Medicalization and Social Control

I. Lots of examples
   A. Social anxiety, mood swings, impotence, shyness, body size, breast shape, childhood, aging, teeth, vision, childbirth, menopause, violence, spousal abuse, child abuse, pedophilia, male chauvinism

II. Typologies of deviance and of social control
   A. Consider our bell curve

How do members of a group or society characterize “boundary testers” (or boundary crossers)?

1. Evil god’s law, moral law
2. Selfishness, greed civic, social mindedness
3. Illegality Contrary to legitimate authority, law
4. Sickness Contrary to social definitions of health
5. Lifestyle Contrary to dominant group’s lifestyle

B. And now recall our styles of social control
   1. Penal
   2. Compensation
   3. Prevention
   4. Conciliatory
   5. Reform
   6. Therapeutic

C. As a DEPENDENT VARIABLE, social control can move – that is, over time a given behavior/situation can elicit different kinds of social control. As “deviance” a given act of boundary crossing can be re-categorized.

D. Our design lecture, for example, was about shifting from penal social control to prevention.

III. Definition of “medicalization”
   1. “process by which non-medical problem become defined and treated as medical problems, usually in terms of illnesses or disorders” (Conrad 1992, 209)
   2. In general : “process and outcome of human problems entering the jurisdiction of medical profession” (210)

IV. Process in Hyperkinesis Case

Let’s start with definition. What does Conrad mean by “discovery”? Discovery = origin of the diagnosis and treatment for disorder and identification of children who
exhibit the behavior. It's about the history of the active use of a category and the mobilization of a profession to process people in that category.

A. The Medical Diagnosis of Hyperkinesis
   1. Wide range of symptoms (hyperactivity, short attention span, fidgetiness, impulsivity, not following rules)
   2. Most of the symptoms are “deviant” behavior.

B. The Discovery of Hyperkinesis
   Combination of clinical/ scientific factors and social factors
   1. Clinical Factors
      • 1937 discovery that amphetamines calm problem children
      • 1947 hyperkinetic behaviors noted in post-encephalytic children
      • 1957 “hyperkinetic impulse disorder”
      • 1961 Ritalin (synthesized mid 50s) approved by FDA. Like amphetamines but without undesirable side-effects
      • Subsequent research on etiology and treatment
      • By 1975 it is the most common child psychiatric problem. New clinics established. Federal funding. Teachers learn how to recognize symptoms. School systems become involved in treatment.
   2. Social Factors
      • Emergence of child psychiatry as a field (new fields need to prospect for applications)
      • Pharmaceutical Revolution
         ° Growth of synthetic drugs – molecules synthesized, looking for a market, developing markets and so on
         ° Advertising to physicians and educators
      • Government Action
         ° Concern over widespread use – no doubt somebody’s moral crusade – leads to HEW “investigation.” Who’s on it? Physicians and other professionals and they recommend restricting diagnosis and prescription to M.D.s.

A few important things to note. First, the expansion of medical category to include something that was conceived of as having non-medical origins before. Second, the occasional cart-before-the-horse aspect (though this is not determinative in either direction -- lots of medicine proceeds top down and lots that is CBTH is legit). Third,
the involvement of economic actors (pharmaceutical corporations and professions).

Fourth, the role of the state.

V. **Generic Process**

Keep in mind the questions Conrad wanted to answer (see his "Discussion"):

- How did children's deviant behavior become conceptualized as a medical problem?
- Why did this occur when it did?
- What are the implications of the medicalization of deviant behavior?

**Moral entrepreneurship.** In the case of ADD/HD who were the moral crusaders?

- Physicians who were able to capture a bit of the "social problem action"
- Pharmaceutical companies
- Association for Children with Learning Disabilities

Note, especially, the latter. Around almost any social problem we find interest groups who lobby for particular definitions of the problem including, especially, what categories of professionals the problem should be assigned to. A few examples:

- Association of Trial Lawyers of America
- National Association of Social Workers http://www.socialworkers.org

And along with these there will be an organization that oversees the training and certification.

- Council on Social Work Education http://www.cswe.org
- Association of Social Work Boards http://www.aswb.org

A. Conrad and Schneider's 5 Stage Sequential model

1. **Definition of behavior as deviant**, problematic, etc.
   - Explanations, esp etiological often follow. Attribution. Being (labeling that reflect fact that behavior reveals person's essential qualities).

2. **"Prospecting"** -- medical discovery.
   - Article appears in medical journal proposing a medical take on something (e.g., what was really going on at Salem was poisoning from mold on barley). Called prospecting because lots of announcements of medical connections to deviance are never followed up on. And most are trial balloons.

3. **Claims-Making.** Medical and non-medical interests converge.
   - On medical side it might be specialized clinics or research. Folks who are going to make a name for themselves. Who are pushing the envelope. They lobby general professional organization for some sort of recognition (designation of new specialty, inclusion in certification exams, etc.). Form committees, issue reports, etc.
Title

- Non-medical claims-makers join in. Corporations who make associated products, "victims" organizations.

- Important to note the strange role of democracy and large players. Lobbyists push hard to get a large association to see things its way.

- examples MADD, National Council on Alcoholism, American Cancer Society.

4. **Legitimacy** : Securing Medical Turf.

- Proponents launch instrumental not merely rhetorical and symbolic challenge to existing definitions. Usually an appeal to the state for official jurisdictional designation.
  - E.g., drug courts, drunk drivers being sent to driving school and counseling, spousal abuse perpetrators having group therapy, being committed to hospital for the insane

5. **Institutionalization** of a medical deviance definition.

- Enshrined in diagnostic manuals.
- Training courses, subspecializations
- Federal agencies founded
- Covered by insurance!
- Lots of organized "vested interests" that make it hard to ever change the designation

VI. **Levels of medicalization**

   A. Conceptual – ordering or definition of problem. Medical profession may or may not be involved.

   B. Institutional – organizations adopt medical approach to problems the organization deals with. Physicians often involved as "gate keepers" and advisors and legitimating experts.

   C. Interactional – physicians involved in doctor-patient relationship, offering diagnosis and treatment

VII. **Degrees of medicalization**

   A. Remember Black wants us to look at not just variations in kind of social control but also amount.

   B. Not either/ or but a matter of degree.

   C. Examples
      1. Spouse abuse v. child abuse.
      2. Menopause -- can watch this change almost as we speak.
      3. Alzheimer's

VIII. **Critiques**

   A. Overused
   B. Social Construction, Conceptual validity
1. But note that critiques not generally about “mere social construction” – rather pointing out the social process involved
2. “displaying the social and contextual nature of knowledge ... does not necessarily mean the knowledge is false” (212)

C. Offering social rather than medical explanations of causality
   1. Focus is on etiology of the definitions and treatment (e.g., the social control) not the condition or behavior
   2. Spurious criticism: few sociologists make any claims about causation

IX. **Demedicalization**
   A. Masturbation
   B. Homosexuality
   C.

X. **Bright sides and dark sides**
   A. The good
      1. “humanization” of social problem handling
      2. focus on helping afflicted individuals, lessening suffering and so on
   B. The bad
      1. Misplaced assumptions of neutrality
      2. Control by experts
      3. Over individualizing of social problems
      5. Prevents seeing social/structural causes.
      6. Therapeutic control may subvert prevention or reform
      7. Diminution of responsibility
      8. Dominance of technology
      9. Eliminates concept of evil
   C. Scary tales
      10. Soviet psychiatry
      11. Nazi Eugenics
      12. Forced sterilizations

XI. **Theoretical Roots**
   A. Secularization hypothesis
      1. science replaces religion as dominant mindset
         • society needs “explanation” or way to characterize border violators and so badness becomes sickness
      2. Or we can say
         • Religion ⇒ State/Civic Religion ⇒ Science and evil ⇒ crime ⇒ illness
3. Examples
   - Madness goes from “possession” to mental illness
   - Anorexia as a modern form of “salvation addiction”
   - Childhood rambunctiousness becomes ADD/HD
   - Fertility: rituals and dances and incantations to university research centers

B. Professions

C. Organization and structure of profession, questions of dominance and monopolization

D. What is a profession? Organization which gets a legitimated monopoly on some economic activity along with the rights to be self regulating.

E. Examples
   1. Lawyers run law schools and state limits practice of law to people they train and certify (e.g., bar exams)
   2. Doctors

XII. Propositions (Conrad and Schneider)
   A. Medicalization and demedicalization are cyclical
   B. Medical designations more often promoted as alternatives to criminal designations rather than as ends in themselves
   C. Medicalization usually involves small groups within medical professions at first
   D. Medical definitions of deviance often based on notions of compulsivity (related to cultural constructions of free will, human nature, etc.)
   E. Medicalization and demedicalization are political not scientific phenomena

XIII. Issues on the horizon
   A. Public health and communities (e.g., drugs, violence)
   B. Genetic screening
   C. Expansion of psychopharmacology
   D. Information and surveillance

XIV. Research projects for you
   A. Toward a general theory of medicalization
   B. Compare two differentially medicalized behaviors and trace history
   C. Look at failed attempts to medicalize or demedicalize
   D. How do changes in American medical system affect process of medicalization?