



Abstract

After Ivan Illich produced his critique of the medical establishment, medicalisation became a synonym for a perverse evolution in Western health care. Since then, the concept has often been used to critique the perceived oppression of subjects by the health establishment, culminating in a call for resistance against this system. The world, including that of medicine, has changed profoundly since Illich launched his attack, and, consequently, so must our analysis of it. Today, instead of resisting medicine or medicalisation, most of us do everything we can to participate in it. Unless our governments prevent us, we consume medicine as much as possible, and thus overuse the system. Medicalisation is, therefore, at a turning point. In this article, we wish to unravel its current analytical potential, and attempt to renew the analysis in contemporary society. If social critique is still to be of importance in tomorrow's medicine, much will depend upon the way in which we deal with this crucial question.

Key words Baudrillard, health care, Illich, medicalisation, medical consumption

A New Era of Medical Consumption: Medicalisation Revisited

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Introduction

Medicalisation is a well known concept, and as is often the case with well known concepts, the more we use them, the less we are aware of what they really mean. Think for instance about the terms, 'deconstruction' and 'critique'; these words can mean both everything and nothing at the same time. However, this is not the case with medicalisation because, despite its widespread use, this concept has always been the subject of ongoing discussions among sociologists and others.[1-5] Recent discussions have been about the changing engines or drivers of medicalisation,[5,6] the shift to a new techno-scientific era of biomedicalisation,[7] pharmaceuticalization,[8,9] and about calls to rethink, or go

beyond medicalisation.[10-12]

After Ivan Illich presented his critique of the medical establishment in *Limits to Medicine: Medical Nemesis*, the term, medicalisation, was adopted to signify a key concept of social criticism.[13] Medicalisation, the expansion of medical authority and perspective throughout everyday life, became a synonym for a perverse evolution in Western health care that, as Illich argued, embodied more of a threat to health than an aid to overcoming illness. Since then, the concept has often been used to critique the perceived oppression of subjects by the health establishment, culminating in a call for resistance against this system.[14-17] As many aspects of our lives became medicalised, there have been many analyses of this apparently ongoing process: from the obvious examples of human characteristics such as emotions[18] or phases in our lives[19] to sexuality[20] and mental health[21], medicalisation represents the synthesis of a social critique of societal evolution as it increases the influence of medicine on daily life.

Nevertheless, since Illich criticized medicine, the world has changed profoundly and, therefore, so must our analysis of it. If the term, medicalisation, represents a revolutionary resistance to the misuse of power by a medical system, that is, against passive medicalised subjects, then, we agree with Nikolas Rose in his 'Beyond Medicalisation'[12] that this term explains 'very little, almost nothing' today.[22] As Rose states:

The theme of medicalisation, implying the extension of medical authority beyond a legitimate boundary, is not much help in understanding how, why, or with what consequences these mutations have occurred. Medicalisation might be a useful neutral term to designate issues that were not at one time but have become part of the province of medicine. It might be a useful slogan for those who wish to dispute the legitimacy of that medical remit. But the term itself should not be taken as a description or an explanation, let alone a critique.[12]

We agree with Rose that the historical understanding of medicalisation - the idea that we are simply subject to a powerful medicalisation caused by an abuse of power, and the critic's conclusion that this is happening more and more - is no longer fruitful, if it ever was. As Rose writes: "The term medicalisation might be the starting point of an analysis, a sign of the need for an analysis, but it should not be the conclusion of an analysis." [12] This is like saying that we are secular beings because we are secularized, that is, we denounce a certain process, but seem to miss a real understanding of it in order to analyze the conditions of it.

What, Why and How

Consequently, the question is not only what medicalisation means, but also why medicalisation happens, and how this is related to the evolution of contemporary society. Referring to the work of French sociologist Jean Baudrillard, we will explore how medicalisation understood solely as a critique of the use and abuse of external power, leads to a complete misunderstanding of medicine in today's Western societies.

In fact, what are we dealing with in today's society? Do citizens in Western societies consistently maintain a stance of social critique and combativeness against the medical system in order to expel it, blow it up, or accuse it of systematic social iatrogenesis?[13] We seem to be confronted with the opposite. Instead of resisting medicine and medicalisation, most of us do everything we can to participate in it, and in doing so, we are not passive subjects, but active and 'empowered'[23] patients who are fond of consuming drugs, going to doctors and plastic surgeons with genuine aesthetic motives, and taking anti-depressants and fat-burners on a

massive scale, etc.

Thus, using the term, medicalisation, to describe a unilateral process does not adequately reflect how the field of medicine is neither independent, nor unchanging. Institutionally, medicine is being reorganized, not only from the top down and the bottom up, but also from *the inside out*. [10] Conrad[5,6], for example, has highlighted the shifting engines or drivers of medicalisation over time, noting how doctors are no longer its the primary drivers. He contends that while the definitional centre of medicalisation still lies within medicine, other factors such as health-care markets, consumers, biotechnology, and pharmaceuticals are now taking centre stage in the medicalisation of society. In many ways, Conrad supports Rose[12] in saying that biomedicine has changed through technological developments and commercialization. Similarly, Clarke and colleagues[7] have developed innovative understandings of what they term 'biomedicalisation' that take into account the complex interrelatedness of technoscience, modes of knowledge production and management, techniques of governance, and embodied identities.

Consequently, we argue that medicalisation still maintains a (non-neutral) critical usefulness, as long as one incorporates it into an analysis capable of dealing with contemporary problems. One of the crucial problems in this debate on medicalisation is who medicalises whom. Is it simply 'the system', 'the state', or 'big pharma' that dictate to us, or does our own behaviour also instigate the process of medicalisation? When we are dealing with this question, the answer is not as easy as it might seem at first glance. Take for instance the public health campaigns of many national governments. Many of these campaigns deal with the importance of a healthy lifestyle: how we should prevent ourselves from becoming ill by stopping smoking, or taking part in more physical activity or eating a healthier diet. They either exhort us to us to make healthy lifestyle choices, or they inform us about the need to participate in health care, and take part in preventative screenings and diverse health examinations. These campaigns are a classic example of how the medicalisation of daily life increases by warning us away from so-called risk behaviour. Take, for instance, the pedometer: it counts every step that you take in order to stimulate your daily exercise. While the effect may be positive, at the same time, every step that you take is health motivated, not because you simply enjoy walking (or not). This is a common example of how health care and government medicalise daily activities, and turn them into medical worries about our health and future wellbeing.

However, paradoxically, today, many governments focus not only on how to get people into health care, but also on how to get them away from it by looking for ways to decrease medical consumption. That is, because too much medicine is now consumed in many Western societies—in particular antibiotics[24]—the problem has now become how to prevent the over-consumption of health care.[25] In today's medicine, it seems that we are not simply suffering under powerful systems which force us, albeit in a subtle way, to consume; on the contrary, unless our governments prevent us from doing so, we seem to be doing everything we can to overuse the system, to consume medicine as much as possible.

In principle, much social critique has insisted that resisting medicalisation must come from outside the system: citizens should be made aware of the dangers of medicalisation and how to resist the implicit and explicit forces that generate mechanisms for changing our behaviour. However, if medicalisation and medical consumption are the result of our own over-consumption, is this critique not then confronted by a stubborn aporia? If the problem is not that people are unable to resist medicalisation, but rather that they willingly overuse the health care system to beyond its capacity, how does one criticize this? Does current social critique not lead to a dead end here?

Implosion

The work Baudrillard may be of help in understanding this evolution. The inflation of medical consumption and the potential destruction of health care 'from within' rather than from resistance to it 'from without', corresponds to what Baudrillard described as *implosion*:

The absorption of one pole into another, the short-circuiting between poles of every differential system of meaning, the erasure of distinct terms and oppositions, including that of the medium and of the real – thus the impossibility of any mediation, of any dialectical intervention between the two or from one to the other.[26]

Here, Baudrillard does not describe medical consumption in a context of resistance or revolution, but as a collapse from within.[27] As he writes in *Simulacra and Simulation*:

One must envisage this critical but original situation at its very limit: it is the only one left to us. It is useless to dream of revolution through content, useless to dream of a revelation through form, because the medium and the real are now in a single nebula whose truth is indecipherable.[26]

Obviously, Baudrillard's point of view differs from the social

critique in which subjects have to be equipped for resisting the political and economic powers stalking our society. An appropriate metaphor for this latter situation context could be *explosion* in the broadest sense of the word: a social critique that attempts to destroy the powers which convert people into medicalised and impoverished subjects. In contrast, Baudrillard's *implosion* describes a threat to a system that can be dismantled, but does not stem from revolutionary resistance from outside, but from a kind of dissolution from inside. Today most people are not rebelling against capitalist society because its overwhelming luxury is abhorrent, or because they are forced to consume, but rather because they believe that they too have a right to this luxury and consumption and they demand the means to afford it. Today, the queues do not consist people demonstrating against the scandal of another new version of an iPad or a new smart phone; people are queuing in front of the stores because they wish to be the first to own these latest versions.

This evolution is also detectable in contemporary health care. Often medical consultation has become an activity of consumption and transaction. Some even speak of 'wish-fulfilling medicine'.[28] Medicine is now requested for all kinds of individual wishes and desires. Consumers are no longer the passive beings described by Herbert Marcuse and others during the sixties,[29] but are active and well informed subjects who attempt to buy the health they prefer because they feel that they have a right to it.[30,31] Far from being merely passive subjects, many consumers today claim their 'rights' in a most active way. As they consider health a part of their personal desires and longings, they consume what they desire and, therefore, can be described as the instigators of their own 'medicalisation'.

The notion that the medicalised subject is understood to be passive contradicts the way that medicine and commercialization have co-evolved. As the whole of Western society became focused primarily on the individuals' rights and concerns, autonomy and patient rights also became more important in health care. Thus, the contemporary patient's active role differs substantially from that of decades ago. Patients are now asked explicitly regarding their wishes and preferences. As Rose states:

With notable exceptions (children, prisoners, people deemed mentally ill and admitted to hospital under compulsion), doctors do not force diagnostic labels on resistant individuals. And although drug companies use techniques of modern marketing, they do not seek to dupe an essentially submissive audience. Marketing techniques, since the 1950's, have not regarded the consumer as a passive object to be manipulated by advertisers, but as someone to

be known in detail, whose needs are to be charted, for whom consumption was an activity bound into a form of life that must be understood. Marketing does not so much invent false needs, as suggested by cultural critics, but rather seeks to understand the desires of potential consumers, to affiliate those with their products, and to link these with the habits needed to use those products.[12]

Emphasizing the role that patients and consumers play in their own health care not only challenges our conception of medicalisation, it also forces us to think about the status of social critique today and the way that contemporary individuals relate to health care.[32] The insight Baudrillard offers us in this context is that any contemporary social critique of medicalisation needs to be supplemented with a theory of consumption and perhaps also a theory of desire. Although many Marxist analysts in the seventies understood capitalism as an obligation from above which forced us, as consumers to be alienated from ourselves, today we can state that it is because our desires are at work in consumption that capitalism works well, and is embraced by so many people.

We are not obligated to medicalise our lives, but we spontaneously plead guilty to our friends and colleagues if we do not take care of our physical condition. We desire to be healthy and, therefore, we consume much medicine, as a result of which the system itself has to be protected from overuse. Neil Postman's[33] famous slogan 'we amuse ourselves to death' translates into the medical context as 'we medicate ourselves to death'. Of course, our desires are never simply 'ours', but are always mediated by other individuals and our cultural milieu. However, the ways in which these desires are satisfied today, have important implications for social critique in general and the debate on medicalisation in particular. If, for example, governments do not step in to stem this medical over-consumption, it is possible that we will undermine health care through overuse until the system implodes from within, due to the enormous costs arising from this medical consumerism. As a result, concomitant with the challenge of prevention falling short, there is also the risk of over-consumption and over-diagnosis in medicine.[34]

Analyzing Desire

Medicalisation is not a neutral topic; however, something is going on today and we need to analyze it. As Rose concludes: "[...] we need more refined conceptual methods and criteria of judgment to assess the costs and benefits of our thoroughly medical form of life—and of those that offer themselves as alternative." [12] Since the situation in health care is far more complex than the simple fact that

advances in medicine can cure us better than before, we need to analyse 'beyond good and evil'. Consumption and medicalisation are not topics which are particularly suitable for bio-ethical analysis, but rather are themes about human desire and longing for wellbeing, regardless of their ethical connotations.[35] However, contemporary standard research on medical consumption does not deal with these issues since it is difficult to make a randomized control study of them.[36]

Although, initially, medical consumption and desire may seem to be theoretical topics, their practical importance is high. Every strategy of public health or health promotion is based on a particular concept of the human being; at present, desire is considered an important drive in our existence. It can explain why, for example, people who know that they are making unhealthy lifestyle choices are still unable or unwilling to change their behaviour.[37]

Baudrillard states that desire is central in every subject's motivation, and that the one who desires is not a passive subject who helplessly internalizes marketing incentives and the imperatives of society.[38] Consequently, consumers desire everything that they utilize, including health. Thus, unless we acknowledge the importance of human desire in our analysis of medicalisation, we will never understand what is at stake today. Of course, medicine is still associated with need, but need alone no longer drives the system. Today, desire and consumption are often not related to need, but are attempts to fulfill specific desires, which may, or may not, be in any way necessary to our actual state of health. For example, when breast implants are promoted as high school graduation gifts and more and more women request labial surgery,[39] obviously, human desire is at work rather than a quest for health.

Consequently, we are suggesting that a study of the role played by desire in today's medicalisation, be undertaken from the perspective of consumption studies or the sociology of markets.[40] Future research might also include empirical social studies to examine the behaviours and consequences of patients becoming consumers and of medicine employing the language and sales strategies (e.g., advertising) used by other consumer products and services. Studying wish-fulfilling medicine[28] could also include what has been called, 'technoluxe': a view of the body as something to shape and of life as the process of this shaping as realized through acts of consumption.[41]

Never Ending Story?

Of course, the tendency to over-consumption is not solely a matter of individual desires. As Peter Sloterdijk states in *Du mußt dein Leben ändern*, our humanistic era is founded upon the idea that man no longer has the right to not make something of his life. If God no longer offers me my life and, therefore, my fate as a gift, my life becomes what I make of it.[42] This is especially true for health, which is now often described as fitness or wellbeing, making it even harder to define precisely. In his well known, *Liquid Modernity*, Zygmunt Bauman writes:

The state of 'fitness' is anything but solid; it cannot by its nature be pinned down and circumscribed with any precision. [...] If health is a 'no more and no less' type of condition, fitness stays permanently open on the side of 'more': it does not refer to any particular standard of bodily capacity, but to its (preferably unlimited) potential of expansion.[43]

Since the pursuit of fitness has no natural end, we always long for more, and never attain a final goal. It is this 'never ending story' that indicates why an examination of medicalisation is very important: as there is no final ending, we always fall short of our ideal of fitness, and must keep looking for another new route towards it: "What yesterday was considered normal and thus satisfactory may today, be found worrying, or even pathological and calling for remedy." [43] Therefore, is it surprising that, since fitness is one of the ideals of today's society, we all long for it - 'craving for health care' and desiring a time when medical consumption can offer us a final solution?

Future health care can only survive if it finds a way of dealing with this longing. As an ongoing process medicalisation has no ending point, and the financial costs of a whole population longing for health or fitness will be enormous. If we wish to prevent the shutdown of public systems of social security (or the complete privatization of them), we urgently need research on the co-evolution of medicine and commercialization and the importance of human desire in analyzing today's medicalisation.

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