

MEDICALIZATION OF POPULATION AS A SOCIAL PHENOMENON

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The social role of medical concepts, practices and institutions has always been reinterpreted in social sciences. Nowadays the changes in the interaction of medicine and society bring up the “medicalization” of the population. For the last thirty or forty years, sociologists have used the term “medicalization” to refer to the process by which “non-medical” (or “life” or “human”) problems become understood and treated as “medical” problems. “Medicalization” can also be defined as a process in which the influence of medicine is spreading into all spheres of social life [3, p. 3-4].

The ideas behind the concept of medicalization were started by Michel Foucault and Ivan Illich. The term “medicalization” was first mentioned in academic and medical publications in the 1970s, most notably in the works of Irving Zola, Peter Conrad and Thomas Szasz. They argued that the expansion of medical authority into domains of everyday existence was promoted by doctors and was a force of social control that was to be rejected in the name of liberation [6], [7].

Social scientists typically understand themselves to be describing – not evaluating – social processes [5]. Indeed, one of the fathers of medicalization theory, the sociologist Peter Conrad, has stated more than once that the term medicalization is neutral. In his recent book he writes: “While medicalization describes a social process, like globalization or secularization, it does not imply that a change is good or bad” [2].

That is the main contradiction in present interpretation of the phenomenon of “Medicalization” – consequences are ambiguous. On the one hand, people start to pay more attention to the main value in their life – health, on the other hand, they begin to be hostages of their stereotypes, formed as a result of spreading medical style of thinking.

Medicalization has 3 levels: conceptual – a medical vocabulary (or model) is used to “order” or define the problem at hand; institutional – organizations may adopt a medical approach to treating a particular problem; interactional – doctor-patient interaction, when a physician defines a problem as medical or treats a perhaps otherwise socially understood problem with a medical form of treatment [4].

There are lots of areas of life that are subjected to medicalization: alcoholism and depression, mental diseases (caffeine intoxication, jet lag, a variety of personality disorders); syndrome of distractable attention, obesity, masculinity; pregnancy, child delivery, breastfeeding and infant nutrition; race; the process of dying and death [1, p. 39-40].

Personality and mentality features, changes in culture and mass consciousness, the reorganisation of the social structure, the overwhelming cult of beauty and a healthy lifestyle,

scientific and technological progress, the principles of the market economy and the commercialization complete each other and determine the conditions of today's sprawling process of medicalization.

Nowadays, medical progress often leads to the situations where it is difficult to draw the line between what is really aimed at the preservation of health or recovery, and what is dictated by extramedical thoughts. Later, disease model may be replaced by a social learning perspective. Thereby, the problems of the validity, scope and effectiveness of medical interventions in the human body and human life are becoming increasingly important. That is why one can apply to it once again, for an effective societal response to this complex issue.

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