stuart, & Modecki, 2024). The dialectical unfolding from the individual[9] to the subject,[10] and then to the person[11], unfolds as follows: the individual, initially a mere particularity, finds its essence in relation to others; the subject emerges through the mediation of

on the role of formal institutions (family, civil society, state) in providing the context for individuals to recognize their ethical duties and align their actions with the moral order of society.

[6] Self-determined (*Selbstbestimmt*) refers to the active role of the subject in shaping and defining their own identity; rather than being passively shaped by the world, the subject engages in a dynamic process of becoming, wherein they assert their agency and influence over how they understand and express their gender identity. Hegel, G. W. F. (1977). *Phenomenology of Spirit* (A.V. Miller, Trans.). Oxford University Press. (Original work published 1807).

[7] Self-consciousness (*Selbstbewusstsein*) often refers to the awareness of the self in relation to the other, a moment of reflection on one's identity, but not yet fully actualized or integrated.

[8] Totality (*Gesamtheit*) refers to the dialectical process through which opposites are reconciled and integrated into a unified whole. It is not merely the sum of parts but the synthesis of those parts in a higher, more comprehensive unity. In the context of gender identity, *integrated totality* signifies the realization of gender as a dynamic, self-conscious unity that transcends its initial, externally imposed categorization and becomes an essential aspect of the subject's self-consciousness and freedom.

[9] The individual (*Individuum*) is the starting point of development, yet it is not understood as a static, isolated entity. Rather, the individual only achieves its true essence through a dialectical relationship with others. It is through this process of mediation with society, self-consciousness, and ethical life that the individual comes to realize their full identity.

[10] The subject (*Subjekt*) is a self-conscious being who is capable of reflection and mediation. The subject actively shapes their own development and realizes themselves through their engagement with the world. The subject is not merely a passive observer but is an active force in the dialectical unfolding of reality.

[11] The person (*Person*) is an individual who has achieved self-consciousness and recognizes their freedom and rationality. The person is not merely biological or social but is a being capable of ethical and self-determined action. They understand their identity in relation to both personal autonomy and ethical duties within a social context.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

self-consciousness and the world; and the person, through the realization of freedom and rationality, reconciles the tension between self-determination and social ethical life,[12] culminating in the totality of self-realized unity.[13]

This progression is not one of mere change but of mediation and reconciliation. The binary opposition of male and female, which once appeared as absolute extremes, is sublated,[14] revealing itself as moments in a broader totality. It is in this totality, through the self-conscious realization of gender, that the person comes to understand their gender identity not as something imposed from without, but as a necessary, self-determined aspect of their being. This movement, from

[12] *Social ethical life*, in the context of gender identity, builds upon Hegel's ethical life but emphasizes the social relational dimension in the realization of freedom. While ethical life traditionally refers to an individual's alignment with institutional norms, social ethical life highlights the mediating role of social relationships and communal interactions in shaping an individual's self-consciousness. It is through participation in these social roles and relationships that individuals come to understand and actualize their gender identity. This concept underscores that self-realization is not solely determined by fixed institutional roles but is actively shaped by the dynamic interaction between the individual and societal norms, including the fluidity of gender roles within society. Social ethical life thus involves a relational process in which the individual's identity and freedom are formed not just by fulfilling institutional duties but by navigating the changing and sometimes contradictory expectations of the social world.

[13] Self-realized unity (*Selbstverwirklichung*) is the culmination of the dialectical process, where the subject has transcended the opposition between the internal and external. The subject's identity is no longer at odds with the world around them, as the self is now fully integrated into the totality of their existence. The tension between subjective self-conception and objective societal expectations has been resolved through the mediation of the concept, resulting in an identity that is not only consciously known but actualized in the subject's lived reality. This unity is not merely reflective, but is realized as a self-determined, rational totality, wherein the subject's identity is harmoniously integrated into the external world, now no longer experienced as alien or contradictory. This idea is not just about personal fulfillment in the modern sense of self-realization.

[14] Sublation (*Aufhebung*) refers to the transcendence of an opposition that preserves the essential moments of each opposing concept. In gender, this means male and female categories are not eliminated but integrated into a higher unity, transcending the original duality. The contradiction between male and female is not negated but sublated, transforming into a more comprehensive, dialectical understanding of gender. This process reflects the dynamic unfolding of gender through the tension between its opposing moments, each understood only through its relation to the other.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

opposition to totality, reflects the dialectical nature of gender, where the person is both shaped by external conditions and actively participates in the formation of their own identity.

The Syllogism of Existence: Immediate Determinateness of Gender Identity

We begin with the immediate determinateness of gender identity, which presents itself in the simplest form: the opposition between male and female, or the binary structure that we encounter in individualistic societies. In this moment, gender identity is purely externalized; it is treated as an objective, self-subsistent reality that is imposed upon the individual. The individual is born into this binary and is immediately[15] assigned one of these categories—male or female—which seem to constitute an inert given. This external imposition leads to a dissatisfaction within the individual, who finds their identity constrained by predefined roles. The categorization of gender as an inert given creates an ongoing tension between the self and external expectations. Gender, at this point, is not yet a living process or a self-determined reality, but a static abstraction.

This duality is immediate in the sense that it reflects the initial, unmediated experience of gender as a classification. The male and female categories appear distinct, self-contained, and fixed. They are externally related; the individual does not yet see the unity of these extremes, nor is there any reflective awareness of the deeper connection between them. Each category—male or female—exists as a self-contained extreme, and the individual is located between them, merely existing in terms of this opposition. The gender identity is thus determined by the social and biological facts, external conditions that are taken as given and unalterable. The individual's

[15] Immediacy (*Unmittelbarkeit*) refers to the direct, unmediated experience of a concept or category. It is the state of something in its raw, unrefined form before it is subjected to deeper reflection or analysis. Here, gender identity is seen as a direct, external imposition without deeper self-awareness or integration into the individual's self-consciousness.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

experience is pre-determined by these categories without yet reflecting on the unity of opposites[16] that lies within them (Lee, Hu, & Li, 2020; Napp, 2023).[17] While gender is biologically determined (Reiner & Gearhart, 2004), the gender binary—a system that mandates conformity to gendered roles (Charlesworth, 1994, 1995, 1999, 2005; Charlesworth & Chinkin, 2000; Charlesworth, Chinkin, & Wright, 1991)—remains a social construct (Green & Fuller, 1973; Serano, 2016). This construct fails to account for the varied forms of gender identity and expression that exist across cultures and individuals (Speechley et al., 2024). Indeed, Indigenous cultures, prior to colonial disruption, recognized and integrated diverse gender identities, seeing gender variance and fluidity not as anomalies but as inherent, essential aspects of the self-conscious being's identity (Ahia & Johnson, 2023; Blackwood, 1984; Davies, 2007; Ford & Coleman, 2023; Ford, Coleman, & Banik, 2024).

In this moment, there is no conscious realization of gender as a relation. The male and female categories are not yet understood as being mediated by a higher concept of gender that encompasses both. They remain in their immediacy, as separate, self-subsistent opposites.[18]

[16] Unity of opposites (*Vereinigung der Gegensätze*) refers to the dialectical relation between two contradictory concepts, where the opposition is not an external or contingent difference, but an essential moment in the development of both. These opposites, far from being isolated or separate, are internal to each other, and each is determined through its relation to the other. They are not merely external, but constitute one another. The contradiction is not a mere negation but a necessary moment in the process of becoming. Through sublation, the opposites are integrated into a higher unity, transforming and reconciling their tension within a more developed totality.

[17] The concept of *external determination* refers to the influence of conditions beyond an individual's control or awareness, such as society or biology, that shape their identity. This stands in contrast to self-determination, where an individual actively shapes and defines their own identity, asserting agency over the external conditions that may otherwise define them.

[18] Self-subsistent (*Selbstständig*) means something that exists independently and is not dependent on any other category for its existence. In this case, male and female are seen as opposites that exist independently, without recognizing their interconnection or synthesis.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

The Syllogism of Reflection: Mediation and the Relation of Gender

The first dialectical shift occurs when gender identity begins to reflect upon itself and mediates between these extremes. The categories of male and female are no longer taken as absolute opposites, but are seen as related moments within the broader concept of gender identity. This is the syllogism of reflection, where gender identity is recognized not as a rigid, fixed classification, but as something dynamic, fluid, and interdependent.

At this moment, the subject begins to recognize that the simple binary opposition of male and female is insufficient to capture the internal contradiction, dynamic interplay, and unfolding totality of gender experience. This realization brings about the reflection on gender as a socially constructed phenomenon—something that is not solely biological or natural, but shaped by historical and cultural conditions. Gender identity starts to be understood as a process of deep striving rather than a static given. The reflection reveals that the experience of gender is mediated by tension between conditions such as personal identity, social roles, and cultural expectations.

Thus, gender is no longer seen as a mere opposition between two fixed categories, but as a relation in which the individual plays an active part. Gender identity is experienced not as a singular, absolute fact, but as a dialectical relation that unfolds through time, shaped by the individual's self-consciousness, the external world, and the historical spirit.[19]

[19]Spirit (*Geist*) is the self-conscious unity of individuals within the ethical life of a community, where the individual's freedom is realized through the reconciliation of personal and collective will. It is not an abstract, static concept but is actualized in history through the dialectical process of becoming, where individual self-consciousness finds its realization in the development of the universal will, manifest in institutions, culture, and society.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

In this mediating process, the extremes of male and female are no longer considered entirely self-subsistent. Instead, they are reflected into each other, and the individual begins to experience gender as fluid—a dynamic expression able to shift in any direction as the self relates to the world and others, rather than a fixed binary. *The Notion* of gender is now understood as a dynamic interaction between these categories.[20] Gender is seen not merely as an external classification but as a reflection of social and cultural conditions that shape the individual's self-identity.

Thus, the syllogism of reflection allows for a deeper understanding of gender identity. The individual, in their initial self-consciousness, experiences gender identity as externally determined, shaped by biology and society. However, this immediate determinateness is transcended through the dialectical movement, as gender identity begins to mediate between these external conditions and the self. It is in this mediation that ethical life reveals itself, for the individual recognizes that their gender identity is not merely a passive reflection of external structures, but is realized through active participation in social institutions. The family, community, and society are not merely external impositions; they are essential to the unfolding of the individual's self-consciousness and self-realization. Through these institutions, the individual comes to understand their gender not as a fixed or purely personal matter, but as a necessary part of their ethical existence. Gender identity, therefore, becomes a dialectical totality: the individual's self-consciousness is simultaneously shaped by external roles and social recognition, while also asserting their own freedom within the structure of these ethical institutions. In this realization, gender identity transcends its external

[20] The Notion (*Das Begriff*) refers to the internal, conceptual unity of a thing. It is the full realization of a concept as it develops through its various moments or stages. Here, the Notion of gender refers to its deeper, dynamic essence that is both self-determined and socially mediated.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

categorization and becomes an integral part of the individual's unity, a self-determined aspect of their ethical life.

The Syllogism of Necessity: The Realized Totality of Gender Identity

The final step in the dialectical movement is the syllogism of necessity, where gender identity reaches its full realization as a totality. In this moment, the person no longer sees themselves as caught between the extremes of male and female, but recognizes that gender is an internal necessity—a total unity that transcends the earlier dualities. Gender identity has moved beyond being a mere reflection or mediation between male and female and becomes a necessary process of self-realization. However, even in this realized state, the striving for self-fulfillment continues as part of the ongoing process of self-realization. The individual has integrated their gender into their self-consciousness, but this does not negate the inherent tension of existence—it transforms it into a more nuanced understanding of self within an ethical life.

In this necessary form, gender is no longer a simple opposition or a mere relation between external categories. It is the sublation of the previous opposites, a unity in which both male and female elements are recognized as moments of a greater totality. The individual experiences gender not as something imposed from without, nor as something simply reflected upon, but as an integral part of their self-determined identity. The unity of gender identity now exists as the sublation of the extremes.

Here, gender identity is understood as a necessary unfolding of the Notion. The individual sees themselves as part of a larger totality, where their gender is a realization of both personal identity and social belonging. The extremes of male and female are no longer external categories but are internalized and understood as complementary aspects of a single whole. The self-

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

determined individual now reconciles the once-opposing extremes of male and female within the unity of their own gender identity.[21]

In this final realization, gender identity transcends the early externality and becomes a sublated unity, where the external differences between male and female are no longer seen as contradictory but as part of a necessary process of becoming. The subject's gender is now integrated into their self-consciousness and fully realized in the unity of their being as a person, wherein the tension between individuality and universal ethical life is reconciled.

The Realization of Gender Identity as the Syllogism of Necessity

Gender identity undergoes a dialectical progression, moving from an immediate, external categorization in the syllogism of existence, to a reflective relation in the syllogism of reflection, and finally to a realized totality in the syllogism of necessity. This movement is not merely a shift between binary oppositions but a dialectical unfolding in which the individual, initially shaped by external determination, becomes the subject of their self-determined totality. In this process, gender identity becomes fully integrated into the totality of the subject's self-concept, shaped by both internal and external conditions, and is now experienced as a necessary part of the subject's existence. Through this dialectical progression, the subject comes to recognize that gender, as a relational concept, is both a reflection of societal structures and a personal, necessary unfolding of the self. In its final form, gender identity is no longer a mere external categorization or simple reflection, but the embodiment of a realized totality, where the person is no longer split between

[21] True freedom and self-realization come from the ability to determine one's identity through internal reflection and self-consciousness, rather than being externally imposed or passively accepted.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

fixed categories but has integrated the unity of gender as a self-conscious, self-determined, self-realized unity.

Conclusion

In its dialectical unfolding, gender identity transcends its initial form as an external binary opposition. What began as a rigid classification between male and female is sublated, revealing itself as part of a dynamic, self-determined process of becoming. The individual, initially shaped by external categories, is transformed through reflection and mediation into the subject, who recognizes gender as a relational concept, tied to both societal structures and personal self-awareness. In the final movement, the person fully integrates gender into their self-conscious, self-realized unity. This unity is not the negation of gender differences, but their synthesis within a higher totality, where the individual is no longer divided by external oppositions. Rather, gender becomes a necessary, self-determined aspect of the person's being, realized through their participation in the ethical life of society.

However, this unfolding is not without tension. The striving toward unity, while marked by the realization of gender identity, continues to be fraught with dissatisfaction, as the individual remains bound by the incessant movement of desire and the will. The process of self-realization is never complete in its ideal form; it is always tempered by the persistence of existential striving, which keeps the individual within the realm of contradiction and tension. Thus, the dialectical movement from the individual to the subject and ultimately to the person reveals gender identity not as a mere external imposition, but as an essential, self-conscious unfolding of the self within their ethical life. This philosophical approach positions gender as an unfolding moment of self-realization that challenges traditional dualities, offering a deeper and more integrated

understanding of human identity. This work contributes to the ongoing discourse on identity by emphasizing that gender, in its full realization, is not static or imposed, but a dynamic, necessary unfolding of the self.

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Interstitial Reflection 3: Gender as Radical Self-Realization Amidst Opposition

The ongoing global debate on gender identity has reached a critical juncture with the increasing prominence of TERF ideologies and the push to strip gender-diverse individuals of their rights and personhood. These movements present gender as an immutable and biologically determined fact, dismissing the dynamic, self-determined process of gender realization that I argue for in my treatise. In this reflection, I return to the syllogism of becoming and its emphasis on the self-realized nature of gender identity. Gender is not a fixed identity but a process that unfolds in a dynamic and relational way, as each person seeks to reconcile their inner self with external societal forces. This self-realization is not merely a philosophical abstraction—it is an embodied and lived experience that occurs in real time.

The criminalization and medicalization of gender-diverse peoples—especially trans women, gender non-conforming individuals, and queer youth—represent an active denial of their right to this process of becoming. As legislative bodies in the U.S. and beyond continue to impose rigid definitions of gender, they erase the multiplicity and fluidity that define gender in its lived form. In direct contrast, my argument for gender identity as self-realized unity offers a framework of liberation. This is not a movement of assimilation into a pre-existing norm but an assertion of the right to self-define and actualize one's gendered existence free from external constraints. In doing so, it challenges the growing societal trend to criminalize and erase gender diversity, offering instead a path forward grounded in autonomy, self-expression, and a profound commitment to the ethical life.

Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

Author Introduction

Associate Professor in the Department of Marriage and Family Therapy at National University, Ezra N. S. Lockhart, Ph.D. in psychology, is a licensed marriage and family therapist, licensed addiction counselor, and board-approved supervisor who integrates humanistic psychology, systems thinking, and an eco-bio-psycho-social framework to disrupt dysfunctional relational patterns—catalyzing enduring transformation. As Kānaka ʻŌiwi (Indigenous Hawaiian), neurodiverse, queer, and committed to feminist praxis, Dr. Lockhart draws on trans-inclusive radical, liberal, and decolonial feminism to challenge interlocking systems of oppression. A pragmatic naturalist and ecologist of mind, Dr. Lockhart supports embodied cognition and the integration of functionalist models, while critiquing the commodification of life and the medicalization of personal experiences within the global technocratic biopolitical economy of health, including the institutionalization of state and medical authority, the biomoral governance structures that shape human agency and autonomy, and the transhumanist drive to re-engineer human existence without sufficient ethical and social consideration. They apply cultural humility & attunement, intersectionality, and decolonial ethics to affirm marginalized identities, particularly within LGBTQIA+ and neurodiverse communities. In clinical supervision, Dr. Lockhart mentors with an emphasis on culturally responsive care, kōkua (mutual aid), and hoʻoponopono (restorative justice) within a systemic framework. Recognizing that, all communication is, fundamentally, miscommunication, as the message and its meaning are shaped by the personal, relational, and systemic strata of culture, Dr. Lockhart facilitates a safe space for the necessary iterative clarification between sender and receiver.

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Vol. 3, Issue 3 March 2025 ISSN: 2584-0142

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