

Medicalization for
understanding
shifting ideas about
health and illness



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Medicalization is term for the erroneous tendency by society-often perpetuated by health professionals to view effects of socioeconomic disadvantage as purely medical issues. It is the process by which human conditions and problems come to be defined and treated as medical conditions and problems, and thus come under the authority of doctors and other health professionals to study, diagnose, prevent or treat. The process of medicalization can be driven by new evidence or theories about conditions, or by developments in social attitudes or economic considerations, or by the development of new purported treatments.

Medicalization is often claimed to bring benefits, but also costs, which may not always be clear. Medicalization is studied in terms of the role and power of professions, patients and corporations, and also for its implications for ordinary people whose self-identity and life-decisions may depend on the prevailing concepts of health and illness. Once a condition is classed as medical, a medical tends to be used rather than a social model.

Medicalization may also be termed pathologization (from pathology), or in some cases disease mongering.

The concept of medicalization has educated the sociology of health and illness for many years now. Typically, it has been deliberated and examined with critical nuance, though some key thinkers within the discipline have suggested that it is not unequivocally negative. Conrad criticised and disputed that the development and growth of medical authority into domains of everyday existence was promoted by doctors and was a force of social control that was to be rejected in the name of liberation (Conrad 1973).

Medicalization “ describes a process by which non-medical problems become

defined and treated as medical problems, usually in terms of illness or disorders" (Gabe et al. 2004: 59) and likewise be simply classified as a procedure of increased medical intervention into areas which would more often than not be outside of the medical province.

The term medicalization entered academic and medical publications in the 1970s, for example in the works of figures such as Peter Conrad and Thomas Szasz. They argued that the expansion of medical authority into domains of everyday existence was promoted by doctors and was a force of social control that was to be rejected in the name of liberation. This critique was embodied in now-classic works such as Conrad's "The discovery of hyperkinesis: notes on medicalization of deviance," published in 1973 (hyperkinesis was the term then used to describe what we might now call ADHD).

Medicalization explains a situation which had been previously explained in a moral, religious or social terms now become defined as the subject of medical and scientific knowledge.

Many years ago for example some children were deemed and regarded as problematic, misbehaving and unruly. Some adults were shy and men who were balding just wore hats to hide it. And that was that. Nevertheless, nowadays all these descriptions could and possibly would be attributed to a type of illness or disease and be given a diagnosis or medicine to treat it in some cases. Medicalization explains this. Likewise, "medicalization has been applied to a whole variety of problems that have come to be defined as medical, ranging from childbirth and the menopause through to alcoholism

and homosexuality (Gabe et al. 2006: 59). Furthermore, the term explains the process in where particular characteristics of every day life become medically explained, thus come under the authority of doctors and other health professionals to study, diagnose, prevent and or treat the problem.

Originally, the concept of medicalisation was strongly associated with medical dominance, involving the extension of medicine's jurisdiction over erstwhile 'normal' life events and experiences. More recently, however, this view of a docile lay populace, in thrall to expansionist medicine, has been challenged. Thus, as we enter a post-modern era, with increased concerns over risk and a decline in the trust of expert authority, many sociologists argue that the modern day 'consumer' of healthcare plays an active role in bringing about or resisting medicalisation. Such participation, however, can be problematic as healthcare consumers become increasingly aware of the risks and uncertainty surrounding many medical choices. The emergence of the modern day consumer not only raises questions about the notion of medicalisation as a uni-dimensional concept, but also requires consideration of the specific social contexts in which medicalisation occurs. In this paper, we describe how the concept of medicalisation is presented in the literature, outlining different accounts of agency that shape the process. We suggest that some earlier accounts of medicalisation over-emphasized the medical profession's imperialistic tendencies and often underplayed the benefits of medicine. With consideration of the social context in which medicalisation, or its converse, arises, we argue that medicalisation is a much more complex, ambiguous, and contested process than the 'medicalisation thesis' of the

1970s implied. In particular, as we enter a post-modern era, conceptualizing medicalisation as a uni-dimensional, uniform process or as the result of medical dominance alone is clearly insufficient. Indeed, if, as Conrad and Schneider (1992) suggested, medicalisation was linked to the rise of rationalism and science (ie to modernity), and if we are experiencing the passing of modernity, we might expect to see a decrease in medicalisation.

The idea of medicalization is perhaps “ related only indirectly to social constructionism, in that it does not question the basis of medical knowledge as such, but challenges its application”. Nettleton continues and states that is “ draws attention to the fact that medicine operates as a powerful institution of social control” (Nettleton 2006: 25). It does this by claiming expertise in areas in life which previously were not regarded as medical problems or matters. This includes such life stages such as ageing, childbirth, alcohol consumption and childhood behaviour moreover, the “ availability of new pharmacological treatments and genetic testing intensifies these processes... thus it constructs, or redefines, aspects of normal life as medical problems”. (Conrad and Schneider 1990 as cited in Nettleton 2006: 25).

Medicalization can occur on three different and particular levels according to Conrad and Schneider (1980). The first was explained as “ conceptually when a medical vocabulary is used to define a problem”. In some instances, doctors do not have to be involved and an example if this is AA.

The second was the institutional level, “ institutionally, when organizations adopt a medical approach to treating a problem in which they specialise”

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and the third was “ at the level of doctor – patient interaction when a problem is defined as a medical and medical treatment occurs” (as cited in Gabe et al 2004: 59). These examples all involve doctors and their treatments directly, not including alcoholism which has other figures to help people such as the AA.

The third level was the “ interactional level” and this was where the problem, social problem, becomes defined as medical and medicalization occurs as part of a doctor-patient interaction.

Medicalization shows the shifting ideas about health and illness. Health and illness does not only include such things as influenza or the cold, but deviant behaviours. Deviant behaviours which were once merely described as criminal, immoral or naughty before have now been labelled with medical meanings. Conrad and Schneider “ five-staged sequential process” of medicalizing deviant behaviour.

Stage one involves the behaviour itself as being deviant. ‘ Chronic drunkenness’ was regarded merely as “ highly undesirable”, before it was medically labelled as ‘ chronic drunkenness’. The second stage “ occurs when the medical conception of a deviant behaviour is announced in a professional medical journey” according to Conrad and Schneider.

A prominent thinker in the idea of medicalization was Ivan Illich, who studied it profusely and was very influential, in fact being one of the earliest philosophers to use the term “ medicalization”. Illich’s appraisal of professional medicine and particularly his use of the term medicalization lead him to become very influential within the discipline and is quoted to <https://assignbuster.com/medicalization-for-understanding-shifting-ideas-about-health-and-illness/>

have said that “ Modern medicine is a negation of health. It isn’t organized to serve human health, but only itself, as an institution. It makes more people sick than it heals.”

Illich attributed medicalization “ to the increasing professionalization and bureaucratization of medical institutions associated with industrialization” (Gabe et al 2004: 61). He supposed that due to the development of modern medicine, it created a reliance on medicine and doctors thus taking away peoples ability to look after themselves and “ engage in self care”.

In his book “ Limits to medicine: Medical nemesis” (1975) Illich disputed that the medical profession in point of fact harms people in a process known as ‘ iatrogenesis’. This can be elucidated as when there is an increase in illness and social problems as a direct result of medical intervention. Illich saw this occurring on three levels.

The first was the clinical iatrogenesis. These involved serious side-effects which were are often worse than the original condition. The negative effects of the clinical intervention outweighed the positive and it also conveyed the dangers of modern medicine. There were negative side effects of medicine and drugs, which included poisoning people. In addition, infections which could be caught in the hospital such as MRSA and errors caused my medical negligence.

The second level was the social iatrogenesis whereby the general public is made submissive and reliant on the medical profession to help them cope with their life in society. Furthermore all suffering is hospitalised and

medicine undermines health indirectly because of its impact on social
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organisation of society. In the process people cease to give birth, for example, be sick or die at home

And the third level is cultural iatrogenesis, which can also be referred to as the structural. This is where life processes such as aging and dying become “medicalized” which in the process creates a society which is not able to deal with natural life process thus becoming a culture of dependence. Moreover, people are dispossessed of their ability to cope with pain or bereavement for example as people rely on medicine and professionals. (Illick 1975)

Sociologists such as Ehrenreich and English had argued that women’s bodies were being medicalized. Menstruation and pregnancy had come to be seen as medical problems requiring interventions such as hysterectomies.

Nettleton furthered this notion and discussed this in relation to childbirth.

The Medicalization of childbirth is as a result of professional dominance. She stated that “ the control of pregnancy and childbirth has been taken over by a predominantly male medical profession”.

Medicine can thus be regarded as patriarchal and exercising an undue social control over women’s lives. From conception to the birth of the baby, the women are closely monitored thus medical monitoring and intervention in pregnancy & childbirth are now routine processes. Childbirth is classified as a ‘ medical problem’ therefore “ it becomes conceptualized in terms of clinical safety, and women are encouraged to have their babies in hospitals”. This consequently results in women being dependent on medical care.

Nevertheless recent studies and evidence have shown that it may actually be safer to have babies at home because “ there would have been less
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susceptible to infection and technological interference” (Oakley 1884, as cited in Nettleton 2006: 26)

“ Medicalization combines phenomenological and Marxist approaches of health and illness... in that it considers definitions of illness to be products of social interactions or negotiations which are inherently unequal” (Nettleton 2006: 26). Marxism discussed medicalization and linked it with oppression, arguing that medicine can disguise the underlying causes of disease which include poverty and social inequality. In the process they see health as an individual problem, rather than a society’s problem.

Medicalization is studied in terms of the role and power of professions, patients and corporations, and also for its implications for ordinary people whose self-identity and life-decisions may depend on the prevailing concepts of health and illness. Once a condition is classed as medical, a medical model of disability tends to be used rather than a social model. “ It constructs, or redefines, aspects of normal life as medical problems” (Nettleton 2006: 26).

Medicalization has been referred to as “ the processes by which social phenomena come to be perceived and treated as illnesses”. It is the process in by issues and experiences that have previously been accounted for in religious, moral, or social contexts then become defined as the subject of scientific medical knowledge.

The idea itself questions the belief that physical conditions themselves constitute an illness. It argues that the classification and identification of diseases is socially constructed and. It has been suggested that medicine is <https://assignbuster.com/medicalization-for-understanding-shifting-ideas-about-health-and-illness/>

seen as being instilled with subjective assumptions of the society in which it developed. Moreover, it argues that the classification and identification of diseases is socially constructed and, along with the rest of science, is far from achieving the ideals of objectivity and neutrality. The medical thesis “has much to recommend...including the creation of new understanding of the social processes involved in the development and response to medical diagnosis and treatment”

To understand the level of social power that the medical community exercises through medicalization, Conrad explains that physicians have medicalized social deviance. They accomplish this by claiming the medical basis of matters such as hyperactivity, madness, alcoholism and compulsive gambling [Conrad, p 107]. By medicalizing social matters, medical professionals have the power to legitimize negative social behavior, such as the case of suspected killers in judicial courts who claim temporary insanity and are, therefore, exonerated on medical basis [Conrad, p 111]. In extending this concept, the Endocrine Society may have medicalized social deviance in men who reduce their work motivation or become characteristically unpleasant because they are experiencing andropause. In effect, despondency in older men might become an indicator of male menopause rather than a possible indicator of social deviance.

Physicians also play a direct and significant role in the medicalization of social experiences. In analyzing the doctor-patient interaction of medicalization, Kaw argues that medical professionals have medicalized racial features by encouraging cosmetic surgery among Asian American women, for example, in order to avoid the stereotypical physical features of <https://assignbuster.com/medicalization-for-understanding-shifting-ideas-about-health-and-illness/>

“small” and “slanty” eyes that are often associated with passivity, dullness and lack of sociability [Kaw, p 75]. Kaw asserts that plastic surgeons use medical terms to “problematize the shape of their eyes so as to define it as a medical condition [Kaw, p 81].” Their use of technical terms and expressions should be questioned, especially since the power of such language influences Asian American women to pursue cosmetic surgery, when it is not necessary [Kaw, p 82]. Analogously, the Endocrine Society medicalized testosterone deficiency by defining it as Andropause; this helped perpetuate the notion, among older individuals, that if they lack sexual drive or sense depression and fatigue, they should seek medical attention because they are experiencing an acute medical condition rather than a stage in the physiological cycle.

The role played by the health care structures in medicalizing conditions is enhanced by that of the pharmaceutical industry. In order to achieve implementation of a drug in the market, the medicalization of a problem is critical [Conrad, p 111]. Once a medical definition for male menopause was established, the pharmaceutical company further medicalized the problem by launching strong advertisement campaigns aimed at older men and physicians alike, so as to popularize the drug among the general public and medical community [Groopman, 2002]. In a Time magazine advertisement, the industry appealed to the emotions of older men by linking “low sex drive” to the decline of testosterone levels rather than to a life process [Groopman 2002].” In this manner, the pharmaceutical industries’ profit based ideology facilitates the medicalization of testosterone deficiency by

popularizing conditions that may be exceedingly common among health product consumers.

Medicalization also changes patients' ideologies of biomedicine and leads them to believe that biomedicine must not only offer cure for illnesses, but also offer life enhancements. Similar to the way that impotence and hair loss was medicalized by promoting drugs like Viagra to enhance sexual performance, and solutions like Rogaine for hair re-growth, male menopause has been medicalized because it causes low "sex drive" among other general symptoms [Groopman, 2002]. As a consequence, older men will opt to not only seek but demand life enhancements achievable through medicine disregarding the fact that such treatments can be detrimental to health. In fact, Groopman states that known side effect of testosterone therapy include abnormal enlargement of the breasts, testicular shrinkage, congestive heart failure and enlargement of the prostate gland [Groopman, 2002].

Medicalizing a problem can be harmful and deadly, yet medical professionals perpetuate this dangerous behavior by medicalizing conditions that patients may seek to treat for their personal "wellbeing"

It is important to realize that medicalization is not merely the result of "medical imperialism" but rather the interactive process that involves society and the health community; [Conrad, p 115]. It includes patients and doctors alike. Nonetheless, awareness of the mechanisms by which the medical community affects society is important because medicine pertains to all health consumers. Male menopause only serves as one of the many examples of life experiences that have become medicalized by the healthcare community.

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Concluding this essay, the concept of medicalization started with the medical dominance which involved the increase of medicine's influence and labelling over things regarded as 'normal' life events and experiences. However in recent time, this view of a submissive lay populace, in thrall to expansionist medicine, has been challenged. As a consequence, as we enter a post-modern era, with increased concerns over risk and a decline in the trust of expert authority, many sociologists argue "that the modern day 'consumer' of healthcare plays an active role in bringing about or resisting medicalization". Furthermore "Such participation...can be problematic as healthcare consumers become increasingly aware of the risks and uncertainty surrounding many medical choices". Moreover "the emergence of the modern day consumer not only raises questions about the notion of medicalisation as a uni-dimensional concept, but also requires consideration of the specific social contexts in which medicalisation occurs" (Ballard and Elston 2005). In addition they suggest that as we enter a post-modern era, conceptualizing medicalisation as a uni-dimensional or as the result of medical dominance primarily is insufficient.