Medicalization:
A Subtle Form of the Exploitation of Women

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The struggle for global justice
demands that we identify all the battlefronts
on which we have to wage sustained confrontation

The excessive medicalization of social problems is one of the fronts on which we, as women, are victims of manipulation and extreme social control. Examples of this are some forms of birth control, abortion, nursing, or death, illnesses or medical investigations, or perhaps the definition of feminine ailments as pharmacological problems.

The fact is that the world of medicine, in its plan to provide health-care, is not only directed towards health, but also towards market-oriented competitive norms,- food and technologies-, which contribute an interpretative content to the behavioral rules of the societies in question: life-styles, customs, as well as to its political, juridical and ethical representation. The “Ivan Ilich” Study Center has carried out work critical of the excessive functions of Western medicine, although it has not forcefully stressed their particular impact on women. In contemporary society all health services are regulated and directed towards ordering, classifying and making available certain controls for political and administrative reasons that at an earlier time were not considered part of medical competence. These actions began by turning professional certification into a vehicle of social adaptation, along with other criteria concerning duties and rights that disregard social as well as gender differences. There are, then, themes of special interest for the study of the health inequalities regarding gender; for example the impact of gender violence on the physical and mental health of women.

We women have a double social burden because of the different roles we play in the life of the family and of work. Within this context a crucial question arises: Which are the determinants that could explain the existing differences and inequalities that exist in the forms of social control exercised by medicine, and within it the medicalization of men and women? In addition to biological factors tied to gender, it is necessary also to consider social factors. Mention must be made of patterns of socialization, family roles, obligations, labor expectations and types of work that frequently cause physical and emotional overloads, that also have a marked impact on health. It is necessary that we denounce how the excessive medicalization of the natural processes such as pregnancy and menopause can cause unnecessary illnesses and injuries as exemplified by the high increase in the number of births by caesarean section, the consequences of in vitro fertilization and the indiscriminate use of substitute hormonal replacement during menopause.

The health of older women, and the impact on them of their economic wants caused by insufficient retirement income, adds to their greater biological as well as social vulnerability as women.

These issues have come to provoke intensive debates in the scientific community and among the users of these treatments themselves due to the fact that the political and administrative manipulation of the scientific divulgation results in a series of collateral effects on the health of women, in addition to the
economic, ethical and social injuries this divulgence inflicts on them. In this area there are still many subjects to be mentioned, and to the degree that we deepen our feminist understanding, we will be able to play a relevant role in the critique and the condemnation of all these forms of social injustice that hide behind the veil of medicine and of which we, as women, mothers, daughters, spouses, workers and fighters, are the victims.

It is true that one of the starting points can be found in the accepted absolute mode of scientific knowledge, having, therefore, an official character (undisputed, but what is important here is to expose how on this basis a certain disciplinary character is built up similar to what happens in the economy or in politics, where the female sex sees itself doubly subjugated). The field of science turns into a competitive battlefield that has as its center the defense of scientific authority against all kinds of professional “intrusions,” which, however, does not mean that within the sciences themselves there cannot be found all types of power relations, struggles, strategies, economic and political interests.

First: The belief is fostered that there exists a “moral neutrality of medicine” by supposing that such terms as disease and treatment, health or normality are morally neutral, which is not the case, for example, with the economic and political systems that, however, also operate under this assumption. These are the cases of social systems that do not guarantee health services.

Second: Given the above assumptions, human difficulties are individualized when the basic characteristics show up in practice, ignoring or minimizing the nature and the social influence of human behavior. That is to say that by means of specialized services such as the clinic, obstetrics, and psychiatric services people can resolve their problems without even specifying the female reality.

Third: The cultural situation of every citizen tends to be seen – whenever it causes an inconvenience for the economic or political system - as an “obstacle,” a resistance or a barrier to the established healthcare norms and practices. For example, the institutionally recognized and established physicians de-authorize different forms of healing and traditional practices, and use a language that is alien to the daily experience of the patients, thereby often causing an absence of communication and information.

Fourth: People are transformed into patients without being sick, by means of physical check-ups which are regularly administered by an agency. This way the responsibility that each person has concerning his or her future is transferred to an entity designed for that very purpose.

Fifth: In reality, the pharmaceutical industry not only promotes medicines for healing, but also for happiness. This also means that this type of industry has an extreme medicalizing characteristic as it influences the forms that assure a social recognition in which the female body and its image play a central role.

Sixth: The old “insecurity syndrome,” or what was at an earlier time the “inferiority complex,” is one of the ways through which the need for services and controls is promoted. The weaknesses of the female gender slide subtly as a sub-text into the educational and cultural discourses helped along by supposed medical studies, among other sources.

Seventh: The lack of a critical attitude by individuals as well as by the state toward health care is notorious. Its critique is tied more to reforms within the social welfare apparatus and the economy rather than to its global character and trans-national exploitation.

Medicalization finds itself expanding into all areas of life: the social, political, economic and cultural, and namely those of social welfare, invalidity, race, sex, old age, birth, stress, work, insanity, poverty, behavioral deviancies, education and special education among many others.

If the resistance to Medicalization by the social movements in different latitudes of the planet is to stand out in opposition to the clinical practices and their social transcendence, then it requires help in a
major and permanent enlightenment, given the intense activity of the health sector. These struggles can be one of the starting points in confronting the normative character of medicine and the social control carried out through it on a global level by the great interests.

We, the women, must always be aware of the fact that whenever we encounter regulations, dispositions, norms or processes of rehabilitation, we also will find in some measure those varied elements that are an integral part of the aims and functions of the supervision of persons and of the system in question. And the function of safeguarding the capitalist system of the world, its equilibrium and self-reproduction are some of the most important goals associated with other forms of power in order to ensure the maintenance of a society concretely machista (male chauvinist), unjust, divided into human sections that are alienated from a global solidarity.

In addition to the incomprehension of the way in which some mechanisms of health control, and with it the control of persons, operate, there is the open harassment on the part of the official academic institutions, the governments and the research institutions financed by the trans-nationals.

The governing medical ideology is a kind of “little politics” which has been present in different civilizations known to humankind, where it did exercise a controlling mission. The problem today lies in the fact that its power has increased and the nature of its particularity has allowed for the capitalist system to express this at a global level as the only possible solution, thereby becoming one of the actual foundations of public health.

The exaggerated “hegemonic medical model” of modernity is not only a theory, it is an institutional practice, an imagination embodied in its physicians and the forms of hospital organizations, its systems of education and validation, its relations with areas of research and the ‘health-enterprises’ (although more correctly one should talk about “health-merchandise”: medicines, diagnostic systems, hospital architecture.) In this context it is understandable that the established global imperial power is ready to do anything in order to avoid that this knowledge become universal because it would bring about the definitive crisis of the actual culture of ferocious capitalist exploitation and the birth of other forms of thinking and living within the borders of which there would be no space for the present system, built upon pitiless salaried labor.

NOTES

A complete critique of the place assigned to women in the contemporary globalized world implies bringing into debate topics such as:

- Neo-liberalism and the feminization of poverty;
- The dichotomy between the public and the private sphere: the political nature of the private space as the theoretical ground of feminism;
- The feminist struggles for recognition as citizens: vicissitudes in the access to the history of women as subjects;
- Violence made invisible: control and expropriation of the sexuality of women;
- The women’s movement and political feminism: the reconnection of the social with the political in the perspective of the feminist movement;
- The value-foundations of feminism: the reconnection of the social with the political in the perspective of the feminist movement.
- The value-foundations of feminism ideals, symbols and values of women.
- The medicalization in which the interpretation of many of its habitual problems are involved.
• The globalizing projects of contemporary capitalism that point to a growing conformity of the economic and the cultural structure on a highly hierarchical and exclusive planetary level, where the interests and the values of the great multinational enterprises and certain subtle social control mechanisms predominate.

• The expansion and the extraterritorial movement of cultural industries,

• The concentration and privatization of the means of communication, the expansion and growing homogeneity of information networks, the weakening of what is meant by the private and the public sphere, along with the excessive medicalization of social problems are necessary conditions for ensuring the efficiency of the capitalist globalization, but are also the causes of a political skepticism, of social apathy and the devaluation of the most progressive meanings of human history.

2 Ilich Ivan. Némesis Médica. Mexico, DF.

3 Jules Romain was inspired by the topic of medicalization to write a play in 1923, titled “Knock or the Triumph of Medicine,” Madrid, Bruno,1989. In this dramatic and tragic-comic work he presents us with a case of extreme professional fanaticism which has as its protagonist a recently graduated medical doctor who, substituting for a doctor who is retiring, achieves complete success. His success refers to the increase of customers, consumers of his medical services.

4 Ignacio Ramonet points out in his work “A World Without Direction” that the ideology of communication (to be called more correctly the “ideology of information,” since more than sharing something – which the root “common” implies – messages and ready-made signs are being ‘consumed’) is at the point of substituting completely the ideology of progress that has marked the last two centuries. “Communication” entirely converted into merchandise must now pass as the sentinel merchandise of spectacular society.