Ann Natl Acad Med Sci (India), **48(1&2):** 19-29, 2012

Medicalization of Nervous and Emotional Problems

Rakesh K Chadda and Swati Kedia Gupta***
Professor*, PhD Scholar**
Department of Psychiatry,
All India Institute of Medical Sciences, New Delhi-110029

ABSTRACT

Medicalization is the process of defining non-medical problems in medical terms, usually with the implication that a medical intervention is needed. It has been criticized for re-labeling "normal" human experiences as pathological or medical conditions. Some of the driving engines of medicalization include growth of pharmaceutical industry, advertising, managed care, and biotechnology. In the last few decades, serious concerns have also been raised about medicalization of mental health issues. Diagnosis such as attention-deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD) and sexual disorders are discussed in context of medicalization. Also, role of various stakeholders in dealing with medicalization are discussed.

Keywords: Medicalization, mental health, attention deficit hyperactivity disorder (ADHD), medical marketing, post-traumatic stress disorder (PTSD).

Introduction

A google search for the term "medicalization" yielded more than 4,50,000 hits. Medicalization is the process by which some aspects of human life, which were not pathological before, begin to be considered as medical problems (1). It has also been defined as "applying a diagnostic label to various unpleasant or undesirable feelings or behaviors that are not distinctly abnormal but fall within a gray area, not readily distinguishable from the range of experiences that are often inescapable

Correspondence : Dr. Rakesh K. Chadda, Professor of Psychiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029. Email: drrakeshchadda@gmail.com.

aspects of the fate of being human" (2).

From a sociological perspective, medicalization comes close to the "iatrogenic concept" (3), a Greek word that means, "Originating from physician or treatment". One of the examples of social iatrogenesis is lowering of tolerance levels for psychological discomfort or sadness that has brought a steady increase in diagnosis of depression (4).

In 2007, Conrad proposed three aspects of medicalization, "Conceptual medicalization" refers to use of medical lexicon to define non-medical entities, for example, natural drooping of breasts after pregnancy diagnosed as mammary ptosis. "Institutional medicalization" refers to physician taking on management roles without having any such experience. And finally, "Interactional medicalization"that occurs when the physician redefines a social problem as a medical one, for example, homosexuality as an illness (5).

Medicalization saw a steady rise after the 1970s. Routine human conditions like unhappiness, bone thinning, stomach aches and boredom were being re-defined as disease. Depression in its milder forms, osteoporosis, irritable bowel syndrome and attention deficit disorder started getting disease labels. Conrad, in 2005, suggested that increase in managerial powers of physicians, role of social activist groups in promoting medical definition of social problems and rise of pharmaceutical industries were important contributors in this rise disease labels (6).

Bio-medicalization was also seen as an important transformation in the field. Clarke and her colleagues defined bio-medicalization as, "the increasingly complex, multi-sited, multidirectional processes of medicalization that today are being reconstituted through the emergent social forms and practices of a highly and increasingly techno-scientific biomedicine" (7). They further postulated that bio-medicalization brought about dramatic changes in organization as well as practice of contemporary medicine.

The three engines of medicalization are often considered to be consumers, technology, and managed care. For lay public or consumers, health has become a commodity and they are increasingly using medical technology in order to understand their health. Second, technology drives medicalization

through development of newer diagnostic tools, which can "discover" illnesses in individuals. Finally, managed care with its provision for reimbursement for some illnesses and treatment, also influenced the movement. For example, considering depression as a medical diagnosis legitimatized use of pills rather than psychotherapy as the former was being covered in managed care (8).

One of the strongest critique of modern medicine or medicalization comes from Illich, who argued that pain, suffering and death are inevitable part of human race and all cultures have always aimed at helping individuals cope with these. He further postulated that modern medicine has destroyed these cultural and individual capacities by attempting to defeat these three (9). AmratyaSen also observed that more a society spends on healthcare, the more sick their members become (10).

Medical Marketing and Medicalization

With advent in managed care, corporatized medicine and rise of biotechnology, medical markets are becoming increasingly important in the healthcare systems. Medical markets develop when medical products, services or treatments are promoted to consumers to improve their health, appearance or general well-being. However, medical markets often differ from traditional, competitive marketplace as they involve asymmetry of information, uncertainity in diagnosis, lack of bargaining power and free choice about buying (11,12).

The Federal Drug Administration (FDA) Modernization Act (1997) loosened the restriction placed on the kind of information pharmaceutical industries could share with prescription, especially regarding "off-label" use of drugs, which further facilitated the process of medicalization (13). The use of advertising has become commonplace and has contributed significantly to increased commodification of services and goods (14). Viagra (sildenafil) to treat male erectile dysfunction and Paxil (paroxetine) to treat social anxiety disorders have made significant contributions in the medicalization of the two diagnosis. GlaxoSmithKline, while marketing paroxetine in the late 1990s, distributed pamphlets suggesting that one in eight Americans had social anxiety disorder, marketing shyness as a disorder that needed attention.

Another aspect of marketing that has promoted medicalization have been the establishment of private markets, which emerge when an available medical intervention finds consumers willing to pay from their pockets. Some of these interventions can be seen as medical enhancement rather than treatment for diseases, but have shaped how these conditions are looked upon. For example, surgery for breast enhancement, use of human growth hormones for idiopathic shortness and in-vitro fertilization for infertility.

Medicalization: Boon or Bane

As with everything, medicalization has a good as well as a dark side. According to Conrad and Schneider, the benefits of medicalization included, "…the creation of humanitarian and non-punitive sanctions; the extension of the sick role to some deviants; a reduction of individual responsibility, blame, and possibly stigma for deviance; an optimistic therapeutic ideology; care and treatment rendered by a prestigious medical profession; and the availability of a more flexible and often more efficient means of social control [than criminalization]"(15).

However, the concept also suffers from various disadvantages like construing non-medical problems as medical problems and viewing normal human variations as pathological. Further, the process of medicalization undermines human beings as subjects, for example, treating criminal behaviour as a part of psychiatric disorder indicates seeing ourselves as subjects under mercy of forces beyond our own self. Also, since the focus shifts to reducing suffering of the individuals, less attention is given to change social conditions that produced those behaviors in the first place (16).

Medicalization in Psychiatry

In nineteenth century, several developments acted as engines that drove medicalization of psychiatry, for example, introduction of medical terminology, process of delineating boundaries between health and pathology, shift of care from family to physician and from community to institution and the changing medically sanctioned nosological status (17).

Over the years, the Diagnostic and Statistical Manual for Mental Disorders (DSM) saw a rapidly increasing number of diagnostic categories (from 106 in DSM-I in 1952 to 357 in DSM-IV in

1994). The increase occurred in the context of making psychiatric diagnosis more reliable. DSM-III encouraged labelling of psychological conditions and conditions such as social phobia and post-traumatic stress disorder (PTSD) were included as disorders. DSM-IV further expanded the list to include impotence, premature ejaculation, jet lag, caffeine intoxication, personality problems, and adult attention deficit as mental illnesses. Moreover, from DSM-I to DSM-IV, there was a significant change in perspective; with the later editions including only broad, observable behaviours to make a diagnosis, while excluding any mention of social etiology and a shift away from Freud's psychoanalytic theory. Similar patterns were observed in the International Statistical Classification of Diseases and Health Related Problems (ICD) classifications. This, combined with introduction of newer medications to treat disorders, led everyday emotional suffering and behaviors to be labelled as mental disorders (18).

An important development in this period was beginning of the movement known as "post-psychiatry", which criticized the monolithic, biological explanations of mental illness. The movement, following the legacy of Friedrich Nietzche, proposed that mental illnesses could be approached from a number of different perspectives and that one analytic frame would not be able to explain the complexity of mental illnesses (19, 20).

Gradually, as the trend towards medicalization increases, more and more people are diagnosed as having a psychiatric illness and needing psychotropic medication. This advent is most alarming in children. A series in the New York Times documented increase in prescription of multiple drugs to children as young as three years for behaviors such as temper tantrums, excitability and disruptiveness (21).

Attention Deficit Hyperactivity Disorder (ADHD) and Medicalization

The dispute over treatment, causes and existence of ADHD has continued for decades. A report by National Institute of Mental Health claimed that ADHD is one of the commonest mental disorders in children and adolescents (22). Earlier believed to be remitted by adolescence, it is now believed to affect even adults.

This increase in the diagnosis of ADHD has paralleled the increase in the prescription of stimulant drugs (23). Many authors claim that behaviors

diagnosed as ADHD are often similar to those displayed by children when they are bored or frustrated. Therefore, the observable deviant behaviour is often a reflection of disciplinary styles in schools and families. For example, epidemiological studies have shown less prevalence of ADHD in Europe where more "traditional authoritarian" style is followed in school as compared to USA where the trend is to follow "medical authoritarianism" (24). Thus, increasing use of ADHD diagnosis and pharmacological ways of treating the same tend to reflect a displacement strategy for the difficult task of improving family and social life.

PTSD and Medicalization

The 1800s saw the beginning of trauma-related nervous disorders, when the soldiers displayed signs of mental shutdown after trauma experience and were diagnosed as having "exhaustion". The condition was first medicalized in 1876 and termed the "soldier's heart" (25). There was little consensus about the etiology and treatment of the condition amongst the clinicians, who found it increasingly difficult to distinguish between legitimate and illegitimate cases. Initially believed to be caused due to psychological weakness in soldiers, it was later realized that disorder still existed even if adequate screening was done during selection of soldiers before wars. Both the world-wars saw huge casualties and the disorder was given various names such as "shell shock", "combat fatigue" etc. By the end of world-war II and Vietnamese war, it was realized that the condition is a real one and severe trauma is the main cause behind it. Thus, in DSM-III, the diagnosis of PTSD was created (26).

Quite a few remain sceptical about the medicalization of trauma and argue that PTSD is a label and a social construct applied to distress for socio-political reasons. It has also been argued that the diagnosis emerged just as an attempt to overcome social crisis of Vietnam and has been influenced by financial incentives (27).

Many others note that in western times, the conflation of distress with trauma has taken a naturalistic feel and trauma has become part of every day's description of life's problems. In an editorial, Andreason noted that unlike other diagnosis, PTSD was one that people liked to have (28). Originally, conceived to be applicable to those who experienced extreme

trauma, medicalization has resulted in it being associated with vast number of experiences ranging from accidents, mugging, verbal sexual harassment, etc. Thus, the diagnosis is criticized for being used in context of other traumas throughout the world (29).

Sexuality and Medicalization

Sexual life and conduct have been under medical scrutiny for the past two centuries when many aspects that were previously seen as "bad" came to be re-framed as "sick"(15). Various treatment strategies like pharmacological, surgical and psychotherapeutic interventions have been developed to deal with sexual issues. Numerous aetiologies have been proposed to understand gender roles, partner preference, paraphilic deviations and sexual drive.

As with other categories, sexual issues have undergone radical changes from DSM I to current nomenclature. DSM I and II saw that sexual deviations like homosexuality, pedophilia, sexual sadism, etc were classified under personality disorders. The nomenclature changed in DSM III with the deviations being classified in category of "psychosexual dysfunctions". The expansion continued in DSM IV with a category comprising of 27 disorders and titled, "sexual and gender identity disorders". Until DSM II, only deviant sexual behaviors were included within psychopathology; however, from DSM III onwards, even disorders of "normal sexuality" emerged. For example, deficiency of sexuality or "low desire" was also considered pathological.

However, sexual medicalization has sparked substantial critiques and the main debatable issues have been pharmaceutical disease mongering following the success of Viagra, rise of surgeries such as "vaginal rejuvenation" or sex-change therapies, proliferation of pharmaceutical contraceptives and hormonal treatments and various reproductive options (30–32).

Managing Medicalization

Medicalization needs to be managed at different levels. The Health Policy Makers can be prompted to renovate the way diseases are defined, which is free of commercial conflict of interest. At the level of consumers, activist groups can prompt for judicious use of medicines. The government can issue a policy statement regarding medicalization and over-medicalization. The government should also undertake

progammes through which citizens can be made aware of the dangers and side-effects of medication. There is a need to challenge the over-diagnosis and over-consumption of medicines and for people to change their lifestyles. Moreover, the medical fraternity should not overlook the personal coping skills of the individuals (33–35).

The mindful thinking of psychiatric physicians should focus on the biological aspects of mental illness. Diagnosis should be made as per the standard diagnostic criteria. Research efforts should be directed further at improving the reliability and validity of diagnosis and classification.

Mental health professionals need to review the definition of the different psychiatric disorders as a disease and decide whether they have sufficient robustness and explanatory power to apply to the diverse uses to which it is now being put. Society confers on doctors the power to award disease status and the social advantages attached to the sick role. Current practice, which labels people as being mentally ill when they are not, calls this public duty of doctors into question.

Conclusion

The concept of medicalization has been present since decades; however, it has seen a steady increase since the 1970s. Mental health issues and medicalization have been one of the most debatable issues as often the boundaries between normal and abnormal are blurred. Some of the diagnosis, which have received particular attention are ADHD that includes both children and adults, PTSD, sexual disorders and social anxiety disorders. Therefore, it is imperative that steps are taken at all levels to counter the effects of medicalization especially in the field of mental health.

References

1. Maturo A (2012). Medicalization: current concept and future directions in a bionic society. *Mens Sana Monogr* **10(1):**122–133.
2. Chodoff P (2002). The medicalization of the human condition. *Psychiatr Serv* **53(5)**:627–628.
3. Illich I (1973). Limits to Medicine – Medical Nemesis: The Expropriation of Health. London: Marion Boyars Publisher Ltd.
4. Horwitz AV and Wakefield JC (2009). The Medicalization

of sadness: how psychiatry transformed a natural emotion into a mental disorder. *SALUTE E Soc* **18:**49–66.

5. Conrad P (2007). The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders. Baltimore, MD: John Hopkins University Press.
6. Conrad P (2005). The Shifting egines of medicalization. *J Health Soc Behav* **46(1):**3–14.
7. Clarke AE, Shim JK, Mamo L, Fosket JR and Fishman JR (2003). Biomedicalization: technoscientific transformations of health, illness, and U.S. Biomedicine. *Am Sociol Rev.* **68(2):**161–94.
8. Turner B (2004). The New Medical Sociology. London: Norton & Company.
9. Illich I (1976). Limits to Medicine. London: Marion Boyars Publisher Ltd.
10. Sen A (2002). Health: perception versus observation. *Br Med J* **324(7342):**860–861.
11. Light D (2000). The sociological character of health care markets. In: Handbook of Social Studies in Health and Medicine. Albrecht G, Fitzpatrick R, Susan CS (eds). San Fansisco: Sage Publication.
12. Lown B (2000). Market health care: the commodification of health care. *Philos Soc Action* **26:**57–71.
13. Conrad P and Leiter V (2004). Medicalization, markets and consumers. *J Health Soc Behav* **45 Suppl:**158–176.
14. Dyer AR (1997). Ethics, advertising, and assisted reproduction: the goals and methods of advertising. *Women's Health Issues* **7:**143–148.
15. Conrad P and Schneider P (1992). Deviance and Medicalization: From Badness to Sickness (Expanded Edition). Philedelphia: Temple University Press, 248.
16. Payton A and Thoits P (2011). Medicalization, direct-to-consumer Advertising, and mental illness stigma. *Soc Ment Health* **1(1):**55–70.
17. Engstrom E (2003). Clinical Psychiatry in Imperial Germany-A History of Psychiatric Practice. Ithaca, NY: Cornell University Press.

18. Aho K (2008). Medicalizing mental health: a phenomenological alternative. *J Med Humanit* **29(4):**243–259.

19. Lewis B (2006). Moving Beyond Prozac, DSM, and the New Psychiatry: The Birth of Postpsychiatry. Ann Arbor, MI: University of Michigan Press.

20. Bracken P and Thomas P (2005). Postpsychiatry: Mental Health in the Postmodern World. New York: Oxford University Press.

21. Harris G (2006). Proof is Scant on Psychiatric Drug Mix for Young. The New York Times.

22. NIMH (2008). NIMH Strategic Plan for Research 2008. National Institute of Mental Health. Rockville Pike, Betheseda, Maryland : National Institutes of Health.

23. Zito JM, Safer DJ, dosReis S, Gardner J, Boles M and Lynch F (2000). Trends in the prescribing of psychotropic medications to preschoolers. *JAMA* **283(8):**1025–1030.

24. Claudia M (2004). Medicalization, ambivalence and social control: mothers' description of educators and ADD/ADHD. *Health Interdiscip J Soc Study Health Illn Med* **8:**61–80.

25. Lasiuk G and Hegadoren K (2006). Posttraumatic Stress Disorder. Part I: Historical development of the concept. *Perspect Psychiatr Care* **42(1):**13–20.

26. Eagan Chamberlin S (2012). Emasculated by trauma: a social history of post-traumatic stress disorder, stigma, and masculinity. *J Am Cult* **35(4):**358–365.

27. Young A (1995). The Harmony of Illusions: Inventing Post-traumatic Stress Disorder. Princetown, New Jersey: Princeton University Press.

28. Andreasen N (1995). Posttraumatic Stress Disorder: psychology, biology, and the manichaean warfare between false dichotomies. *Am J Psychiatry* **152(7):**963–965.

29. Pupavac V (2004). War on the couch: the emotionology of the new international security paradigm. *Eur J Soc Theory* **7(2):**149–170.

30. Jordan-Young R (2010). Brain Storm: The Flaws in the Science of Sex Differences. Cambridge, MA:

Harvard University Press.

31. Moynihan R (2011). Medicalization. A new deal on disease definition. *Br Med J* **342:**d2548.
32. Tiefer L (2010). Activism on the medicalization of sex and female genital cosmetic surgery by the new view campaign in the United States. *Reprod Health Matters* **18(35):**56–63.
33. Sanghavi D (2011). The perils of excessive medical care. *Lancet* **377(9777):**1561–1562.
34. Mintzes B (1998). Blurring the Boundaries. Amsterdam: Health Action International.
35. Devisch I and Dierckx K (2009). On idiocy or the plea for an Aristotelian Health Policy. *Public Health* **123:**4–6.