

Medicalization and the process of individualization in health: a review

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1 INTRODUCTION

The search for health improvement is an increasingly common practice in contemporary society. Every day, we are bombarded with information and solutions that promise to improve our physical and mental performance, making us healthier and more productive. This phenomenon is closely linked to the process of medicalization of society, which has turned health into a core value in people's lives, but also into a lucrative business for the pharmaceutical and food supplement industry.

In this context, the model of individual responsibility for health has become predominant. The idea that each individual is solely responsible for his or her own well-being has been widespread, putting into the background the social and structural determinants that influence the health of the population as a whole. This logic places the responsibility for making informed decisions about their health and well-being on the shoulders of individuals, which can lead to an obsession with control and surveillance of one's body.

In this article, we intend to explore how the search for health improvement can be understood within the context of the medicalization of society and the model of individual responsibility over health. To this end, we will conduct a literature review that will allow us to analyze the different theoretical perspectives on the subject and identify the main challenges and implications for public health and society as a whole.

2 OBJECTIVE

The aim of this article is to analyze how the search for health improvement can be understood within the context of the medicalization of society and the model of individual responsibility for health.

3 METHODOLOGY

The research consists of a bibliographic review based on articles, books and other documents that address the relationship between the search for health improvement and the medicalization of society. Studies of sociological and anthropological theory, as well as collective health, were



considered in order to understand how the model of individual responsibility for health relates to the broader context of the medicalization of society.

4 DEVELOPMENT

The search for health improvement is a current debate for contemporary society. However, it is important to analyze it within the context of the medicalization of this same society and the expectations of individual accountability for health. In general, we can say that medicalization is understood as the process in which human problems are seen as medical issues, and that consequently the solution of these problems depends on medical interventions. This ends up generating a growing medicalization of social life, with the pathologization of once typical behaviors and the stigmatization of social components in biochemical and neuroscientific problems.

In this sense, the model of individual responsibility over health, also known as the "medicalization of everyday life" (CONRAD, 2011), is a reflection of this trend. The individual is encouraged to take responsibility for their own health, and is often held accountable for the health problems they face, even when these are the result of social, economic and environmental factors. As the author states, the medicalization of life reflects the growing role of medicine in our society, as well as the growing expectation that medical science can solve all our ills.

Within this context of the medicalization of society and the model of individual responsibility for health, it is important to analyze how this trend manifests itself in collective health. The biomedical approach, which has the disease as its object of study and prioritizes individualized treatment, can often neglect the social, economic and cultural issues that underlie health and disease. According to Ayres (2009), collective health emerges as an alternative to the biomedical approach, seeking to understand health in its broader context, that is, as a result of the social, economic and cultural conditions in which people live. From this perspective, health is no longer seen only as the absence of disease, but rather as a state of physical, mental and social well-being. However, even within collective health, it is possible to identify the influence of medicalization and the individual responsibility model on health. Therefore, the search for a healthy lifestyle and the blaming of the individual for their state of health are still recurrent even in the field of collective health.

It is important to highlight that this trend is not restricted to the health field, but permeates the whole society. As stated by Nikolas Rose (2013, medicalization is present in several fields of social life, such as education, work and politics. In the 18th century, medicine and health were considered economic needs and required political administration to ensure an adequate workforce. However, in the twentieth century, medicine came to be seen as one of the components of the economic apparatus, no longer a mere instrument.



Medicine began to produce wealth on its own, since health was understood as a consumer good. This led to the incorporation of health and disease into the market, with its production agents, such as laboratories, pharmacists, doctors, clinics and insurance companies, and its consumers, both actual and potential patients (FOUCAULT, 2010). This medicalization process has another face that acts in every social field, especially in the constitution of the healthy body as an ideal.

From the second half of the twentieth century, medicalization takes on a new dimension, no longer limited to the search for health and hygiene, but influencing the social field more broadly. In this sense, the constitution of the healthy body as an ideal stands out, evidencing the dissemination of medical discourse in various spheres of daily life.

We no longer speak only of the obligation of cleanliness and hygiene to enjoy good health, but of phenomena of everyday life that enter the field of action of medical knowledge. Medical practices are everywhere, as health becomes an object of desire and profit. (...) There has been a shift from the hygienist dream of isolating and eradicating disease to a model of individual responsibility for health. This shift is exactly what the concept of medicalization is about today (ZORZANELLI; CRUZ, 2018, p. 724).

In this context, one of the main impacts of the medicalization of society is the increased consumption of medicines and medical procedures, often unnecessary. This is due to the fact that medicalization ends up creating a demand for medical solutions to problems that are often not biological, but social or psychological. Therefore, medicalization ends up reinforcing the idea that health is an individual and biological issue, and not a reflection of the social and economic conditions in which the individual is inserted.

This process can be observed, for example, in the increasing prescription of drugs for psychiatric disorders such as depression and anxiety. The medicalization of these disorders is a way of pathologizing emotional states considered normal and of holding the individual responsible for his or her own condition. Instead of seeking solutions that address conditions of social inequality that lead to the development of these disorders.

Given this scenario, the need to think about health models that address the social and economic issues that affect people's health becomes increasingly urgent, rather than reinforcing the idea that the solution to all health problems lies in medicine and individual responsibility for health. For Vandenberghe (2017), there is a need to rethink the role of medicine in society and to seek solutions that address health more broadly, taking into account the social, economic and environmental issues that affect people's health.

5 FINAL CONSIDERATIONS

We note that the medicalization of society has generated the pathologization of behaviors considered normal and the transformation of social issues into medical issues. This process is a result



of the increasing medicalization of social life, in which human problems are seen as medical issues and the solution of these problems depends on medical interventions.

Further studies on this topic are needed to better understand the impacts of the medicalization of society and the model of individual responsibility for health on people's lives and on society as a whole. In addition, it is important to develop public policies aimed at promoting health in a comprehensive manner, considering the different dimensions of the human being and the social, economic and environmental factors that affect the health of the population.

Finally, we highlight the importance of a critical reflection on the medicalization of society and the impacts of individualism on health, aiming at a broader and more contextualized understanding of these phenomena and the search for more appropriate and effective alternatives for the promotion of health and well-being.



REFERENCES

AYRES, J. R. C. M. O cuidado, os modos de ser (do) humano e as práticas de saúde. Saúde e Sociedade, v. 18, n. 2, p. 207-216, 2009.

CONRAD, Peter; BARKER, Kristin K. A construção social da doença: insights-chave e implicações para políticas de saúde. Tradução de Tatiana de Andrade Barbarini. Ideias, Campinas (SP), n. 3, p. 147-174, 2011.

FOUCAULT, Michel. Crise da Medicina ou Crise da Antimedicina. In: Revista Verve, v. 18, n.2, p. 167-194, 2010.

NIKOLAS, Rose. A política da própria vida: biomedicina, poder e subjetividade no Século XXI. São Paulo: Paulus, 2013.

VANDENBERGHE. Frédéric. Você sabe com quem está falando quando fala consigo mesmo? Margaret Archer e a teoria das conversações internas. Trad. Gabriel Peters. 32º Encontro Anual da Anpocs, Caxambu, out. 2008.

ZORZANELLI, Rafaela; CRUZ, Murilo. O conceito de medicalização em Michel Foucault na década de 1970. Interface – Comunicação, Saúde, Educação [online], 22 (66), p. 721-731, 2018.