

## MEDICALIZATION AS THE PHENOMENON THAT CONTROLS SOCIETY: AN INTEGRATIVE REVIEW

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**Abstract:** Introduction: The medicalization process is difficult for society to understand. Objective: with the aim of understanding the perception of Brazilian researchers in relation to the phenomenon of medicalization of society, this study was carried out based on the analysis of the scientific production of the last ten years on this subject. Methods: This is an integrative review, in the Scielo, Bireme, Pubmed and Google Scholar databases using “medicalization” or “medicalization of society” as descriptors. From this search, 37 articles were found. Results: The search in the databases and analysis of the articles was carried out from November 2018 to January 2019. From this analysis of the 37 articles obtained, the sample was composed of 27 articles after the delimitation determined by the inclusion criteria and exclusion of articles and removal of articles obtained repeatedly from more than one database. Discussion: Data were subdivided into subtopics for better understanding. Medicalization as a strategy for pain, medicalization and sexuality, medicalization and the health and disease process. Conclusion: From the analysis of the articles, it was observed that although medicalization has its origin in the seventeenth century, it is a phenomenon that affects contemporary society and is still insufficiently addressed by researchers.

**Keywords:** Medicalization; Science, Technology and Society; Social behavior.

## **INTRODUCTION**

The biomedical model would work as a means of establishing moral norms. The social practice of biopower, on the other hand, would consist of a way to control society, as well as religion and the law (Foucault et al., 2017). of medicine as an instrument of control, based on the discourse of prevention and treatment of illness, determined the behaviors that populations must follow. (Foucault et al., 2017)

The use of medication and surgical procedures, such as cesarean section, for example, gives the population a false sense of security based on control, this time of the functioning of the human body. With surgical procedures, it is possible to extirpate from this body what makes it sick. From the cesarean section, saving the woman and the newborn from unfavorable outcomes, passing the idea of inability to give birth to the imperfect female body. And, the medicines would be the encouragement for the sufferings inherent to human existence.

However, human beings need to understand their impotence and inability to control life and the pains that encompass their essence, being resilient in the face of the difficulties inherent in daily survival. By allowing oneself to understand the limits of living, the individual can experience it in a lighter and less unhealthy way, thus managing to reach the finitude of life only through the fulfillment of experiences and not due to suffering.

Based on this, with the intention of understanding the perception of Brazilian researchers in relation to the phenomenon of medicalization of society, this study was carried out from the analysis of the scientific productions of the last ten years about this theme.

## **METHOD**

This is an integrative review, in the Scielo, Bireme, Pubmed and Google Scholar databases using “medicalization” or “medicalization of society” as descriptors. From this search, 37 articles were found that made up the study population.

Based on the guiding question: what is the understanding of Brazilian researchers in relation to the contemporary phenomenon of the medicalization of society? The inclusion criteria were defined as: complete articles

with free access published in the last ten years (2009 to 2019) in Portuguese, available in the cited databases. Articles that did not address the subject of the study were excluded from reading their abstracts.

The search in the databases and analysis of the articles was carried out from November 2018 to January 2019. From this analysis of the 37 articles obtained, the sample was composed of 27 articles after the delimitation determined by the inclusion and exclusion criteria of the articles. articles and the removal of articles obtained repeatedly from more than one database.

To classify the articles according to the level of evidence, a scientific evidence level classification scale was used: Level 1: evidence resulting from the meta-analysis of multiple randomized controlled clinical studies; Level 2: evidence obtained from individual studies with an experimental design; Level 3: evidence from quasi-experimental studies; Level 4: evidence from descriptive studies (non-experimental) or with a qualitative approach; Level 5: evidence from case reports or experience and Level 6: evidence based on expert opinions<sup>2</sup>.

With the analysis of the articles that composed the sample, they were divided and grouped according to the similarity of their addressed contents.

## **RESULTS AND DISCUSSION**

For this review, 27 articles defined according to the inclusion and exclusion criteria explained in the methodology were analyzed.

A large number of studies (15), as can be seen in Table 1 below, do not make the method used explicit. The classification of articles according to the level of evidence was defined based on the analysis of their objectives.

Title	Authors	Publication year	Goal	Method	Evidence level
<b>The medicalization of education and resistance in the present: discipline, biopolitics and security</b>	Lemos FCS.	2014	It aims to think about the intensification of medicalizing practices of political resistance and education in contemporary society	Not explained in the article	6
<b>Medicalization and biological reduction in psychiatric discourse</b>	Uhr D.	2012	The authors carry out a critical analysis of the biomedical approach to the health and disease process.	Not explained in the article	6
<b>Men's health care policy in Brazil: the paradoxes of medicalization of the male body</b>	Carrara S,Russo JA, Faro L.	2009	This article seeks to reflect on the way in which the program was formulated.	Not explained in the article	6
<b>Reception and social (de) medicalization: a challenge for family health teams</b>	Tesser CD,Neto PP, CamposGWS.	2010	Analyze the relationship between different welcoming strategies and their possibilities of medicalization and demedicalization.	Essay	5
<b>Reception in the Family Health Program: review of approaches in Brazilian journals</b>	Santos IMV,Santos AM.	2011	identify and analyze the different approaches in selected studies in Brazilian journals	Systematic literature review	3
<b>Captured by sex: the medicalization of male sexuality in two moments ‘</b>	Rohden F.	2012	Reflect on the medicalization of male sexuality from the point of view of two distinct historical processes.	Not explained in the article	6
<b>From impotence to erectile dysfunction. Destinations of the medicalization of sexuality</b>	Giami A.	2009	Articulate the logic of a social construction of male impotence based on the interventions of different agents and institutions.	Not explained in the article	6
<b>Diagnosis as a proper name</b>	Baroni DPM,Vargas RFS,Caponi SN.	2010	To problematize, together with the emergence of this knowledge about the subject that dictates ways of life, the identification with the name of a diagnosis and other questions that pervade the theme of medicalization.	Discussion of mental health in a critical perspective.	6

<b>Gender differences and the medicalization of sexuality in the creation of the diagnosis of sexual dysfunctions</b>	Rohden F.	2009	Critically analyze the most important and current international contributions that have taken the recent stage of the medicalization of sexuality as a research topic.	Not explained in the article	6
<b>Genealogy of biopower</b>	Martins, LAM, Peixoto JuniorCA.	2009	Trace the elements, questions and problematizations that made it possible for Michel Foucault to elaborate the concepts of biopower, biopolitics, governmentality and security.	Not explained in the article	6
<b>Medicalization of the Ways of Being and Learning</b>	Christofari, AC, Freitas CR, Baptista CR.	2015	This article analyzes ways of being and learning at school, considering medicalization as a device that transforms behaviors in human life in pathologies.	Historical-conceptual dimension, problematizing this process.	6
<b>Medicalization: an (im)pertinent critique?</b>	Carvalho SR, Rodrigues CO, Costa FD; Andrade HS.	2015	We question the concept of medicalization, exploring the possibilities opened by Michel Foucault's writings.	Not explained in the article	6
<b>Medicalization, substance use and work context among bank employees in Rio Grande do Sul, Brazil</b>	Gaviraghi D, De Antoni C, Amazarray MR, SchaeferLS	2016	To investigate the consumption of medication, psychotropic drugs, alcohol and other drugs and their relationship with sociodemographic and work variables, in addition to the relationship between this consumption and the work context of the banking category.	This is a quantitative, exploratory, cross-sectional and correlational study.	3
<b>Metamorphoses of medicalization and its impacts on the Brazilian family</b>	Barbiani R, Junges JR, Asquidamine,F, Sugizaki E.	2014	The State's mechanisms for aligning emerging public policies with the legitimation of the biologizing model are analyzed.	Review of historiographical research	6

<b>Not every form of love is worth it or passion is cocaine, love is rivotril</b>	Tucherman I.	2015	Produce a reflection on contemporary subjectivity	Essay	6
<b>Care for women who experience menopause from the perspective of demedicalization</b>	Kantoviski ALL, VargensOMC.	2010	Discuss menopause from the perspective of demedicalization.	Not explained in the article	6
<b>The Misconceptions and Successes of the Campaign “No to the Medicalization of Life”</b>	Frias L, Júlio-Costa A.	2013	Explain what the Campaign understands by medicalization and present its arguments against this practice.	Not explained in the article	6
<b>For a critique of medicalization in education</b>	Meira MEM.	2012	It critically analyzes the growing process of medicalization of everyday life and its contemporary expressions in the field of schooling.	Not explained in the article	6
<b>Perceptions, expectations and knowledge about natural childbirth: experience reports of parturients and health professionals</b>	Pinheiro BC,Bittar CML.	2012	Knowing the perceptions, expectations and knowledge of puerperal women in relation to the experience of natural childbirth, as well as the procedures used by professionals of health for the humanization of childbirth.	Qualitative approach	4
<b>Losses and stakes in the fight against the silencing present in the medicalization process</b>	Machado AM.	2014	Establish the relationship between the functioning of the Forum on the medicalization of education and society	Not explained in the article	6
<b>Professional practices and treatment offered in caps II in Natal: family participation as a strategy</b>	Azevedo DM, Miranda FAN.	2010	To investigate the perception of family members about the treatment offered at CAPS II East and West in the city of Natal-RN	An exploratory and descriptive study, with qualitative approach.	4

<b>Drug advertisements: health as a consumer product</b>	RABELLO ET, CAMARGO JÚNIOR KR.	2012	Discuss television advertisements for medicines as a means of transmitting and representing current concepts about health, functions and use of medicines.	Qualitative approach	4
<b>Advertising and Medicines: A world of images and promises</b>	Dantas JB.	2010	Discuss the relationship between the use and advertising of medicines today, based on the so-called consumer culture.	Not explained in the article	6
<b>Male sexuality issues in primary health care: gender and medicalization</b>	PINHEIRO TF, COUTOMT, SILVA GSN.	2011	Understanding how the sexuality of male service users is presented in the context of care, and how the demands that are configured in this scope are addressed.	Ethnographic perspective	4
<b>Technification of life: a discussion on the discourse of the medicalization of society.</b>	Dantas, J.B.	2009	Discuss the role of medicine in contemporary times as an object steeped in technological disproportion.	Not explained in the article	6
<b>An overview of the variations around the concept of medicalization between 1950-2010</b>	Zorzanelli RT, Ortega F, Bezerra Júnior B.	2014	Demonstrate the need for more refined theoretical means to investigate costs and benefits of forms of life permeated by biomedicine in contemporary times.	Not explained in the article	6
<b>Use of methylphenidate in the medicalization of early childhood education: an integrative review</b>	Ribeiro BS, Leite PL, Sena ELS, Boery RNSO, Yarid SD.	2016	To analyze what the scientific productions are about the use of Methylphenidate in the medicalization of early childhood education, linking them with ethical, bioethical and legal aspects.	integrative review	4

Table 1 – Demonstration of the articles composing the review sample.

Source: prepared by the author (2019).



## **DISCUSSION**

### **MEDICALIZATION AS A POWER STRATEGY**

According to the historical analysis by Foucault et al 2017, the medicalization of society presents elements such as biopower, biopolitics, governmentality, population and security. The doctor is an instrument of fundamental importance in the exercise of government since it aims at advice aimed at improving and not making the bodies that make up the society in question sick (Dantas et al., 2010).

Medicalization interferes with the autonomy of human beings over their own health. From this, people must gain their independence from the medical power and other health professionals through attitudes that seek demedicalization (Barbiani et al., 2010)

When medicine became the science of diseases, it was a pioneer of scientific rationality and began to have sanitary control over families and over public health actions. That is, doctors were essential for the dissemination of the idea of medicalization in the daily social life of families. This idea is based on the belief that there is a remedy for every problem. (Barbiani et al., 2010)

### **MEDICALIZATION AND SEXUALITY**

The occurrence of the medicalization of male impotence constitutes an advance in the process of medicalization of sexuality. This medicalization practiced today is based on a process that began in the 1980s, whose discoveries took place in the branches of biomedicine under the responsibility of urologists with discoveries related to impotence.

This has repercussions on the propagation of medicalization with drugs aimed at potency such as Viagra. However, even as drug use ends up 'treating' the dysfunction and desire, there

remains a reduction in sexual experience and subjectivity of men to the anatomical-physiological norm of the erection. But, in the case of female sexuality, which is more complex because it is influenced by subjective or emotional aspects.

The insertion of men in medicalization, however, happened late in comparison to women, already substantiated over more than two centuries. This happens due to the advantaged social position that men have always exercised in relation to women. (Rohden et al., 2012).

### **MEDICALIZATION AND THE HEALTH AND DISEASE PROCESS**

Social medicalization consists of a complex sociocultural process that transforms experiences, suffering and pain into medical needs in the family and community environment itself, (Tesser et al., 2010)

Medicine, then, for Foucault et al., 2017, would be an institution that assists the modern State in the organization of collective and individual life. And the State, this way, would interfere in biological aspects such as reproduction, disease, work and pain. Zola et al., 1972, define medicalization as the phenomenon where the medical profession reaches new domains, reaching problems that were previously considered spiritual, moral and legal. So, medicalization would emerge as a medical-sanitary regulation of life used strategically to order the relationship between the State and individuals and the everyday storms. (Tesser et al 2010., Baroni et al 2010)

Medicalizing, then, has two aspects: The first constitutes the error of treating a social and collective problem as a biological and individual problem. And the second is characterized as a political strategy of manipulation of public opinion masking problems, removing the blame from the authorities. (Frias et al 2013).



The pharmaceutical industry, when launching a drug, is based on the large investment in research and development as a justification for the high market value, to convince people to buy it. This shows how technology and science are linked to medicine and is an example of how medicalization actors use strategies to favor consumption<sup>23</sup>. Thus, life is increasingly being medicalized in favor of a faster and more efficient solution for day-to-day problems. So, psychopharmaceuticals appear in the quest to alleviate our anxieties in order to achieve “mandatory” permanent happiness. (Dantas et al., 2019)

Beauty and productivity standards are extremely valued by contemporary society. This can lead women in the menopausal phase to deny this phase or even lead to negative feelings, low self-esteem, unproductiveness and social isolation, leading them to an existential crisis. So, medicine, which is already used to medicalize the “imperfect” female gender, uses interventionist forms such as hormone replacement therapy (HRT) in association with antidepressants indiscriminately, although there are several contraindications for its use. (Kantoviski et al 2016)

Medicalization, therefore, can be understood as a current dominant myth undergoing successive updates and enhancements. And medicine, its vigorous symbol, is a faithful representative of this technical myth.

## CONCLUSION

From the analysis of the articles, it was observed that although medicalization has its origin in the seventeenth century, it is a phenomenon that affects contemporary society and is still insufficiently addressed by researchers.

Because, although the sample consisted of 27 articles, their level of evidence was low, the vast majority being formed by reports of experiences and opinions of scholars on the subject. Therefore, it is necessary that more studies be carried out on the scope and consequences of this phenomenon for the population with research methods with higher levels of evidence.

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