

FROM DISTRESS TO ILLNESS:

A CRITICAL ANALYSIS OF MEDICALIZATION AND ITS
EFFECTS IN CLINICAL PRACTICE

Jacob, J.D., Gagnon, M. & McCabe, J.



University
Research Chair
in Forensic Nursing



uOttawa

L'Université canadienne
Canada's university



Unité de recherches
critiques en santé



Unit for Critical
Research in Health

ARTICLE

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FROM DISTRESS TO ILLNESS

- Drawing on research findings in the field of HIV/AIDS nursing, we will explore how women who see their bodies transformed by antiretroviral therapy become the target of psychiatric labeling and interventions.
- First we will look at the medicalization process in order to critically examine the construction of a mental disorder and more importantly, explore who we are treating and for what reasons.
- Second, we will present findings from a qualitative research study in the field of HIV/AIDS nursing as a case example to foster discussions on the implications of psychiatric labelling in clinical practice.



THE MEDICALIZATION PROCESS

- Definition: “when a specific aspect of the body becomes the focus of medical attention there is a process by which it is claimed, controlled, and brought into medical ideology”(Mason & Mercer, 1999, p.57).
- It is critical to understand how certain human conditions becomes the object of medical attention in order to better understand how they come to be utilized in clinical practice.



IDENTIFICATION AND CLASSIFICATION

- Identification and classification of medical conditions implies that we have a pre-existing understanding of normality in order to define what is considered to be abnormal.
- Historically, the distinction between normal and pathological behaviours and responses was believed to be objectively identified by the members of the evolving psychiatric institution.
- However, our interest in producing value-free evidence to described pathologies has some limitation considering the fact that interpretation of evidence is done according to a set of normative, value-laden, forces.



IDENTIFICATION AND CLASSIFICATION

- Medicalization of homosexuality: In the second edition of the DSM, homosexuality was medicalized (identified as a mental disorder) based on the fact that it transgressed social norms regarding sexuality .
- The absence of homosexuality in the subsequent editions of the diagnostic manual (DSM) speaks to the sociopolitical underpinnings of norms and questions the “scientific” value of psychiatric diagnosis.
- The objective here is not to argue that psychiatry’s classification scheme has no value, but rather emphasize that the existing understanding of normality may lead to the expansion of what constitutes abnormality.



DIAGNOSIS

- The socio-political forces associated with the construction of mental disorders ripple into the third stage of the medicalization process – the diagnosis.
- The diagnosis, in itself, suggests that knowledge concerning particular disorders have an origin and a specific course of events upon which medical experts can act upon.
- Health care professionals may reliably diagnose similar clusters of symptoms but, realistically speaking, these conditions may not be mental disorders.



TREATMENT

- Treatment offer corrective interventions to 'treat' the clusters of symptoms. More often than not, these interventions take on the form of pharmacologic treatment (biopsychiatry).
- The initiation of treatment may actually accentuate the burden experienced by newly labelled individuals by offering an organic cause for their behaviours and responses.
- This approach addresses the issue internally through pharmacologic treatment instead of externally through the adoption, for example, of different lifestyles or modification of the environment (context).



CASE STUDY

- HIV, antiretroviral therapy and lipodystrophy (abnormal redistribution of adipose tissue in the body – loss and accumulation of adipose tissue)
- Lipodystrophy has a negative impact on treatment adherence, body image, mental health, physical health, self-esteem, sexuality and intimacy, social functioning, quality of life, and the overall well-being.
- Few studies have examined the particularities of lipodystrophy in relation to the female body and how this condition affects the lives of HIV-positive women by reconfiguring their body in unexpected ways.



“THIS IS NOT A MENTAL PROBLEM, IT’S A PHYSICAL PROBLEM”

- Psychiatric labelling in practice - circumstances that enable clinicians to focus their attention on specific behaviours and responses, and locate them within a pathological framework.
- The participants problematized the medical encounter. At first, their narratives seemed to indicate that this encounter is an opportunity for them to express emotions, ask questions and discuss with their physician.
- Participants argued that the negative feelings and the difficulties experienced (and verbalized) in response to lipodystrophy become a potential source of additional pathologization.



“THIS IS NOT A MENTAL PROBLEM, IT’S A PHYSICAL PROBLEM”

When you have to talk with your doctor, you try to explain the situation, but he immediately recommends you to a psychiatrist or psychologist because you have a mental problem ... This is not a mental problem, it is a physical problem. Lipodystrophy is a physical problem that causes much despair and distress.

With my doctor, it's always: "You have a psychiatric problem, you have a psychological problem, you have to take antidepressants, you are very depressed. "It's not a question that I have depression, the problem is here (pointing to her body). (...) So I avoid the topic because otherwise, I am told that I am depressed, I'm depressed, I need a psychiatrist, I need a psychologist, I need antidepressants.



“IF THEY COULD TAKE THE PILLS AWAY, I WOULD BE FINE YOU KNOW”

- The narratives of the participants suggest that there is very little space to discuss negative feelings and difficulties associated with lipodystrophy during the medical encounter.
- This encounter is not completely permissive and neutral. This encounter leads to the identification of symptoms which are then analyzed within a pathological framework.
- As previously stated, it is clear that clinically, physicians may reliably diagnose similar clusters of symptoms but that, realistically speaking, these feelings and difficulties are not indicative of a mental disorder.



“IF THEY COULD TAKE THE PILLS AWAY, I WOULD BE FINE YOU KNOW”

- According to participants, the pathologization of the psychological distress caused by lipodystrophy is a form of disengagement; that is, physicians moving away from the psychosocial understanding of their distress and moving toward a psychiatric construction of attitudes, emotions, reactions that are considered normal.
- As explained by one of the participants, psychiatric pathologization situates the problem in women who suffer from physical changes and imposes additional medical interventions – such as pharmaceutical regimens. Here, it is important to note that these strategies are designed to foster adherence to antiretroviral therapy and acceptance of its effects on the body (including those that cause problems).



“IF THEY COULD TAKE THE PILLS AWAY, I WOULD BE FINE
YOU KNOW”

I feel disconnected, yes. Kind of disconnected and I think that is why my doctor suggested a psychiatrist. To vent out my feelings and how I feel about my medications, because I really don't feel good with my medications (...) Seriously, I really don't say much to my psychiatrist because... I don't feel that... I know that she is trying to help, but it's very hard to help somebody who is faced with all these pills. If you could take them away from me, I would be fine you know?



FINAL REMARKS

- Here, lipodystrophy is seen as collateral damage – as a side effect. Obviously, patients are encouraged to think that there is a price to pay for being “healthy” (viral load suppression).
- Not wanting to aggravate the suffering of these people, physicians engage in the medicalization/pathologization of emotions and by doing so neglect to address the real problem (lipodystrophy) - diverting attention from the source of the problem and its possible solutions
- It is important to examine the content of a patient's experience rather than to focus on the biological translation of that experience. If we fail to do so, we may not address what patients seek: indeed, it may be what they fear. (Horton, 1995)

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