
The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders

by Peter Conrad, PhD. Johns Hopkins University Press, Baltimore, Maryland, 2007, 204 pages, \$20.00, (paper).

This short, tightly written, highly readable book deals with issues, often previously regarded as normal aging or personality flaws, that have moved under the domain of medicine. Transformation has, to a large extent, not been initiated by physicians but, rather, effected by cultural changes, insurance companies (managed care), pharmaceutical companies, and popular self-help books. This important book makes it obvious as to why health costs consume an ever greater percentage of the United States gross economic product.

The author provides accounts of how the treatments of entities such as male baldness, sexual dysfunction, and attention deficit disorder have become major industries. The exploration of the use of human growth hormone for short children and of medications to enhance athletic performance and test-taking performance (eg, for the Scholastic Achievement Test) provokes the question as to what happens to previously determined norms. What about those members of society who cannot afford these enhancements?

Of particular interest to psychiatrists is the author's exploration of how the diagnosis of posttraumatic stress disorder not only became medicalized but then was extended to cover a large number of human responses to trauma. He describes the medicalization of alcoholism, largely due to the efforts of Alcoholics Anonymous, and suggests that one legitimized medical category can beget others. He also recounts as to how homosexuality was initially medicalized as a disorder but then demedicalized by the American Psychiatric Association and yet now stands to be "re-medicalized" as a result of findings that suggest psychological/genetic predispositions to homosexuality.

All readers will be fascinated and informed by descriptions as to how the pharmaceutical companies have exploited (and at times created) various forms of medicalization, created markets for products, and then extended demand through direct-to-consumer advertising. The author notes that some nonprofit support groups for specific illnesses are often financially supported by pharmaceutical companies who have vested interest in treatments for these diseases. To quote Dr Conrad, "In our current medical age consumers have become increasingly vocal and active in their desire and demand for services. Individuals as consumers, rather than as patients, help shape the scope of, and sometimes the demand for medical treatments for human problems" (p 140). However, he indicates medicalization may have a positive side in that widespread

advertising for conditions such as erectile dysfunction and social phobia may help destigmatize these problems.

That author suggests that medicalization, while prevalent in the United States, is increasingly an international phenomenon and that cyberspace knows no national boundaries: "Perspectives that germinate in Boston today are available in Cairo or Moscow by the evening and in Calcutta and Yogyakarta, Indonesia the next day" (p 144). It is also important for the general reader to learn (which physicians already know) that physicians have been nudged aside and have been joined by other equally or more powerful players in the medicalization process.

In summary, this is an important book that will find many readers among the general public as well as among physicians. It is provocative and introduces questions to be debated. It is highly recommended as required reading for medical school courses that include aspects of medical sociology and should be read by all who are involved in medical policy decisions and those considering a career in medicine.

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