A century ago, when children and adolescents complained of an inability to focus in school, parents and teachers looked upon their hyperactivity and abundant energy as a mere phase, a juncture in life the youngsters would soon outgrow. Now, however, parents of easily distracted children have cause to worry. Their child’s inability to focus is no longer a stage of development but rather a treatable disease: Attention Deficit Hyperactivity Disorder. Besides ADHD, other cases of what we see as normal conditions becoming defined as illnesses include “alcoholism, mental disorders, opiate addictions, eating disorders, sexual and gender difference, sexual dysfunction […] Certain common life processes have been medicalized as well, including anxiety and mood, menstruation, birth control, infertility, childbirth, menopause, aging, and death.” These conversions of seemingly normal conditions into diseases represent many cases of medicalization.

According to Peter Conrad, the author of *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*, “Medicalization’ describes a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.” Medicalization, a concept that emerged as a topic of discussion in the late 1960s, has radically redefined our perception of both others and ourselves—almost every condition, character trait, or physical dysfunction that the majority of society does not possess becomes an illness or abnormality. In “How Medicalization Lost Its Way,” Joseph E. Davis supports this notion, acknowledging that we now view life and each other “in terms of health and illness.” In fact, the *The Diagnostic*
Statistical Manual of Health and Illness expands with each new edition, indicating an exorbitant growth in defined and treatable diseases.\(^{vi}\)

As the repertoire of categorized diseases expands and changes, humans strive to treat supposed illnesses in order to reach societal expectations of what is both healthy and normal. In doing so, individuals subconsciously conform to communal opinions. In *On Liberty*, John Stuart Mill grapples with this issue of individual conformity. Throughout the treatise, Mill stresses individuality’s importance to public prosperity, claiming, “That in things which do not primarily concern others, individuality should assert itself.”\(^{vii}\) To Mill, society’s success depends on individual spontaneity and dissimilarities. Without individuality, debate, and a constant contrast of opinions, society places itself in peril of complacency. Society’s primary threat appears to be internal: “the danger which threatens human nature is not the excess, but the deficiency, of personal impulses and preferences.”\(^{viii}\) Intellectual growth and societal development necessitate individual diversity and impulsivity. Otherwise, society becomes stagnant. In Mill’s liberal viewpoint, conformity above all else leads to society’s demise.

Medicalization would likely fascinate and concern Mill because of its relation to and affect on individuality. By redefining the way humans view individual conditions, medicalization either enables or restrains individuality. As Conrad notes, “Behaviors that were once defined as immoral, sinful, or criminal have been given medical meaning, moving them from badness to sickness.”\(^{ix}\) This shift in collective opinion regarding modern diseases creates a dilemma: is medicalization beneficial or harmful for individuals’ mental and physical growth and development?
Looking at this question through the lens of Mill adds a desirable dimension to the debate by allowing us to create a clear standard for weighing the benefits and disadvantages of medicalization in relation to individuality. Since individuality takes precedence over everything in Mill’s ideal world, medicalization should be a positive force if it overall increases individuality throughout society. Likewise, medicalization should be a negative force if it restricts or inhibits individuality throughout society. By medicalizing human conditions, are those involved fostering societal conformity (and thereby limiting individuality) by creating a standard for what people view as normal, or are they enabling increased individuality by de-stigmatizing undesirable personal conditions? Although Scholars argue both sides, the ultimate threat of medicalization is to encourage both conformity and blind consumerism by creating an overarching standard of normalcy and ostracizing those who fight the standard.

In order to comprehend the entanglement between medicalization and Mill’s prized individuality, one must first understand the primary force behind the modern phenomenon of medicalization: pharmaceutical companies. They strive to turn healthy individuals into disease-ridden consumers by medicalizing everyday conditions. In “A Pill for Every Ill,” Joan Busfield identifies the advent of consumerism in the medical field: “With growing affluence, the increased emphasis on consumption, and the greater use of information technology, individuals are not only being transformed into active consumers with higher expectations of their health, but also into ‘expert patients’.” These “expert patients” crave prescriptions and drugs, leading to increased consumerism and therefore increased profit, the foremost goal of most pharmaceutical companies, even above that of health.
With large sales as the objective, pharmaceutical companies understand that expanding their medical market to include healthy individuals generates more revenue. Instead of improving old medicines, they create new ones for new diseases. In “Selling Sickness: The Pharmaceutical Industry and Disease Mongering,” Ray Moynihan, Iona Heath, and David Henry describe how fashioning new diseases fulfills pharmaceutical companies’ drive for profit: “There’s a lot of money to be made from telling healthy people they’re sick. Some forms of medicalising ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments.”

Moynihan, Heath, and Henry substitute the term “medicalization” with “disease mongering,” a phrase with a definite negative connotation. “Disease mongering” specifically targets pharmaceutical companies, implying their abuse of both power and advertising in formulating new diseases. David J. Triggle also replaces “medicalization” with “disease mongering,” defining the latter term as “the creation and/or extension of disease terminology to identify for drug remediation what is, in essence, a normal condition.” Triggle’s definition similarly focuses on pharmaceutical companies’ expansion of defined diseases in order to sell drugs, not to help or enable individuals. Disease mongering’s goal is to lead individuals to “drug remediation,” a process that engenders profit through drug sales. Pharmaceutical companies morph everyday conditions into afflictions and defects, convince the public of the veracity of such diseases, and, finally, generate profit by persuading people to treat these new diseases with company medicine.

In the United States specifically, pharmaceutical companies employ multiple tactics to sell both products and diseases to the public. Concerned with profit over health,
companies viciously market their medical merchandise. They send doctors gifts, encouraging them to prescribe company products. They lobby the government, encouraging recognition of new diseases. They exercise “control over the science that underpins the development and testing of new medicines to determine that a drug is safe and effective—assessments necessary if a drug is to be licensed.” Finally, they market products through television and the Internet. The Internet particularly provides a strong outlet for companies to connect with consumers. Via web, companies can easily extract personal information from website browsers and use that information to customize advertisements for specific groups of people.

Currently, only the United States and New Zealand allow pharmaceutical companies to directly promote their products. In the United States, the Food and Drug Administration supposedly oversees direct-to-consumer advertising, but evidence from the Institute of Medicine of the US National Academy of Sciences suggests otherwise. Triggle summarizes the institute’s report, which concludes that the FDA is “dysfunctional in several aspects” and heavily influenced by companies it should be regulating. Pharmaceutical companies’ power now overshadows that of some government agencies.

The continual promotion campaign for Viagra epitomizes the intensity of pharmaceutical marketing, exemplifying the pharmaceutical industries’ “pattern of business practices that places profit above patient, emphasizing marketing over medicine.” In fact, Viagra was not originally created for erectile dysfunction. In an article in *Sociological Spectrum*, Richard M. Carpiano declares, “Initially tested as a heart medication, Viagra was not initially developed for ED. Therefore, if any group can be held responsible for the initial push to get Viagra on the market, it is the pharmaceutical
industry.”xx After successfully introducing Viagra to the market, Pfizer Pharmaceuticals began advertising the drug, and Peter Conrad notes the clever scheming and tactics in effect behind each advertisement. Pfizer set each commercial, promotion, and endorsement for Viagra in a familiar, normal setting. Approachable, masculine men advocated the product. This technique makes both the condition of sexual dysfunction and its medical solution appear “conventional and commonplace.”xxi Viagra’s “Direct-to-Consumer Ads” featured sports stars, political figures, and everyday men.xxii Despite their different lifestyles, all men applauded Viagra, emphasizing its inherent powers to better both sex and self-esteem. A clear success, the marketing campaign brought in $1.5 billion in profit in just the first year.xxiii xxiv

The Viagra campaign successfully completed the medicalization of sexual dysfunction while simultaneously garnering enormous proceeds. Though the aggressive, carefully formulated campaign implied a desire to sell by appealing to conceptions of masculinity above a concern for bettering individual health, the campaign was not entirely negative. Conrad notes, “One important social benefit of the popularity and widespread use of Viagra is a reduction in the stigma of sexual dysfunction.” By de-stigmatizing the sexual condition of many males, the Viagra campaign inadvertently helped individuals regain self-confidence and self-esteem by making the condition seem normal. Now, men and women can discuss erectile dysfunction “without embarrassment or shame,” all because of the Viagra campaign.xxv

E. Doran and D. Henry also agree that some pharmaceutical advertising is beneficial because it leads to de-stigmatization of conditions. They state, “With funding for public health education often scarce, commercially sponsored disease awareness campaigns
might carry out a valuable public health service. For instance, it is possible that emphasizing erectile dysfunction and mild depression has helped de-stigmatize these conditions and led to better diagnosis and treatment.”

Conrad also establishes medicalization’s ability to “reduce individual blame for the problem,” “reduce stigma or allow individuals to function better in society,” lead to “harm reduction,” and finally “improve self-esteem.”

Medicalization, based on the above evidence, increases the emotional stability of humans, leading to confidence, happiness, and societal integration.

Doran, Henry, and Conrad expound upon the positive effects of pharmaceutical companies’ role in medicalization, but Barry A. Bass of Townson University advocates a different outlook on pharmaceutical advertising. In “The Sexual Performance Perfection Industry and the Medicalization of Male Sexuality,” Bass states, “The Industry’s definition of good sex changes the basic nature of a sexual encounter from one of intimacy and pleasure to one of achievement and performance. In addition, these often unattainable standards of performance are guaranteed to make most of us feel like failures.”

Bass believes that advertisements for Viagra and other such male enhancers tell men what their intimate interactions should be like and how they should sexually perform, ignoring both age and social restrictions. By creating a standard for male sexual performance, the advertisements actually lower, not raise, the self-confidence of males who do not meet the televised standards.

The conflicting views of Bass and Doran, Henry, and Conrad once again lead to the fundamental question concerning medicalization: does it increase individuality by de-stigmatizing diseases, or does it limit individuality by creating a concept of the normal, a
concept that all individuals feel like they need to embody. Mill’s emphasis on nonconformity coupled with individuality illustrates the latter statement’s truth.

Many scholars support medicalization and disease labeling, believing that the expansion of what conditions are considered diseases makes individuals feel more comfortable with their conditions and therefore themselves. Conrad highlights medicalization’s benefits, contending, “Creating a ‘medical excuse’ directs attention away from social forces to biogenic ones and shifts blame from the person to the body.”

Likewise, Richard Smith’s “In Search of ‘Non-Disease’” similarly details medicalization’s advantages: “To have your condition labeled as a disease may bring considerable benefit. Immediately you are likely to enjoy sympathy rather than blame. [...] You may also feel that you have an explanation for your suffering.” When conditions once considered abnormal become accepted as treatable diseases, society can no longer target, objectify, or ostracize individuals for their characteristics. Medicalization also entails that society view conditions not as weaknesses or flaws but as illnesses.

Proponents of medicalization see the establishment of new diseases as de-stigmatizing conditions. However, despite these clear and positive benefits of medicalization, we still must question its negative underpinnings in relation to individuality. Medicalization contains two inherent flaws: the limitation of individuality through normalization and the expansion of social control. If we judge the overall impact of medicalization based on Mill’s criterion of individuality superseding all else, medicalization fails, despite the aforementioned benefits. Through the lens of Mill, pharmaceutical companies are not only seeking a profit but also social control and manipulation, both of which detract from individuality.
Medicalization, either intentionally or inadvertently, creates a concept of the “normal.” By giving a condition the label of “disease,” society tacitly indicates that certain conditions are abnormal and should require treatment. Medicalization encourages individuals to take pills and medicines, tools to help behave in a preordained, normal and preferred way—the way of the majority. In other words, medicalization encourages conformity, because defining conditions as diseases narrows the scope of what is “normal.”

Pharmaceutical companies foster conformity through normalization, a term Peter Conrad defines in his work: “When biomedical enhancements are used with the goal of bringing the body into line with what the physician or patient deems to be the ‘normal’ or socially expected standard, this type of enhancement can be called ‘normalization’.” Normalization, then, is reaching society’s view of the “normal” by rejecting anything mental or physical that is not seen as standard or customary. Carpiano observes normalization in action within the Viagra campaigns. The television commercials and advertisements feature specific images and body types that reinforce “socially constructed notions” of the normal. Carpiano furthers that “individual ideals regarding sexuality are molded from these images and reinforce notions that connect healthy living and sexual functioning (both being synonymous with ‘normal’).” Television advertisements and Internet endorsements constantly bombard people with flashy images and catchy slogans. Unfortunately, people extract much more from these gaudy appeals than pure information; they began to perceive the “normal” as synonymous with television’s depiction society and body image.

Pharmaceutical companies are the enterprises that actually create society’s image of the “normal” through advertising. Conrad connects the emergence of normalization and
conformity directly to pharmaceutical companies, stating, "What is worrying, of course, is that the pharmaceutical companies have an investment in creating these new norms in order to market their products. Using powerful resources like direct-to-consumer advertising, the pharmaceutical industry has increased its influence in defining what is normal, expected, and even acceptable in society."xxxii By indirectly defining normal and acceptable behavior, pharmaceutical companies limit individual expression and differences because people assume they should function like the people in medical advertisements and, if they do not, to seek treatment through medicine. Throughout On Liberty, Mill emphasizes the importance of diversity of thoughts and action; normalization limits both.

Furthermore, medicalization is “bidirectional,” meaning that diseases can also be demedicalized. Conrad explains, “For demedicalization to occur, the problem must no longer be defined in medical terms, and medical treatments can no longer be deemed appropriate interventions.”xxxiv If medicalization is making a condition medical, demedicalization is the reverse, taking a medical disease and transforming it back into a normal condition. Demedicalization occurs because scientists, doctors, and pharmaceutical companies cannot definitely know whether the conditions they medicalize are actually diseases. At one point, the medical world treated homosexuality and masturbation as diseases,xxxv though today society has demedicalized both conditions.

The existence of demedicalization indicates humans’ fallibility, a quality Mill contemplates in On Liberty: "While every one well knows himself to be fallible, few think it necessary to take any precautions against their own fallibility, or admit the supposition that any opinion, of which they feel very certain, may be one of the examples of the error to which they acknowledge themselves to be liable."xxxvi Pharmaceutical companies, despite
understanding the fallibility of opinions and propositions, are slow to demedicalize diseases because of humans’ fundamental resistance to admitting defeat in supposed facts. Imperfection comes with being human, and pharmaceutical companies must realize this fundamental truth outlined by Mill when trying to specify the bounds between normal conditions and treatable diseases.

Besides the lack of clarity when determining what is or is not a disease, medicalization also places an exorbitant amount of control in the hands of individual patients instead of doctors or medical personnel. Busfield explains that we now have a “consumer-oriented culture,” a culture that applies to the medical world as well as the material one. This culture sparks public desire for all sorts of new medicines. Now patients “request medicines, and doctors are more likely to prescribe a medicine if it is requested.” Medicalization not only creates more diseases but also involves everyone in the selling of new medicines.

Dornan and Henry share the same view as Busfield, indicating that patients are as involved in selling diseases as pharmaceutical companies and doctors. The two men state, “The interest in ‘selling’ a disease is not confined to those with a treatment or procedure to sell, but also to those who diagnose and prescribe treatments and those who want to be diagnosed and treated. No one is completely unconnected from an interest in what is regarded as ‘pathological’ and ‘treatable’.” Medicalization starts with pharmaceutical companies, but now, through advertising and increased emphasis on consumerism, the process includes doctors and patients alike.

If individuals exercise control in the process of medicalization, does that mean they are gaining individual liberties and control, and, therefore, individuality? No. Even if
individuals can persuade doctors to prescribe certain medications or impact what drugs pharmaceutical companies improve or create, they are still buying into a larger company’s idea of what is normal by blindly accepting the change from a condition to a disease. By buying and using medicine, they admit to an abnormal state and show a desire to fix their supposed abnormality to reach society’s standard of normalcy. Even if individuals gain minimal power in the medical realm, they lose power elsewhere by promoting a conception of the normal and refusing to stray from societal norms.

Undoubtedly, medicalization of certain conditions has led to tremendous benefits: depression medications restore the will to live for many individuals; infertility medications help countless couples form families; and social anxiety medications help many individuals interact with self-confidence. Human’s fallibility means that medicalization can be incorrect, but it does not mean that medicalization is always incorrect. No scientist, doctor, or individual can undoubtedly determine whether Attention Deficit Hyperactivity Disorder is a legitimate disease or just a pharmaceutical ploy to gain money. The same holds true for erectile dysfunction; is it a normal condition, often occurring with age, or an abnormality that medication can and should fight? It is difficult, nay impossible, to tell. However, one fact remains evident: medicalization, whether right or wrong in disease labeling, limits the scope of normalcy and thereby inhibits individuality. Furthermore, medicalization gives pharmaceutical companies a large amount of societal power and control, further disabling the individual.

In Mill’s *On Liberty*, individuality trumps all. He encourages people to behave “[differently] from the masses.” He states, “In this age, the mere example of nonconformity, the mere refusal to bend the knee to custom, is itself a service.” Mill reminds modern
society of the importance of eccentricity and individual differences. Medicalization should exist if it solely helps people gain confidence, maintain strength, and enjoy health, but not if it continues to normalize society and encourage conformity.
Endnotes


ii Conrad, Medicalization, 6.

iii Conrad, Medicalization, 4.

iv Conrad, Medicalization 4.


ix Conrad, Medicalization, 6.

x Prominent pharmaceutical companies involved in medicalization include Johnson & Johnson, Pfizer, GlaxoSmithKline, and Novartis. For the twelve largest companies (determined by revenue and profit), see the Fortune Global 500 from July 2009 at http://money.cnn.com/magazines/fortune/global500/2009/industries/21/index.html.


xiv Busfield, “A Pill for Every Ill,” 934-41.


xviii Viagra was “the first noninvasive medical treatment for male sexual dysfunction,” and Pfizer Pharmaceuticals both manufactures and advertises the drug (Conrad 41).


xxi Conrad, Medicalization, 43.

xxii Conrad, Medicalization, 42.

xxiii Conrad, Medicalization, 42.

xxiv Of course, not all Viagra customers flocked to fill prescriptions because of tricky advertising schemes; we must remember that some people legitimately need Viagra for erectile dysfunction. As Carpiano notes, “ED affects 10-20 million U.S. men” (442). Furthermore, some men use the drug without any influence from pharmaceutical advertising. Either they endeavor to correct physical faults or simply desire enhanced performance.

xxv Conrad, Medicalization, 43.

xxvi Doran and Henry, “Disease Mongering,” 859.
xxix Conrad, *Medicalization*, 64.
xxviiii Carpiano, “Passive Medicalization,” 443.
xxvii Busfield, “A Pill for Every Ill” 934-41.
xl “Eccentricity has always abounded when and where strength of character has abounded” (Mill 77).

Busfield, Joan. “‘A Pill for Every Ill’: Explaining the Expansion in Medicine Use.” *Social Science and Medicine* 70 (2010): 934-41.


