UNDERSTANDING MEDICALIZATION THROUGH ITS AGENCIES: A MULTI-LEVEL SOCIOLOGICAL ANALYSIS

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ABSTRACT

The transformation of ordinary human experiences into medical problems is one of the most profound sociological trends of the modern era. In recent decades, an increasing range of behaviours and emotional experiences have been redefined as medical problems. From shyness being labelled as social anxiety disorder to aging treated with anti-aging therapies, everyday experiences are being absorbed into the medical domain. This process, termed medicalization, signifies a shift in the social construction of normality, where medical knowledge and institutions define the boundaries of acceptable behaviour. The evolution of medicalization is a multidimensional process where dominance by medical professionals at first is replaced by the ascendency by market forces, consumers demand and government policies and managed care. The present research paper examines the 'Agencies of Medicalization' that play the key role in promoting the phenomenon of Medicalization right from medical professionals to market forces. The findings of this paper illustrate that the medicalization of human behaviour is not the outcome of a single actor's influence but rather a complex interaction between medical professionals, pharmaceutical industries, state policies, educational institutions, media narratives, and shifting cultural expectations.

Key words: Medicalization, Agencies of Medicalization, Social Construction of Reality.

INTRODUCTION

The boundary between normal and pathological has become increasingly blurred in contemporary society as far as the human behaviour is concerned. In recent decades, an increasing range of behaviours and emotional experiences have been redefined as medical problems. From shyness being labelled as social anxiety disorder to aging treated with anti-aging therapies, everyday experiences are being absorbed into the medical domain. According to Scott and Dikey (2003), it is very difficult to believe that in Great Britain, approximately 6% of the population suffer from major depressive disorder at some period of time in their lives and it is even more difficult to believe that more than 5% of Americans suffer from bipolar disorder: "Awareness among general practitioners and psychiatrics that the broad clinical spectrum of bipolar disorders probably affects 5% of the population – rather than the often quoted figure of 1% – is regrettably low" (Smith, Ghaemi and Craddock, 2008). Similarly, body size, reproductive behaviour, and aging are evaluated through biomedical frameworks. As a result of this, a term 'Medicalization' came in to existence. Medicalization of human behaviour is the process by which everyday actions, emotions, and differences are redefined as medical conditions requiring diagnosis and treatment. Thus, normal human behaviour becomes pathological and thus, subject of medical study.

From Sociological perspective, this shift leads towards emergence of trends of commercialization as well as social control by professionals, corporations etc. in modern societies. The transformation of ordinary human experiences into medical problems is one of the most profound sociological trends of the modern era. This process, termed medicalization, signifies a shift in the social construction of normality, where medical knowledge and institutions define the boundaries of acceptable behaviour. The evolution of

medicalization is a multidimensional process where dominance by medical professionals at first is replaced by the ascendency by market forces, consumers demand and government policies and managed care.

Medicalization may also be termed ***pathologization*** or (pejoratively) "disease mongering". Since medicalization is the social process through which a condition is seen as a medical disease in need of treatment, appropriate medicalization may be viewed as a benefit to human society. The identification of a condition as a disease can lead to the treatment of certain symptoms and conditions, which will improve overall quality of life.

In the mid-20th century, Sociologists initially defined "medicalization as the process by which non-medical problems, such as "deviant" behaviours and natural life events, come to be defined and treated as medical issues."

The term Medicalization is not "new" as far as Sociology is concerned. In 1976, Ivan Illich introduced a term "iatrogenesis" in Sociology. This term is the combination of two Greek words; one is "iatros" means physician and the other is "genesis" means origin. Ivan Illich blamed the industrial societies for deteriorating the quality of life by over-medicalizing the human life. He saw this phenomenon as a new epidemic as the use of modern medicine may cause illness or other complications through its processes and interventions. Ivan Illich recognized numerous kinds of iatrogenesis which occurs at different levels such as clinical (medicines induced damage), cultural (harm caused to indigenous and traditional methods of treating the illness), and social (illness initiated by health policies).

According to Ivan Illich-

- The primary focus of modern medicine is intervention rather than prevention of diseases and due to this harms caused by these medicines are much higher than the benefits it carries.

- In his views, medical institutions and professionals once considered as guardian of health and wellbeing had become a major threat to health.

- Illich advocated "demystification" of medicine where people are empowered to maintain their health and wellbeing and take the responsibility of their life.

Similarly, Foucault (1976), also at the same time observed that over medicalization is the key feature of the contemporary society. He asserted doctors are the decision maker in declaring something as normal as well as abnormal.

LEVELS OF MEDICALIZATION

According to Peter Conrad (2007), Medicalization can be understood mainly at three levels:

1. Conceptual Medicalization
2. Institutional Medicalization
3. Interactional Medicalization

CONCEPTUAL MEDICALIZATION

This level of medicalization occurs when medical language, terms and concepts are used to address an issue which does not come under medical domain. For instance, after pregnancy, it's natural that drooping of breast takes place. Previously, it was considered as normal biological conditions related to pregnancy but nowadays, a term "mammary ptosis" is used to explain such state which points towards a shift from normal to pathological condition.

Similarly, 'Alcoholics' term denotes a shift from normal to pathological condition where addiction is a disease and needs to be treated.

Institutional Medicalization

This level of medicalization comes in to existence in medical institutions or among medical professionals use their authority to manage a particular issue and thus, act as gatekeepers. For instance, Physicians are being authorized for managing the hospitals, while they are devoid of any formal training as well as education in formal business administration.

Interactional Medicalization

At this level, an interaction between a doctor and patient plays an important role in defining an issue. In past, premenstrual stress was considered as normal matter but these days this is considered as syndrome to be addressed medically. Similarly, Diagnostic and Statistical Manual of Mental Disorders (DSM) labelled homosexuality as a pathological issue and it remained as such until 1973, but in December 1973, the trustees of the American Psychiatric Association advocated the elimination of 'Homosexuality' as a mental disorder and substituted it with a term 'Sexual Orientation Disturbance' (American Psychiatric Association, 1973).

AGENCIES OF MEDICALIZATION

There are many 'Agencies of Medicalization' that play the key role in promoting the phenomenon of Medicalization right from medical professionals to market forces. These agencies are as follows:

Medical professionals and institutions: Primarily and most importantly, medical professionals and institutions in the form of hospitals, diagnostic centres and research institutions as well as professional bodies are the main source of medicalization by defining the illness and prescribing the novel diagnostic tools. They execute the professional power in labelling a behaviour as normal or pathological.

Sociologist Peter Conrad discussed that Medical professionals with their expertise turned the normal considered behaviour in to illness. This can be supported by taking some examples where a particular human behaviour once considered as normal was later on labelled as abnormal and needed treatment by the medical professionals.

Examples

Natural life processes: Pregnancy, menopause, and aging which were once natural biological processes are now considered as the stages of human life that needs medical interventions.

Hyperactivity in children: This was once considered as a behaviour problem among children but later on declared as Attention Deficit Hyperactivity Disorder (ADHD) and Ritalin medicine was prescribed for the treatment of this condition.

Alcoholism: Alcohol consumption in excess was once an ethical issue and was criticized on moral grounds but now it is considered as a disease which needs treatment.

From 1980 onwards, process of medicalization broadened its horizon beyond the medical profession. According to Peter Conrad, a shift from "medical dominance" towards a new landscape took place where Pharmaceutical and biotechnology industries, Mass media and advertising, Managed care and insurance, Consumers become the major stake holders in the phenomenon of medicalization.

Pharmaceutical and biotechnology industries: In modern era, these industries took the primary role as the agents of medicalization. These two industries created new drugs and technologies, often driven by market forces. This led to advertising and defining new medical conditions and then, promoting the treatments of such created medical conditions. With this process of creating new drugs and technologies, a new term "Pharmaceuticalization" came in to existence. In some cases, the medical conditions thus, created were not previously considered as medical problems. These drivers of Medicalization act in the following ways:

Disease Mongering and Market Expansion: In this way the Pharmaceutical and biotechnological companies expand the horizon of curable diseases by including the normal biological processes like aging, menopause etc. in the domain of pathological conditions that needs to be treated with medicines. For this purpose, the pharmaceutical and biotechnological companies use the media for campaigning against these diseases to generate awareness.

Marketing and Advertising: This strategy used by the pharmaceuticals and biotechnological companies results in prescribing the drugs to treat a health condition by the doctors which can otherwise be normalized with making some changes in the lifestyle. Availability of free samples, sponsored events and other monetary benefits to the healthcare professionals promote this strategy.

Focus on Biomedical Explanations: Here the focus is to find the genesis of disease in the biology of human beings rather than blaming social, psychological and environmental factors, thus promoting the biological treatment.

Lowering Diagnostic Thresholds: Market forces came up with new thresholds levels for some medical conditions like diabetes and cholesterol. This new threshold resulted in bracketing a large chunk population in "pre-sick" state which again requires medication.

Research Agenda Influence: Research agenda is also influenced by the market forces where interest of the pharmaceutical companies lie in developing the new and patent drugs to treat the largely prevalent medical conditions while ignoring non-pharmaceutical interventions. This strategy promotes "a pill for every ill" culture that has its own health complication due to over use of drugs.

Mass media and advertising: In modern era, mass media and advertising agencies are the main players in propagating the phenomenon of medicalization through their tools such as news reports, documentaries, advertisements etc.

Government, managed care and insurance coverage: Medicalization is promoted through government programs, policies and incentives that result in labelling more health conditions as medical problems and thus, expanding and encouraging healthcare access as well as medical interventions over non-medical solutions. Different types of strategies are used by the governments which are as follows:

Public Policy and Guidelines: Government policies play an important role in the expansion of scope of medical control over the daily life of human beings by time to time lowering the thresholds for the health conditions such as diabetes and hypertension. This way, "normal" health criterion changes in to "at-risk" status for million more people.

Funding and Incentives: Funding and incentives further promote the use of medicine and thus, encourage the medical solution for the health conditions. Incentives may be for the doctors for promoting certain medical procedures that encourage the medical interventions. Also, incentives are given to the industries to promote the production of medical and diagnostic equipment and medicines that further, lead to expansion of use of medical

technology and products by the industries for their vested interests. Further, incentives given to the consumers in the form of insurance schemes also propagate the medicalization. Though the health insurance is significant in the treatment of health conditions but sometimes there is an extensive use of medical services which can be otherwise avoided by focusing on preventive care and lifestyle changes.

Infrastructure Development and Disease-Specific Programs: Increasing the network of healthcare services and disease specific programs run by the government are the positive aspects to address the health issues on priority basis but on the other side, it also leads to making medical solutions more available and thus, increasing the medical intervention in day to day life.

Digital health initiatives: Digital health initiatives e.g. Ayushman Bharat Digital Mission while collecting the health records also increases the medical surveillance in to the everyday life of people.

Consumers and patients: These days, consumer of the medical services i.e. patients are actively involved in seeking solution for their medical problems through digital resources and thus end up in self-medication. This leads to increased medicalization in people's daily life.

Examples:

Baldness and other cosmetic concerns: Baldness and other bodily changes due to aging which were considered as normal biological processes, are now labelled as medical conditions that can be treated by medications.

Erectile dysfunction (ED): This body condition was once considered to be related normally to aging or psychological issue, but with the advent of Viagra, there is an extensive medicalization of a normal biological or psychological issue. Nowadays, this condition is treated as a medical problem and there is a huge market for this drug.

Mental health: Emotional setbacks and traumas are medicalized as clinical depressions which are treated with antidepressants drugs.

DISCUSSION

The findings of this paper illustrate that the medicalization of human behaviour is not the outcome of a single actor's influence but rather a complex interaction between medical professionals, pharmaceutical industries, state policies, educational institutions, media narratives, shifting cultural expectations etc. Medicalization is not a neutral reply to individual or societal needs but it is a socio-historical development shaped by the vested interests. There is a strong perception that this process works as a tool of social control for labelling a non-conforming behaviour as pathological. This move is beneficial for a number of stakeholders. For instance, there is an expansion of jurisdiction and authority of medical professionals, pharmaceutical companies gain a lot due to increase in demand for biomedical solutions etc. Thus, medicalization is not only enforced but also demand-driven.

Furthermore, medicalization is not an instrument of pathologizing normal behaviour but it also restructures the way society understands suffering, pain and moral standard of behaviours. Thus, behaviours once considered as socially, morally, or personally challenged are now framed as biomedical issues. Therefore, making an individual actor responsible is not possible, it is a network of number of factors explained above.

CONCLUSION

This paper concludes that a single actor i.e. medical profession cannot be blamed for the phenomenon of medicalization, there is an interplay of a number of factors, vested interests as well as actors. Thus, it is a multi-dimensional phenomenon dominated by medical authority that penetrates into the everyday life of people and responsible for the changes in the realm of cultural and social expectations and power structure. The other agencies like pharmaceutical industries, government agencies, social media institutions, and society itself, further help in consolidating, sustaining and regulating this drift.

There is no doubt that medicalization sometimes is beneficial in reducing stigma, pain and helps in improving access to healthcare but its major disadvantage is overdependence on biomedical explanations and solutions that results in harmful consequences. To address these consequences of medicalization, an interdisciplinary dialogue, policy reform, and critical public engagement is necessary that can challenge the assumption that every deviation from the norm requires medical intervention.

Hence, fighting against the over-medicalization of human behaviour is the need of the hour and this issue cannot be addressed without the participation and strengthening of social structure.

REFERENCES

1. American Psychiatric Association. (1973). *Homosexuality and sexuality orientation disturbance: Proposed change in DSM-II, 6th printing, page 44.* APA Document Reference No. 730008. Available at https://pages.uoregon.edu/eherman/teaching/texts/DSM-II_Homosexuality_Revision.pdf

2. Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders.* Baltimore, MD: Johns Hopkins University Press

3. Foucault, M. (1976). Crisis de un modelo en la medicina? *Revista centroamericana de Ciencias de la Salud,3,*202-19.

4. Illich I. (1976). *Limits to medicine – medical nemesis: The expropriation of health.* London: Marion Boyars Publisher Ltd.

5. Scott, J., Dickey, B.(2003). Global burden of depression: The intersection of culture and medicine. *The British journal of psychiatry: the journal of mental science, 183,* (2):92-4. doi:10.1192/bjp.183.2.92

6. Smith, D.J., Ghaemi, S.N., Craddock, N. (2008). The broad clinical spectrum of bipolar disorder: Implications for research and practice. *Journal of Psychopharmacol,22,* 397-400. doi: 10.1177/0269881108089585.