Short Communication

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Health, Medicalization and the Radical Media

Raffaele Federici*

Università degli Studi di Perugia, Italy

***Corresponding author:** Raffaele Federici, Dipartimento di Ingegneria Civile e Ambientale, Università degli Studi di Perugia, Italy

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ABSTRACT

Medicalization studies have changed dramatically in the past decade in part due to the increased attention to the role of the media system, and social media system. Medicalization is now also driven by the media as a system of relations of definitions. This requires a shift in the sociological focus examining medicalization as a complex cultural process for the twenty-first century.

Keywords: Medicalization; Media; Misinformation; Emotions.

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Medicalization as a Sociological Concept

Western societies turn out to be interested and crossed by a growing medicalization of different aspects of everyday life, with significant individual and collective consequences that these processes determines. The concept of medicalization of everyday life, as the process by which medical categories are used to frame and give sense to non-medical aspects of life non-medical until that moment, as often happens in the social sciences, it is not one-dimensional but it is complex, ambiguous, and with a variety of applications both as a scope and as a finalization. Originally, the concept was strongly associated with the notion of medical dominance; with a general trend towards medicalization being causally linked to the medical profession's apparently inexorably increasing cultural and social authority. Latterly, however, the idea of a docile lay populace, in thrall to expansionist medicine, has been questioned by many medical sociologists. Thus, it is suggested that increased concerns over risks, both health and nonhealth related, and the challenging of expert authority and scientific knowledge, has led to a modern day 'consumer' of healthcare who is seen as playing an active role in bringing about or resisting medicalization.

This has led to the need for closer consideration of the specific social contexts in which the different dimensions of medicalization arise, and for further clarification of how the concept can be used to describe social phenomena» [1]. Today the concept of medicalization means that a high number of conditions, behaviours, and life events, become medical cases to be solved with a medical and pharmacological intervention. In this sense I have many examples such as sexuality, baldness, shyness, emotional states, childbirth, menopause, overly lively children. However, it should be pointed out that the fact of being seen as a medical problem, consequently personal and not collective, does not imply that there is always the attempt to dominate the medical profession and its knowledge. In some cases a kind of medicalization can be carried out from the bottom up, where is a patient who alone diagnose a disorder with consequent self-assessment or ask for the recognition of medical status to their condition.

To better clarify the aspects of the contemporary medicalization process I have here used the model developed by Conrad and Schneider [2], which identifies three forms of medicalization, namely the conceptual form, the institutional form, and the interactional form. Conceptual medicalization is realized to the extent that a problem is described and defined as a doctor, appealing properly to a "medical vocabulary" and to medical categories. The outcome of this process is the social construction of a disease that, from a macro perspective, sees the prevalence of a medical approach to the problem and its knowledge and diffusion, not only among experts, through public narratives and even private discourses. In this regard, it is interesting to reflect on the role of the web as a distribution channel and of migration, beyond the borders of the western world, of categories medicalized and new medical pharmacological treatments. Institutional medicalization occurs

when competence and medical explanations are imposed within a specific group and / or organization. The form of interactional medicalization, on the other hand, means the distortion of the physician-patient relationship in which the expert draws to his knowledge, elaborates the diagnosis and the prescription in relation to the problem of the patient, who accepts it passively without taking into account specific causes of context.

Starting from this paradigm, the taxonomy proposed by Conrad and Schneider [2] should not be observed as a model in which the forms exclude each other since the situation is, like any social and cultural experience, extremely complex. This means that the forms observed are intertwined and articulated on each other, without being excluded. All this is further complicated in the forms of the contemporary characterized by hyper-consumerism and by forms of exasperated individualism also driven by the so-called social media: The container concept "social media," describing a fuzzy collection of websites like Facebook, Digg, YouTube, Twitter, and Wikipedia, is not a nostalgic project aimed at reviving the once dangerous potential of "the social," like an angry mob that demands the end of economic inequality. Instead, the social […] is reanimated as a simulacrum of its own ability to create meaningful and lasting social relations. Roaming around in virtual global networks, we believe that we are less and less committed to our roles in traditional community formations such as the family, church, and neighbourhood» [3].

A Progressive and Radical Transformation. A Complex Phenomena

The change taking place leads to a progressive transformation of the patient into a consumer patient, a process that certainly raises questions and a certain anxiety. In this paradigmatic change the words of Zygmunt Bauman resound and ask for a different attention. For Bauman, consumer society is inherently individualistic and insecure; indeed, it compels its citizens to sacrifice collective security in the pursuit of individual freedom. Individualism is itself the source of insecurity not just because, in the absence of collective provision, it compels us to look after ourselves, but because of the inherently competitive nature of consumption which «sets individuals at cross purposes, often at each other's throats» [4]. The search for security in the risk society appears to be one of the responses of social actors in identifying the reasons for medicalization and, often, also towards an overtreatment [5].

From this perspective sociology has a broader view and approaches medicalization as a social process, influenced by many actors [6], and by the social context.Society's norms and values develop at a continual pace, influencing all of us in our perception of health, what constitutes a medical problem, and who should be consulted when experiencing a problem that can be perceived as medical. As a result the definition of health and illness develops. Therefore, medicalization should rather be regarded as a continuum than as a dichotomy, as problems can be regarded more or less as medical and can be treated more and less intensive. This is an addition to traditional definitions of medicalization, which disregard the extent to which a situation or condition could be medicalized. And, in this continuous transformation the media, more often of social media, act strongly in the transformation of the perception of the social context:

The implications of ubiquitous and pervasive digital technologies for healthcare and public health are profound. Many such technologies are now explicitly designed for medical and health purposes, contributing to the digital health phenomenon that has recently emerged. Mobile digital devices and the applications ('apps'), websites and platforms to which they connect, offer not only ready access to medical and health information on the Internet but also new ways of monitoring, measuring and visualizing the human body and sharing personal information and experiences with others» [7]. The media effect is radical. Media transform and modify the knowledge and perception of knowledge. In the essay Radical Mediation Grusin [8] states that media have operated and continue to operate at an epistemological level and at a technical, physical and material level, to generate and modulate emotional moods: The question of mediation has become one of the central intellectual problems in the late twentieth and twenty-first centuries, in part because of the extraordinary acceleration of technology, the rampant proliferation of digital media technologies that sometimes goes under the name of mediatization. […]

I develop the concept of radical mediation in order to make related but independent arguments about the dualistic character of mediation in Western thought. (2015: 124-131). What the Author highlights is also an affective transformation, therefore significant in the biomedical field, generating, reconfiguring and connecting emotions. Radical mediations exhibit primarily a dynamic and relational dimension not only the possibility of a connection. This is not just caused by the massive proliferation of information, it also becomes non-rational because of the variety of material that is juxtaposed; multiple forms of information and misinformation cannot be digested, let alone reflexively considered: Paradox of the information society. This is, how can such highly rational production result in the incredible irrationality of information overloads, misinformation, disinformation and, out of control information. A stake is a disinformed society» [9]. The paradox of the information society and the radical remediation of contents have obvious consequences on the system of care and on the very idea of health. Furthermore, the processes described push social actors towards the possibility of treatment even in the absence of disease [10]. How media frame social issues is an important consideration for those trying to promote health and to sustain policies aimed at providing health.

Affect-Saturated Levels: Fear and Emotion

And misinformation also operates on an emotional level by changing the role of the patient and the perception of the care system.

In this context the work of media, and more often of social media, issubtle, informal, and indirect, and I can understand the social turn in media, beyond good and evil is something that is both cold and intimate, as Eva Illouz described it in her work Cold Intimacies [11]. Furthermore, this position of ontological (in)security toward the care system, seemingly confirmed by the flow of information from the media and social media where the propagation of deceptive and unreliable information found on the internet can also lead toward unexpected outcomes: Medicalization still doesn't occur without social actors doing something to make an entity medical, but the engines that are driving medicalization have changed and we need to refocus our sociological eye as the medicalization train moves into the twenty-first century» [6,12-14].

For instance, the paradox of the information society could be seen even inside the numerous techniques and therapies that come under the umbrella of what is today called complementary medicine and heretical medicine Antiseri, et al. [15]. Lorraine Daston has called a «specific moral economy» that she argues is associated with the production of scientific knowledge (2005: 12). The Author notes that this moral economy embodies an ideal of scientific objectivity that insists on «the existence and impenetrability» of boundaries between facts and values, between emotions and rationality. And emotions can be translated into fear. In this perspective, medicalization becomes a response to fear, as an expression of collective perception, for out-of-control narratives and the role of the media. The political effects of fear could be seen on the idea of being constantly subjected to a threat, something perceived as a danger,and the consequent request for a strong response represented by the greater demand for treatment and medicalization.

The cultural effects could be recognized in the spread of a constant sense of instability to the point of increasing mistrust towards the care system. Of course, both medicalization, over treatment, and over diagnosis, push healthcare consumption and lead to additional healthcare costs, and affects the idea of trust within the sanitary system. And trust is an essential part of the physician-patient relationship. According to Luhmann's [12] idea that the function of trust first and foremost is to reduce complexity, I regard patients' trust in their physician as an important element in coping with health issues in a complex contemporary society. To answer to these questions, medicalization and over diagnosis need to be analysed in a broader context, also taking into account societal and cultural aspects. Medicalization should be perceived as a societal emerging phenomenon; as a multiplayer game, involving societal forces, media, social media, institutional rules and stakeholder interests.

Besides, medicalization and over diagnosis hold an ambivalent relationship that entails a complex set of drivers, including interests, existing institutional rules, and the way society defines disease. Societal developments and cultural values, thus, influence the practice of medicine. This is a relationship we all should be conscious of, because in the end, there are limits to what medicine can improve both on an individual and a societal level. The problem of incisive presence and continuous, often compulsive, use of the web as the only source of information for many individuals represents not only the birth of a digital illness experience but also an epistemological challenge and a challenge for the medicalization of everyday life. These digital paths have and will have consequences both on the governance of health systems and over the medical practice. And not only that, there are and there will be consequences on the very idea of emotions and fear, not only in the perspective of a future as a risk[13] or a systematic way of dealing with the hazards and insecurities induced and introduced by modernisation itself» [14] but also in what it could be defined illness remediated experience. However, the full effect of these social media on the medicalization process, remains to be seen [15,16].

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Conflict of Interest

No conflict of interest.

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