The Medicalization of Everyday Life: A Sociological Critique

Izzeldeen Abdullah Alnaimi[1], Ibrahim Abdul Jaleel Yamani[2], Ahed J Alkhatib[3]

Abstract

Social sciences shed new light on the medicalization of everyday life through medical technology. Medicalization should not be treated as an old framework. It can be conceived as an analytical lens that shows how non-medical behavior and condition are increasingly construed and dealt in medical terms and with medical technologies. As a result of this reframing, everyday events and characteristics become "problems" to be solved medically. Explanation and analysis of medicalization involves a discussion of what is being medicalized, by what means, and with what social impacts. It acknowledges that not all medical transformations occur uniformly, and it cautions against the danger of simplifying complex processes to a single model. Grounding this research in the textures of everyday life is essential. Medical technologies are now embedded in the everyday life spaces—classrooms, offices and public sites. To the extent that theories of medicalization fail to grasp the fluidity of subject-object and the changing nature of power, knowledge and institutional authority, they risk obsolescence. The term of medicalization often misses the cultural, linguistic, and structural forces that underpin this growth while capturing the increasing dominance of medical frameworks. Medicalization controls how futures are envisioned, how risks are assessed and how legitimacy is given.

Keywords: *Medicalization, Everyday Life, Medical Technology, Social Sciences, Health Discourse.*

Introduction

Medicalization has featured as a central theme within the medical sociology literature since the 1970s, but has become contested in more recent years (1). This contestation has manifested as a key sociological debate concerning the extent to which medicalization should be understood as either a consequence of medical imperialism or as a complex social process involving other social actors (2). Drawing on the work of 1, the paper argues that limiting our understanding of medicalization to a mere outcome of medical imperialism reduces the utility of the concept of medicalization in the sociological study of health and illness (3). An analysis of these contemporary drivers guided by both Weberian and Foucauldian inspired theories illuminates the complex social process by which medicalization occurs in contemporary society (4). This undergraduate paper endeavours to critically address the debate concerning whether medicalization should be considered an outcome of medical imperialism or conceptualized as a complex social process (5). By drawing on the work of 2, an overview of both conceptualizations will be provided (5). The arguments raised throughout the paper will illustrate that theorizing medicalization as a mere outcome of medical imperialism reduces the utility of the concept of medicalization in the sociological study of health and illness (4). This will be achieved by

[1] College of social Sciences, Psychology Department, Imam Mohammad Ibn Saud Islamic University (IMSIU), Email: eaalnuaimi@imamu.edu.sa, (Corresponding Author), ORCID ID: 0000-0003-4145-196X.
[2] Imam Mohammad Ibn Saud Islamic University(IMSIU), Riyadh, Saudi Arabia, Email: iaymani@imamu.edu.sa, ORCID id: 0009-0008-7319-1094..
[3] Department of Legal Medicine, Toxicology and Forensic Medicine, Jordan University of Science & Technology (retired), Jordan, Email: ajalkhatib@just.edu.jo, ORCID id: 0000-0003-3359-8128

drawing on Weberian and Foucauldian theories to illuminate the complex social process by which medicalization occurs in contemporary society (6).

Historical Context of Medicalization

Medicalization can be defined as the process by which some aspects of human life come to be considered as medical problems (7). Traditionally, sociological analyses of medicalization have considered both the historical transformation of how something gets medicalized and the consequences of the process (7). Over time, different platforms for the medicalization of life have emerged and developed, including the establishment of specialized medical nosographies, the emergence of a regulatory biomedical industry, the formulation of new professional and scientific norms and claims, and the development of bio-political practices and epistemologies (2). These processes are investigated at the international level across Western societies, underlining not only the political dimensions of the emergence of new medical categories but also the commercial mechanisms through which life and suffering become a commodity (7). Forty years ago Ivan Illich made an accurate analysis of the iatrogenesis of many illnesses (8). According to Illich, social iatrogenesis is the proliferation of diseases caused by the extension of medical categories on everyday life (9). In other words, almost everything can be medicalized; the term medicalization can refer to, for instance, some phases of normal life like birth, childhood or old age, as well as intimate processes like sexuality, intimacy and procreation; and, at a more general level, it can also refer to the enactment of new forms of governmentality and social control through bio-political and medical discourses and practices (10). The manipulation and transformation of human nature by biomedical technology is increasing (10). According to the Foucauldian scholar Nikolas Rose, molecular manipulation is, in many regards, the main trait of our society. In one of his latest reflections he claims: "The shift to genetics, to molecular biology, to the techniques of genetics, to 'fixing' in detail the biology of human bodies, the biology of human beings, is perhaps the singular event that defines our contemporary time" (11). Foucault considered the process of indefinite medicalization to be one of the main features of society. He focused on the medicalization of criminality, sexuality and madness as exemplary processes of bio-politics (12).

Theoretical Frameworks

I argue that the global health agenda has become too medicalized: that there is a growing tendency to define what are or should be priority global health problems in a way that implies or promotes a biomedical model of these problems (3). The global health agenda sets priorities and resource allocation, shapes public perceptions and policy decisions, and defines the next generation of hopes and expectations for collective action to save and improve lives (4). Critically reflecting on the global health agenda is necessary because of this centrality (13). Such critical reflection has to date been limited, partly as understandings of health problems have been framed in ways that do not reflect the global health realities (14). The lack of perspective of global health has both practical implications and theoretical implications (15). The paper is intended as a theoretically informed and empirically grounded exploration of those areas where these cases might be medicalized: how they are framed as problems in global health and what solutions are presented, to what extent priority issues within these cases became defined as diseases, whether and how strategies for treatment and other health care solutions are offered, and what the role of medical providers or of a biomedical model is conceived to be or promoted (16). The response to this framing question provides a balance to the argument presented in the analysis (16). A medicalization lens can also provide a valuable way of uncovering some of the

limitations and implications of the global health agenda (17). Global health issues and/or responses can be examined as potentially medicalized both in terms of what they define, what is prioritised, and how they are defined as global health problems or as the focus of attention at this level (18). Each of the framing areas can continue to be applied as a means of answering this question (18). The response to this question addresses the role of advocacy groups, civil society, and/or industry in reinforcing, benefitting from, or challenging a medicalization of global health such as that presented in considering the framing questions and global health issues (13). In consideration of the framing question, attention is given to sorts of advocacy with regards to/taking the forms of initiatives, organizations, or specific campaigns (19).

Medicalization and Social Control

The following social controls occur within the medicalization of conditions (20). The international control operates through the imposition of the psychiatric or pharmacological model on population groups at the national level through coordinated epidemiological assessments (21). The epidemiological indicators of mental health employed in the assessments shape the kinds of questions and methodologies asked to assess mental health (22). The psychiatric or pharmacological model is then ingrained within national policy by stipulating which categories of disorder a nation can seek to identify and ameliorate (23). This national policy, in turn, describes how the medicalization of the condition occurs at both the individual and international levels (23).

Case Studies in Medicalization

The process of medicalization is occurring vigorously in all branches of the life sciences and medicine, from the consolidation of knowledge of the human genome to new forms of surveillance biometrics (15). Yet the term "medicalization" itself seems to invite doubts and perhaps confusion (18). The contingent nature of such definitions has important implications for the validity of critiques of medicalization (24). Sensible and thoughtful critiques of such trends could not be silenced by the writing of the following critiques, since there are so many forms of medicalization occurring, so many factions of the enterprise of medicine, it would be virtually impossible to defensibly define an all-encompassing term "medicalization" (25). As a result, implicit definitions underlie some of the following critiques, and none of the critiques can ever be fully justified. This section has merely been a starting point for the following critiques (25).

While some definitions had been examined, it was clear that the choice of specific instances to critique the medicalization of catastrophe would depend on a more pragmatic basis than initial definitions (26). In fact, in drawing up the case studies, none of the conceptions of medicalization began with a deliberate intent to echo or counter any sociologist's prior definition of medicalization (22). Instead, it was a more bookish approach focused on what current practices in medicine piqued the interest (27). In a complex society, the de facto definition of "medicalization" is the object of appropriate study, and there are always other definitions (26). It is to start with what seems plausible practices and then, through arguments and analyses, refine the definition of medicalization or broaden it so that it is more robust in the face of the critiques (24).

Pharmaceutical Industry Influence

The connection of the pharmaceutical industry to the Federal Food and Drug Administration (FDA) in the United States and equivalent organizations elsewhere is of considerable public concern (28). Somewhat less attention has been paid to the health of the regulatory apparatus

itself (29). The capacity of such agencies to regulate the industries they are supposed to police is a perennial issue (30). However, in many countries, particularly the United States, there are conspiracy theories claiming that a pharmaceutical-industrial-complex 'pulls the strings' of governments, so that what ought to be legitimate discussions about and policies for health and health care are distorted by selfish and unethical interests (31). Alternative explanations emphasize instead the difficulties of capturing the responsive capacities of regulatory regimes in a changing world (31). This section takes the latter view and reconsiders the problem of the pharmaceutical industry's influence in the light of these sociological issues (30). It begins by summarizing the sociological changes taking place regarding the relationship between the pharmaceutical industry and medical practice.

Those most concerned about the capture of the regulatory apparatus by interests and how this undermines democracy, or self-governance by citizens, must ultimately conclude a radical conclusion: medicine is no longer a profession but a business (32). This is not to deny the continuing humanistic core of medicine; rather, as in other major health professions, it is being subverted and supplemented by commercial criteria and emphases (33). Therefore, it is necessary to consider what historically preceded the present, to illuminate why what is at stake is so momentous (34). Since the mid-1800s, specifically modern, humanistic medicine, characterized by a professional ethos, a scientific foundation, and a distinctive organization and domain of work, emerged in many societies (34). Such modern medicine has been largely stretched laterally to cover new conditions, thus facilitating an increasing medicalization of life (35). However, at the same time, such medicine has become entangled with and increasingly commercialized in the capital-world, giving rise to distinctively postmodern forms of medicine (35). These global forms are characterized by pseudo-medical practices designed to bolster working people's mental and physical capacities and existential capabilities to accommodate them to postmodern conditions of credos, selection pressures, and risks (36). At the same time, competition between medical (hospitals, practitioners, services) and other health businesses increases (36).

The Role of Healthcare Professionals

It is not uncommon to regard physicians as the main catalysts of the medicalization of everyday life (37). After all, the official act of medicalization involves a careful perusal of a symptom by a medical professional (usually a doctor), leading to the entry of this diagnostic finding into the formal medical register—be it into the DSM or ICD (38). There is, however, major misconception regarding the role of physicians in the medicalization process (37). Many have argued that medicalization is entirely due to the expansion of medical dominance (39). Materially, this means that medicine is seen as an expanding empire swallowing more and more territories previously belonging to non-medical domains (40). The metaphoric bulkiness of the medical profession applies to both the level of interaction between individuals and professionals and the higher level of societies' definitions of phenomena (40).

If the expansion of medicine were the only determinant of medicalization, there should have been no medicalization of a phenomenon when no formal medical concern existed regarding it (1). This provides further evidence that the medical profession is undoubtedly a key player in the medicalization of everyday life, given that this process pertains to the expansion of the medical perspective into parts of life previously regarded as non-medical or semi-medical, as indicated above (21). For the sake of convenience, the medical profession will be referred to as state-sanctioned physicians, thereby ruling out all forms of practices that may equally or

differently be regarded as medical, e.g., alternative medicine or customary medicine (5). As described by the alternative medicalization critique, it should nevertheless be stressed that the state sanction permits forms of practice in virtue of the conventions of the relevant society (20).

The most important takeaway from the model of physicians boring a hole in the medical dome and the responses to this critique is, first of all, that the medical profession cannot singlehandedly be blamed for the shortcomings of medicine in real life, e.g., the medicalization of transgression, daily life, and thriving for the best (14). Over the past decades, sociologists have addressed the role of organizations, industries, and politicians regarding the medicalization of modern life; broadly construed, Canadian sociologist Parens' analyse of the pharmaceuticalization of the world (41). However, not least given the reception of these critiques, the literature is again full of reference to physicians as a leading driver of medicalization (4).

Patient Agency and Autonomy

In a society accustomed to the successes of medicine, patients' selection ratios show high levels of satisfaction; however, this success narratives can mislead expectations (42). Given the astonishing success of medicine in the treatment of all sorts of diseases, the triumphalist narrative of this success seems to be well founded (43). Analytically speaking, the problem does not consist in the existence of narratives (44). Instead, there seems to be a range of narratives currently available (44). What seem to be in crisis are certain dominant social narratives (43). With the change of the dominant narratives a number of challenges arise (45). First, there is the challenge of the continued success of medicine in the treatment of all sorts of ailments after the splendid success in acute conditions (45). How to tackle chronic conditions, the sufferings of life and the existential issues concerns the well-being of societies as a whole, and how to support positive health without negative effects (46). Moreover, what narratives are required in order to address this? (47). The most heated debates centre on the efficacy of alternative narrative traditions and on how these can address the failure of the current narratives and practices (47). However, while all of these raise interesting questions, none of them demands a radical paradigm shift concerning how to view patients (46). Other factors require a new narrative to complete the existing narratives that frame our thinking about medical care (48). The increased focus on lifestyle prevention, contained in the popular IPCD paradigm, and shared decision making, contained in many variations of narrative approaches to patient-centered medicine (48). A new narrative of agency and agents is required to complement the existing narrative of the 'patient' (42).

This shift may be far-reaching in its consequences (49). First, it will change how people are viewed in their relation to health care (33). Instead of patients, people will be viewed as agents (33). Subsequently, a number of decisions about how to conduct and organize a medical enterprise would change radically (50). Intervening in the domain of prevention instead of treatment is an obvious far-reaching change in decision-making (50). Actions to prevent unnecessary and possibly harmful treatments would also flow directly from the narrative, focusing on supporting processes of self-care more than on prospects of increasing future revenues from patients (51). This applies not only to individual practices but also to whole organizations such as health systems and payment systems (51). Ultimately, the practice of medicine will change more than it has in response to other impending paradigm shifts. In a society accustomed to the successes of medicine, it seems everyone takes it for granted that the general selection ratios on the selection side of medicine show high levels of satisfaction (52).

Cultural Perspectives on Medicalization

In more complex societies, the atomistic nature of the general social system creates the potential for a variety of self-defined roles some of which become widely adopted (53). Cultural definitions of these roles spread like viruses (53). These emergent social processes mean that what initially constitute diverging or contrary interpretations become increasingly alike (54). Cultural inscriptions, memes, and styles also spread by more active social processes such as imitation, demonstration, and persuasion (54).

Much of this cultural transmission is unreflective (55). New roles come into view that share the referents of existing definitions (55). In some cases, entire classes of behavior or personality may be construed entirely differently (56). For example, some commonly agreed upon social practices, such as being neat and punctual, also become redefined as symptoms of disorders such obsessive-compulsive disorder (24). This rediscription process may seem reductively mechanistic, perhaps akin to simply switching or altering a social gas valve (57). However, rather than being a strict homomorphism, this rediscription process is open-ended to variation (57).

As the sight of the burlesque recomposes, new constructions are created that are not preordained (58). This is most evident in how general sociological ideas about well-being, oversight, and materialism undergo constant reinterpretation and recombination as social practices such as mindfulness, yoga, and diet fads emerge (59). A class of moral panics such as stalking, road rage, and internet addiction can become the domain of social action only when particular social configurations — publics, notions of privacy, schools, and spare time — are similarly constituted and available for investment (59).

Gender and Medicalization

The medicalization of life builds upon the strong sociological tradition critically interrogating how social phenomena become defined and regulated as health problems by the medical professions and the pharmaceutical industry (14). However, it is only more recent discussions of the medicalization of aspects of life traditionally considered part of social and political domains — for example, global events associated with war, famine and drought, or natural processes such as aging, child birth, and death — that highlight how this sociological tradition continues to lack contemporary relevance and to apply in a relatively naive fashion to the current biomedical world order (6). Nevertheless, analyses of medicalization following from this sociological tradition remain critically important and have much to contribute to contemporary understanding (24). In exploring expanding quantitative evidence of the connection between cancer incidence and agricultural land use, I aim to interrogate and critique this social phenomenon and its implications at the individual and societal levels (60). This data belongs to the biopolitical domain as attempts to quantify and explain the way in which agriculture interferes in and alters the human biological body, producing cancer as a new ailment (60). Such attempts to create legitimate knowledge about the cancer epidemic and biopolitical management strategies through evidence-based global health policy align with traditional sociological critiques of increase of the medically defined poor (61). At the same time, whatever potential there is for biomedical intervention, given the ubiquity of industrial agriculture and chemical exposure, holds little hope for amelioration of the cancer epidemic (62). In this biohistorical moment when the cancer epidemic lying outside the domain of responsibility for the medical professions and confused by diversity complicates the ability to construct a political economic understanding of it, it is important to engage with the proliferation of evidence in order to sustain

points of entry to thinking asking what it is about the action of agriculture producing cancer (63). Otherwise the contemporary moment may be one of medical disempowerment, where the very ailment mediating a whole new set of knowledge-objects with the potential to intervene in human health becomes itself medicalized outside the domain of political action (52).

Medicalization of Mental Health

Few domains of life have escaped the reach of medicine, especially biomedicine, and medical authorities, a central aspect of the medicalization of everyday life (64). Medicalization encompasses both positive and negative uses of medical knowledge in everyday life and the ways in which behaviours, experiences, and senses are determined medical problems with particular definitions, classifications, and modes of treatment (64). The medicalization of many dimensions of life – including human emotions, suboptimal states and behaviours, and responses to grief, crime, celebrities, and social movements – has been noted recently (65). Medicalization can be self-induced or externally driven. Ever closer relationships between behavioral sciences, neurosciences, and big data processing tools have generated increased capacities to define, label, and normalize algorithmic solutions to human problems (65). Negative and dark sides of these developments might include the emergence of profiling industries which threaten privacy and deploy solutions that result in renewed inequities between those who know and those who are known (66). However, these dystopian futures also are predicated on close engagements between human lives, machines, and rigidized models of representation (66).

Medicalization of one set of life conditions, namely the health agendas of societies, is also an issue of growing prominence (21). A shared understanding among the membership of a health audit degrades the concept of health in general and leads to a narrow operationalization of health concerns (67). It can also divert attention from deeper structural problems, as in the example of Internet trading behaviors or rupee depreciation in India (2). Medicalization is core to many diversified agendas, including social audit of the notion of health from a humanistic, ecological, and discursive point of view (67). A co-alterative interaction between contemporary global health actors and the health agenda is conceived as a case study (68). Participating agents produce a thick understanding of how normalcy is co-formed and reinforced in sidelining alternative, less parlance possibilities in what has started as a mere 'global health partnership' (68). The medicalization of global health is implicated in new systems of representation and peer review on the concept of health and auditable measures of its public state of affairs, relying on biomedicine and agent-based formalism (69).

Impact on Public Health Policy

A more recent analysis noted that some aspects of everyday life experienced medicalization (2). For example, childhood development has been increasingly defined as a 'medical' not a 'social' problem as worries about behavior or capacity have been transformed into 'mental disorders' with a medical label (14). An increasing number of health issues have become covered by the vagueness of the term 'mental disorder', such as shyness, lethargy, and complaints about attention or learning difficulties (70). And once diagnostic practices have come to see the medical relevance of these behaviors, medical discourse has proliferated, developing theory-predictions-prescriptions, in turn, creating widespread discursive medicalization (71). Beyond the individual patient, the meanings and solutions to the problem of children's well-being have been transformed in the health field, and health inequality has prevailed in society (72). The medicalization of the self has been theorized in multiple aspects: sexual satisfaction, desire fulfillment, grieving, and even attraction in social networking sites (73). The medicalization of

everyday life helps uncover the way in which the meanings of some aspects of life are understood and analyzed in health discourse (74). Medical terms are usually vague, constituted with polysemy that creates ambiguities which highlight the interests of different groups (professionals vs patients; elite vs citizen) (74). However, there are negative consequences for both social and individual dimensions: new and inadequate pathologies, invisibility of some social reasons of illnesses, disabled and aminated individuals, loss of community, etc (73). This framework can also be utilized for the healthy check-up's discursive mechanism. The check-up procedure, led by medical professionals, is of low validity to detect health state (75). On the contrary, it could harm rather than improve one's health (75).

Critiques of Medicalization

Recent analyses concur that many aspects of life – including poverty, race, emotions, movement, aging, health, and death – have increasingly come under the purview of medicine (76). A number of drivers of this medicalization are identified including the interests of the pharmaceutical industry and health systems like 'managed care', which aim to secure share of patient jurisdictions (77). As the services of the health sectors expand, sociological analyses emphasize the over diagnosis of normal behavior, and the 'disease mongering' of the pharmaceutical industry (78). Concern about disease 'mongering' is not new (24). Many healthy behaviors, including shyness and grieving, are turned into the basis for the prescribing of medical treatments (78). As a result, medicines are often urged upon individuals and populations (77). Some contemporary analyses treat the medicalization of shyness as an archetype of this process (76).

Most of these sociological analyses have been broad, looking at general trends across broad domains of knowledge and experience (79). Although many identify social movements to challenge medical knowledge, very few look in a more substantive way at how biomedical analysis is incorporated into specific activist movements (80). In exploring the medicalization of shyness, Scott looks at the broad cultural production of norms around shyness and how a biomedical analysis reinforces the emergence of new prescriptions for medicines, but does not explore alternative responses or resisted definitions (81). There is more exploration of the ways that a biomedical understanding can produce new categories and definitions of health issues than there is of how this analysis could be resisted or redefined. For example, the medicalization of death has been documented (82). Questions will include how it has come under the purview of medicine and biotechnology, what has become the subject of regulation and intervention, how the circumstances of death have been redefined, and how social groups have prevented the enactment of borders (82).

Alternatives to Medicalization

The medicalization of the global health agenda is substantiated by evidence from historical analysis of the development of the public health field and clinical global health, demonstrating how these aspects have been progressively subjected to medical understanding, priorities, and solutions (3). Questions around the strength of this medicalization, the idea of a contested global health agenda, and the relative unmedicalized nature of other facets of global health priority formation and response remain (21). In response, there is also the need for a similar study of the medicalization of climate and environmental change efforts. Sociologists and anthropologists have long critiqued notions of human 'population' and biopower, highlighting more social and structural aspects of collective life (83). This schema holds relevance for consideration of the potential medicalization of acts traditionally seen as collective social responsibilities (84). The intersection and resulting complexities across human-environment interactions and the

subsequent health impacts also warrant attention and study (24).

The medicalization of many aspects of life has become increasingly prevalent in decades of sociological analysis (15). Leading contributions include notable analyses of bodily processes instrumentalized by medicine (14). Initial explorations of medicalization highlighted how many facets of life previously seen as normal have been pathologized by medicine and diagnostic nomenclatures (16). More contemporary studies have expanded this exploration, affirming the medicalization of many aspects of life and identifying changing drivers, particularly across the United States and Europe (17).

Pharmaceutical industry interests, the rise of biotechnology and genomics, and health systems such as 'managed care' that limit provision or choice have all been noted in this contemporary context (58). As analyses of the increasing pressures to medically understand and treat physical, biological, and psychological aspects of existence have become more prolific and well-known, so too have responses to this medicalization (85). Drawing on insights from medicalization analyses, some commentators have identified overdiagnosis and 'disease mongering', often encouraged by commercial interests, particularly by the pharmaceutical industry intent on creating new disease categories to sell drugs (86).

Ethical Considerations

The preceding discussion has focused on the medicalization of LGBT identities and experiences (87). These represent important subcultures in the U.S. population and in many parts of the world (87). The emergence of medical, biological, and pharmaceutical explanations for sexual orientation and identity raises serious ethical questions for LGBT individuals and the organizations in and representing the community (88).

Initially, there are questions about how such a paradigm could have emerged in the first place, given the relatively great social progress that had occurred in the past few decades (89). An important point here is the fact that this subculture is not represented evenly in U.S. society (89). Social disadvantages and relative invisibility continue to be experienced by many throughout the LGBT community (90). Under such circumstances, it is possible that some will accept a psychiatric explanation for their identity as it offers them greater visibility and an accompanying source of support (91). Acceptance into a conceptual framework carrying authority and social validity offers legitimacy and possibility for opportunity or advancement (91).

Subcultures such as the LGBT community that have been systematically pathologized in the most medicalized of societies might still be vectors for even greater paths toward medicalization and pharmaceuticalization (92). In the process, meanings, sources of identity, and lived experience may be redefined. Medicalization at the level of individual doctors, psychologists, and institutions may coalesce into a more general medicalization of a subculture (24). Organizations with political, social, and cultural agendas may broaden their mission to include the "light" road of medical alternatives to pathology (93).

Future Directions in Research

Research related to medicalization issues has expanded in scope and import since the beginning of modern medicine (94). In recognition of this growth, and the important scholarly work emerging from it, the editors of the journal Social Science and Medicine offered to guest edit and publish a special issue dedicated to the legacy of The Medicalization of Everyday Life (95). This forthcoming special issue aims to consider medicalization from a variety of perspectives,

while locating insights from the past within the current research context (95). This capsule articulates a vision for future needs in medicalization research and publications (96). There is a need for new ideas, fresh faces, and vigorous debates (96). Efforts are needed to broaden the scope of inquiry, and to bring the discourse into new territories where it could benefit from interdisciplinary attention and engagement (94).

Given the seriousness of these issues, the following research directions are suggested to inspire future efforts in medicalization scholarship (97). First, scrutiny of the formulation of medical identities (98). There is a need to explore how identities and individual differences become defined as medically problematic, examining the interests and power mechanisms involved in identity medicalization (99). Such inquiries must engage intra- and inter-institutional dynamics driving processes and outcomes of claims-making (99). Second, analysis of the impact of medicalization on lives and relationships (100). Given the powerful influence of medical identities, both psychologists and physicians often dismiss non-professionally-conceived psychopathologies as unworthy of serious attention (101). A shift in focus from the medicalization agents' documents and texts to the medicalization targets' narratives is warranted to capture the impact of medicalization, particularly contestation and resistance (101).

Conclusion

This collective study is a sociological critique of the medicalization of everyday life. It presents the challenges posed by physicians' enhancement medicine and lay enhancement medicine to the sociological understanding of medicalization (87). The flourishing of any profession requires a lack of social consensus on its definition as a profession (15). For enhancement physicians, there are various messages between careful enhancement and big promises (21). Medicalization and cheating are two analytical and moral frames with which physicians and patients alike try to make sense of the phenomenon of enhancement medicine (101). It examines how the various parties involved in enhancement procedures contend with one another over the definitional and moral turf. Such bickering over the interpretation of medicine is viewed through a more socio-historical lens in the text (101). In these sections, the socio-historical interplay between wider social forces and the conceptualization of mental conditions and drugs by the medical profession is explored (102). Rather than a mere, if at times aggressive, competition between the medical profession and lay enhancers, medicalization should be seen as a complex social process (102). In order to shed light on future developments, it needs to be seen how erstwhile contentious definitions and interpretations of conditions and treatments can gain legitimacy through institutionalization and in turn shape or constrain wider cultural discourses and social practices (103).

The contributors to this study have dealt with the tensions and challenges posed by enhancement medicine to the sociological understanding of medicalization (104). The road signs, as interpreted, could be used by sociologists studying the effects of faster computers or clearer glass windows (105). Doubts over the fate of the analysis of medicalization would reverberate through time (106). It is hoped that the research agenda presented in this volume will have had a lasting impact on the sociology of health and illness (107). The foregoing research agenda is a work-in-progress collection of challenging ideas developed primarily using the medicalization of everyday life in its various forms as a case study (108). It is hoped that "no one could pay to see a performance of the critique of medicalization exactly as it was presented here" (109). Scientists and popularizers alike are invited to take up this cue (110).

Research at Imam Mohammad Ibn Saud Islamic University (IMSIU) (grant number IMSIU-DDRSP2501).

References

McNulty J. Medicalization: a complex social process. 2019. [PDF]

Clark J. Medicalization of global health 1: has the global health agenda become too medicalized?. 2014. ncbi.nlm.nih.gov

Bell SE. Bringing the Global into Medical Sociology: Medicalization, Narrative, and Global Health. Journal of health and social behavior. 2024. [HTML]

Cockerham WC, Scambler G. Medical sociology and sociological theory. The wiley blackwell companion to medical sociology. 2021 Feb 5:22-44. mysocialbliss.com

Mauldin L, Brown RL. Missing pieces: Engaging sociology of disability in medical sociology. Journal of Health and Social Behavior. 2021 Dec;62(4):477-92. osf.io

Douglass T, Calnan M. Medicalization and Pharmaceuticalization: A Conceptual Analysis. InThe SAGE Handbook of Social Studies in Health and Medicine 2022 (pp. 465-477). SAGE Publications Ltd. kent.ac.uk

Maturo A. Medicalization: Current Concept and Future Directions in a Bionic Society. 2012. ncbi.nlm.nih.gov

Frawley A. Medicalization of social problems. Handbook of the Philosophy of Medicine. 2025. ethernet.edu.et

Martínez MLC. The medicalization of life: An interdisciplinary approach. Heliyon. 2023. cell.com

de Medeiros LF, da Costa Araújo G, Costa LM, de Oliveira IC, Veras RM. Psychological Suffering, Medicalization and Women: Contributions in the Field of Public Health. Estudos e Pesquisas em Psicologia. 2021;21(4):1561-80. redalyc.org

García LM, Trascastro RR. The impact of positive social relations on the quality of life of older people. An alternative to medicalization from an integral perspective. InAssessments, Treatments and Modeling in Aging and Neurological Disease 2021 Jan 1 (pp. 29-37). Academic Press. [HTML]

Mittal M, Jethwani P, Naik D, Garg MK. Non-medicalization of medical science: Rationalization for future. World Journal of Methodology. 2022 Sep 20;12(5):402. nih.gov

Clark J. Medicalization of global health 1: has the global health agenda become too medicalized?. 2014. [PDF]

Salm M, Ali M, Minihane M, Conrad P. Defining global health: findings from a systematic review and thematic analysis of the literature. BMJ Global Health. 2021. bmj.com

Zhong L, Deng B, Morrison AM, Coca-Stefaniak JA, Yang L. Medical, health and wellness tourism research—A review of the literature (1970–2020) and research agenda. International journal of environmental research and public health. 2021 Oct 16;18(20):10875. mdpi.com

Schramme T. Health as complete well-being: The WHO definition and beyond. Public Health Ethics. 2023. oup.com

Mbunge E, Batani J, Gaobotse G, Muchemwa B. … healthcare services and digital health technologies deployed during coronavirus disease 2019 (COVID-19) pandemic in South Africa: a systematic review. Global health journal. 2022. sciencedirect.com

Čartolovni A, Tomičić A, Mosler EL. Ethical, legal, and social considerations of AI-based medical decision-support tools: a scoping review. International Journal of Medical Informatics. 2022 May 1;161:104738. unicath.hr

Souza JP, Day LT, Rezende-Gomes AC, Zhang J, Mori R, Baguiya A, Jayaratne K, Osoti A, Vogel JP, Campbell O, Mugerwa KY. A global analysis of the determinants of maternal health and transitions in maternal mortality. The Lancet Global Health. 2024 Feb 1;12(2):e306-16. thelancet.com

Stein DJ, Shoptaw SJ, Vigo DV, Lund C, Cuijpers P, Bantjes J, Sartorius N, Maj M. Psychiatric diagnosis and treatment in the 21st century: paradigm shifts versus incremental integration. World Psychiatry. 2022 Oct;21(3):393-414. wiley.com

Omiyefa S. Artificial intelligence and machine learning in precision mental health diagnostics and predictive treatment models. Int J Res Publ Rev. 2025. researchgate.net

35. Mbanugo OJ, Unanah OV. Informatics-enabled health system: A pinnacle for illicit drug control and substance abuse. World J Adv Res Rev. 2025. researchgate.net

Glegg S, McCrae K, Kolla G, Touesnard N, Turnbull J, Brothers TD, Brar R, Sutherland C, Le Foll B, Sereda A, Goyer MÈ. "COVID just kind of opened a can of whoop-ass": The rapid growth of safer supply prescribing during the pandemic documented through an environmental scan of addiction and harm reduction services in Canada. International Journal of Drug Policy. 2022 Aug 1;106:103742. sciencedirect.com

Strang J. A model service: turning the generalist on to drugs. Drugs and British society. 2025. [HTML]

Can Z, Isik SS, Copur EO. The Effect of Popular Culture on the Medicalization of Women's Health. Fertility. . brieflands.com

Wu X. Parallel development: medicalization and decriminalization in the changing media framing of the opioid overdose crisis. Socius. 2023. sagepub.com

Giami A. Medicalization of sexuality and trans situations: Evolutions and transformations. Societies. 2022. mdpi.com

Farber Y, Nir O, Farber S. Medicalization without legalization: the European policy for medical and recreational cannabis use. Journal of Public Health. 2024. springer.com

Wilson JQ. The politics of regulation. InThe political economy: Readings in the politics and economics of American public policy 2021 Feb 14 (pp. 82-103). Routledge. [HTML]

Raji ID, Kumar IE, Horowitz A, Selbst A. The fallacy of AI functionality. InProceedings of the 2022 ACM Conference on Fairness, Accountability, and Transparency 2022 Jun 21 (pp. 959-972). acm.org

Hanna A, Larsson S, Götvall PL, Bengtsson K. Deliberative safety for industrial intelligent human–robot collaboration: Regulatory challenges and solutions for taking the next step towards industry 4.0. Robotics and Computer-Integrated Manufacturing. 2022 Dec 1;78:102386. sciencedirect.com

Wang Y, Qiu D, Strbac G, Gao Z. Coordinated electric vehicle active and reactive power control for active distribution networks. IEEE Transactions on Industrial Informatics. 2022 Apr 25;19(2):1611-22. [HTML]

E Figert A, E Bell S. Big Pharma and Big Medicine in the Global Environment. 2014. [PDF]

Pelling M. Medical practice in early modern England: trade or profession?. The Professions in Early Modern England. 2023. [HTML]

Barber B. Is American business becoming professionalized? Analysis of a social ideology. Constructing the Social System. 2021. [HTML]

Prest W. Introduction: the professions and society in early modern England. The Professions in Early Modern England. 2023. [HTML]

Neill CL, Hansen CR, Salois M. The economic cost of burnout in veterinary medicine. Frontiers in veterinary science. 2022. frontiersin.org

Halpin M, Cortez D. Rethinking medicalization: unequal relations, hegemonic medicalization, and the medicalizing dividend. Theory and Society. 2025. nih.gov

Alsaialy D. Beyond pure health: Exploring diagnostic pathways, quasi-medicalization, and patient expertise in dermatology. 2024. cuni.cz

Williams SJ, Meadows R, Coveney CM. Desynchronised times? Chronobiology,(bio) medicalisation and the rhythms of life itself. Sociology of Health & Illness. 2021 Jul;43(6):1501-17. wiley.com

Kinghorn W. Protecting life or managing risk? Suicide prevention and the lure of medicalized control. Christian bioethics: Non-Ecumenical Studies in Medical Morality. 2023 Aug 1;29(2):152-63. [HTML]

L. van Dijk E, G. van Tol D, D. Diemers A, W. Wienen A et al. Sick or Sad? A Qualitative Study on How Dutch GPs Deal With Sadness Complaints Among Young Adults. 2022. ncbi.nlm.nih.gov

Walach H, Loughlin M. Patients and agents – or why we need a different narrative: a philosophical analysis. 2018. [PDF]

Debroyer T. The End of Tuberculosis? A Belgian Sanatorium and Questionable Narratives of the Triumph Over Disease (1947–1986). European Journal for the History of Medicine and Health. 2023 Nov 7;80(2):313-38. [HTML]

Winters J. Constructing Success: The World Bank, Onchocerciasis Control, and What Lies Beneath Triumphalist Global Health Narratives. Social History of Medicine. 2025. oup.com

D'Antonio P. Toward a history of health care: Repositioning the histories of nursing and medicine. Bulletin of the History of Medicine. 2022. [HTML]

Smith S. An Unyielding Past: Holy Wells and Historical Narrative in The Faerie Queene 1–2. Studies in Philology. 2021. [HTML]

Green MH. The Pandemic Arc: Expanded Narratives in the History of Global Health. Journal of the History of Medicine and Allied Sciences. 2024 Oct;79(4):345-62. [HTML]

Ferentzy A. The Neuroscientist's Illusion. Ethical Human Psychology and Psychiatry. 2024. [HTML]

James CA, Wheelock KM, Woolliscroft JO. Machine learning: the next paradigm shift in medical education. Academic Medicine. 2021. sap2.org.ar

Sahu M, Gupta R, Ambasta RK, Kumar P. Artificial intelligence and machine learning in precision medicine: A paradigm shift in big data analysis. Progress in molecular biology and translational science. 2022 Jan 1;190(1):57-100. [HTML]

Hopkins AM, Logan JM, Kichenadasse G, Sorich MJ. Artificial intelligence chatbots will revolutionize how cancer patients access information: ChatGPT represents a paradigm-shift. JNCI cancer spectrum. 2023 Apr 1;7(2):pkad010. oup.com

Sallam M, Salim NA, Ala'a B, Barakat M, Fayyad D, Hallit S, Harapan H, Hallit R, Mahafzah A, Ala'a B, Fayyad Jr DJ. ChatGPT output regarding compulsory vaccination and COVID-19 vaccine conspiracy: a descriptive study at the outset of a paradigm shift in online search for information. Cureus. 2023 Feb 15;15(2). cureus.com

Corzine A, Roy A. Inside the black mirror: current perspectives on the role of social media in mental illness self-diagnosis. Discover Psychology. 2024. springer.com

Takahashi T. Observing News and Media in a Complex Society: A Sociocybernetic Perspective. 2023. [HTML]

Miller FW. The increasing prevalence of autoimmunity and autoimmune diseases: an urgent call to action for improved understanding, diagnosis, treatment, and prevention. Current opinion in immunology. 2023. sciencedirect.com

Miller DS, Robert P, Ereshefsky L, Adler L, Bateman D, Cummings J, DeKosky ST, Fischer CE, Husain M, Ismail Z, Jaeger J. Diagnostic criteria for apathy in neurocognitive disorders. Alzheimer's & Dementia. 2021 Dec;17(12):1892-904. wiley.com

Higgins JM, Arnold SR, Weise J, Pellicano E, Trollor JN. Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating# AutisticBurnout. Autism. 2021 Nov;25(8):2356-69. mq.edu.au

Jeste DV, Alexopoulos GS, Blazer DG, Lavretsky H, Sachdev PS, Reynolds III CF. Wisdom, resilience, and well-being in later life. Annual Review of Clinical Psychology. 2024;21. annualreviews.org

Weingärtner S, Köhler C. Sociological labour market theories: A German perspective on an international debate. 2021. econstor.eu

Mühürdaroğlu A. The Withering Away of the Physician in Medical Sociology: Medicalization, Biomedicalization, and Pharmaceuticalization. İstanbul University Journal of Sociology. 2023. dergipark.org.tr

Borozdina E, Zvonareva O. Medical professionals' agency and pharmaceuticalization: Physician-industry relations in Russia. Health. 2024. sagepub.com

Kırlı G, Kaya D. Medicalization of female life stages: a qualitative research. BMC Health Services Research. 2025. springer.com

Møllebæk M. Pharmaceuticalization. Palgrave Encyclopedia of the Health Humanities. 2021. [HTML]

Apaydin EA, Paige NM, Begashaw MM, Larkin J, Miake-Lye IM, Shekelle PG. Veterans Health Administration (VA) vs. non-VA healthcare quality: a systematic review. Journal of General Internal Medicine. 2023 Jul;38(9):2179-88. springer.com

Javaid M, Haleem A, Singh RP, Suman R, Rab S. Significance of machine learning in healthcare: Features, pillars and applications. International Journal of Intelligent Networks. 2022 Jan 1;3:58-73. sciencedirect.com

Curlin F, Tollefsen C. The way of medicine: Ethics and the healing profession. 2021. [HTML]

Epstein S, Timmermans S. From medicine to health: the proliferation and diversification of cultural authority. Journal of Health and Social Behavior. 2021 Sep;62(3):240-54. [HTML]

Van Os J, Scheepers F, Milo M, Ockeloen G, Guloksuz S, Delespaul P. "It has to be better, otherwise we will get stuck." A Review of Novel Directions for Mental Health Reform and Introducing Pilot Work in the Netherlands. Clinical Practice and Epidemiology in Mental Health: CP & EMH. 2023 Nov 17;19:e17450179271206. nih.gov

Bark H, Dixon J, Laing J. The professional identity of social workers in mental health services: a scoping review. International Journal of Environmental Research and Public Health. 2023 May 25;20(11):5947. mdpi.com

Briggs EC, Amaya-Jackson L, Putnam KT, Putnam FW. All adverse childhood experiences are not equal: The contribution of synergy to adverse childhood experience scores. American Psychologist. 2021 Feb;76(2):243. apa.org

Egan SM, Pope J, Moloney M, Hoyne C, Beatty C. Missing early education and care during the pandemic: The socio-emotional impact of the COVID-19 crisis on young children. Early Childhood Education Journal. 2021 Sep;49(5):925-34. springer.com

Almeida IL, Rego JF, Teixeira AC, Moreira MR. Social isolation and its impact on child and adolescent development: a systematic review. Revista Paulista de Pediatria. 2021 Oct 4;40:e2020385. scielo.br

Wadsworth MEJ. Serious illness in childhood and its association with later-life achievement. Class and health. 2022. [HTML]

Kirkbride JB, Anglin DM, Colman I, Dykxhoorn J, Jones PB, Patalay P, Pitman A, Soneson E, Steare T, Wright T, Griffiths SL. The social determinants of mental health and disorder: evidence, prevention and recommendations. World psychiatry. 2024 Feb;23(1):58-90. wiley.com

Lee P, Goldberg C, Kohane I. The AI revolution in medicine: GPT-4 and beyond. 2023. [HTML]

Subbiah V. The next generation of evidence-based medicine. Nature medicine. 2023. nature.com

Tan S, Xin X, Wu D. ChatGPT in medicine: prospects and challenges: a review article. International journal of surgery. 2024. lww.com

Koksvik GH, Richards N, Gerson SM, Materstvedt LJ, Clark D. Medicalisation, suffering and control at the end of life: the interplay of deep continuous palliative sedation and assisted dying. Health. 2022 Jul;26(4):512-31. sagepub.com

Coret M, Martimianakis MA. Conceptualizations of "good death" and their relationship to technology: A scoping review and discourse analysis. Health Science Reports. 2023. wiley.com

Smith DG. Proposing a new history of grief's medicalisation: A critical discourse analysis. Sociology of Health & Illness. 2024. [HTML]

Kelley AE. Grief, Health, and Medicalization. 2024. umich.edu

Shiffman J, Shawar YR. Framing and the formation of global health priorities. The Lancet. 2022. [HTML]

Brazelton MA. Health for all?: Histories of international and global health. History Compass. 2022. wiley.com

Schlander M, Hernandez-Villafuerte K, Cheng CY, Mestre-Ferrandiz J, Baumann M. How much does it cost to research and develop a new drug? A systematic review and assessment. Pharmacoeconomics. 2021 Nov;39:1243-69. springer.com

Liu Z, Roberts RA, Lal-Nag M, Chen X, Huang R, Tong W. AI-based language models powering drug discovery and development. Drug Discovery Today. 2021 Nov 1;26(11):2593-607. sciencedirect.com

Przeworski A, Peterson E, Piedra A. A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. Clinical Psychology: Science and Practice. 2021 Mar;28(1):81. academia.edu

Wittgens C, Fischer MM, Buspavanich P, Theobald S, Schweizer K, Trautmann S. Mental health in people with minority sexual orientations: A meta-analysis of population-based studies. Acta Psychiatrica Scandinavica. 2022 Apr;145(4):357-72. wiley.com

Schwenke C. Social inclusion: Measuring the invisible and the insignificant. Rethinking transgender identities. 2022. cipra.cl

Monaco S. Being bisexual in contemporary Italy: Between stigma and desire of visibility. International Journal of Sociology and Social Policy. 2021. emerald.com

Savage B, Barringer MN. The (minority) stress of hiding: the effects of LGBT identities and social support on aging adults' concern about housing. Sociological Spectrum. 2021. [HTML]

Salmenniemi S. Affect, Alienation, and Politics in Therapeutic Culture: Capitalism on the Skin. 2022. [HTML]

Willott S. Microdosing Psilocybin: A Narrative Inquiry. 2022. proquest.com

Gabe J, M. Coveney C, J. Williams S. The concept of medicalisation reassessed: a response to Joan Busfield. 2017. [PDF]

Filipe AM. The other face of medical globalization? Pharmaceutical data, prescribing trends, and the social localization of psychostimulants. BioSocieties. 2023. [HTML]

Bergey M. Medicalization in Global Context: Current Insights, Pressing Questions, and Future Directions Through the Case of ADHD. Sociology Compass. 2024. [HTML]

Grundnig JS, Steiner-Hofbauer V, Katz H, Holzinger A. 'Good'and 'bad'doctors-a qualitative study of the Austrian public on the elements of professional medical identity. Medical Education Online. 2022 Dec 31;27(1):2114133. tandfonline.com

Sutherland DK. "Trans enough": examining the boundaries of transgender-identity membership. Social Problems. 2023. [HTML]

Murawsky S. The struggle with transnormativity: Non-binary identity work, embodiment desires, and experience with gender dysphoria. Social Science & Medicine. 2023. [HTML]

Soled KR, Hoatson T, Monseur B, Everett B, Chakraborty P, Reynolds CA, Huang AK, McKetta S, Haneuse S, Charlton BM. Differences in medically assisted reproduction use by sexual identity and partnership: a prospective cohort of cisgender women. Human Reproduction. 2024 Jun 1;39(6):1323-35. nih.gov

Fish RE. Stratified medicalization of schooling difficulties. Social Science & Medicine. 2022. [HTML]

Topor A, Boe TD, Larsen IB. The lost social context of recovery psychiatrization of a social process. Frontiers in sociology. 2022. frontiersin.org

Halpin M. Countervailing medicalization: A relational approach to the medicalization of psychosis. SSM-Qualitative Research in Health. 2022. sciencedirect.com

Śliwa M, Kellard N. The research impact agenda: Navigating the impact of impact. 2021. [HTML]

Agrawal A, Hockerts K. Impact investing: Review and research agenda. Journal of Small Business & Entrepreneurship. 2021 Mar 4;33(2):153-81. cbs.dk

Castro CG, Trevisan AH, Pigosso DC, Mascarenhas J. The rebound effect of circular economy: Definitions, mechanisms and a research agenda. Journal of Cleaner Production. 2022 Apr 15;345:131136. sciencedirect.com

Cunha FA, Meira E, Orsato RJ. Sustainable finance and investment: Review and research agenda. Business Strategy and the Environment. 2021 Dec;30(8):3821-38. researchgate.net

Billore S, Anisimova T. Panic buying research: A systematic literature review and future research agenda. International Journal of Consumer Studies. 2021 Jul;45(4):777-804. wiley.com

Arsel Z, Crockett D, Scott ML. Diversity, Equity, and Inclusion (DEI) in the Journal of Consumer Research: A Curation and Research Agenda. Journal of Consumer Research. 2022. diversityatlas.io

Katsaliaki K, Galetsi P, Kumar S. Supply chain disruptions and resilience: a major review and future research agenda. Annals of operations research. 2022. springer.com.