Reimagining (Bio)Medicalization, Pharmaceuticals and Genetics:

Old Critiques and New Engagements

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Preface

Nearly 40 years ago when I was in the midst of writing my Ph.D. dissertation, “Identifying Hyperactive Children,” as a deviance-labeling study, a colleague of mine suggested I read an article by Irving Kenneth Zola on “Medicine as an Institution of Social Control.” This article introduced me to the term “medicalization,” creating a huge intellectual a-ha; yes, that’s what I’m studying, the medicalization of deviant behavior. This article, published in a modest British sociological journal, changed the analytic focus of my dissertation, reshaped the trajectory of my career, and in significant ways helped to broaden the horizons of medical sociology. This volume, so many decades later reflects on how issues around medicalization have developed over the years, and perhaps more importantly, examines ways in which it is changing in the present and likely in the future.

As explicated in this volume there are numerous ways medicalization and related concepts are formulated. As a point of departure, in its most basic commonsense form it means “to make medical.” A more formal definition sees medicalization as the process by which previously nonmedical problems become defined and treated as medical problems, usually as diseases or disorders. The emphasis in this perspective is on “process” and “definition.” Without going into great detail here, I want to present what I see as five major characteristics of medicalization. (1) The definitional issue is key to medicalization; i.e. how a problem is defined is key to what is done about it. (2) There are degrees of medicalization; some problems are fully medicalized, some partly medicalized and others barely medicalized. There can be contestation and disagreement about a problem’s medicalized status. (3) Medicalized categories are elastic and can expand or contract. (4) Physician or other medical personnel involvement in medicalization is variable; sometimes medical professionals are essential to medicalization, sometimes they are marginal or even nonexistent. (5) Medicalization is bi-directional; i.e. there can be demedicalization as well as medicalization. In my view, medicalization research does
not adjudicate whether or not an entity is “really” a medical problem, but rather how it became to be depicted (and accepted) as a medical problem and with what consequences. While some authors in this volume may contest some of these characteristics, all would probably agree that over the past four decades there has been much more medicalization than demedicalization and this also makes this volume significant and timely.

Some critics often conflate medicalization with overmedicalization and use the term almost as an epithet. They work from the assumption that medicalization is a “bad” thing. But it is easy to come up with examples where medicalization has had positive effects, e.g. epilepsy as a disease not a curse and most recently treatments for chronic pain. The authors in this volume avoid this trap, by examining the processes and consequences of medicalization (and its related concepts). Analysts like the ones contributing to this volume consider issues like genetics or race as social scientists would examine any social phenomena. What makes the big difference here are the various conceptual tools they use to render their scholarly examination.

Medicalization as a concept has moved from being a fundamentally sociological idea to one used by a wide range of academic disciplines. I have read studies of medicalization by historians, anthropologists, physicians, bioethicists, economists, literary scholars, media studies researchers, feminist scholars, and numerous others. The concept carries analytical weight in a wide range of academic disciplines and has even been found in the news and public media. When I first studied medicalization issues I would need to explain what I meant by the term; by now I find widespread understanding about what the term means and why it is significant to study it. This might result from more writing about medicalization or perhaps from a wider public experience with more medicalized problems in society.

Since around 1990 we have seen a number of changes related to medicalization. We have witnessed an enormous growth in the pharmaceutical industry, especially behavior and mental health related drugs,
including blockbuster drugs like Viagra and Prozac. Following the Human Genome project, increased attention has been paid to the impact of genetics on behavior, conditions and even new areas like genetic approaches to ancestry. While the medical profession maintains some of its historic authority, there are new challenges to medical authority from health insurance companies, patients becoming more like consumers, and medical industries. While most of medicalization has been manifested in the U.S. and in Europe, we are beginning to see an increased globalization of medicalized approaches through the multinational drug industry, the export of Western medicine’s categories and approaches, and the rise of the Internet. In short, one could see important changes in medicalization by the turn of the century.

It is thus not surprising that medicalization studies have begot new conceptual frames such as biomedicalization, pharmaceuticalization and geneticization. These concepts are all related to medicalization in fundamental ways, but take the study of medically related expansion in new and different directions. As a longtime purveyor of medicalization studies, I may have some differences with how these perspectives relate to what we have long called medicalization. But it is quite apparent individually and together these newer approaches expand the purview of analysis, deeper into areas of research that include medical technology, scientific research, human genetics, the pharmaceutical industry, and into new and important areas like race and ancestry. This volume builds upon medicalization studies, extending the scope, criticizing the limits, extolling newer and independent analytical perspectives. The editors, authors and commentat ors endeavor to take the next step in medicalization related research.

The editors are to be congratulated for assembling such a multi-disciplinary and distinguished group of contributors and encouraging them to look forward into an increasingly globalized world, whatever conceptual framework they adopt. As the title indicates, the goal is reimagining old and new conceptual frameworks. Indeed, one of the most refreshing aspects of this volume is its commitment to
looking forward while remaining grounded in the past. This is a most compelling volume and well worthy of our close attention.

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