

Editorial

Old and New Actors and Phenomena in the Three-M Processes of Life and Society: Medicalization, Moralization and Misinformation

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Medicalization has been a key concept in the field of the sociology of health and illness over the past 50 years, capturing the expanding social control of everyday life by medical experts [1–4]. Sociologists and other social scientists have used this concept most generally to refer to a negative development of abusive medical authority in Western societies, although medical doctors are not the only agents in the medicalization process, and the relationship between the highly technoscientific biomedical and lay perspectives is multidirectional, multi-sited, and of increasing complexity in the context of pluralist and global societies [5–8].

In this debate, women have been typically presented as a group who are particularly vulnerable to the medicalization of their life events, health, and bodies, with pre-menstrual syndrome, menstruation, pregnancy, childbirth, and menopause being defined and treated as diseases, despite the extent to which they have actively participated in medicalization because of their own gendered, aged, classed, and race-based needs and motives [9–12]. New conditions, including many that are specific to men’s experiences such as erectile dysfunction and andropause, have become subject to medicalization processes, and have been critically addressed in new studies of the medicalization of men’s bodies and lives [13–16], highlighting the need for a better understanding of the multiple and intricate intersections between medicine, health, bodies, and gender. Processes of medicalization are not only part of new forms of political and economic power, but also illustrative of the redefinition of social, cultural, and moral practices.

In this Special Issue of *Societies*, a total of seven excellent articles presenting different perspectives on the medicalization of life and society are included, which contribute to the field by analyzing how people’s lives, health, and illness are defined and influenced throughout life and across levels of influence by different processes of medicalization. Four of the contributions are research articles, two are concept papers, and one is a review. These articles represent the various forms of the medicalization of society, such as biobanks and biomedical research, the medicalization of pregnancy and childbirth, the medicalization and moralization of beauty and aging, the social construction of vaccination, the processes of medicalization and demedicalization, the depathologization and pharmacologization of sexuality, and the movement of medicalization critique, providing an insightful consideration of the range of complex aspects of medicalization processes and their implications for health and society. Below, we summarize the articles in order of appearance.

Riso [17] explores the construction of a biobank as a place of health, through ethnographic research and interviews of the biobank technicians, nurses, and medical doctors. Her description of the effort of the biobank staff to “humanize” the samples and to respect them as representing a person is a very interesting and innovative approach that also serves to give voice to the different emergent new professionals in the health field she interviewed. In Riso’s words: “In shaping the biological samples as things in human objects, the biobank



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staff allow themselves to portray the biobank as a healthcare space and intrinsically entangled in healthcare system provision.” This research represents a unique contribution to tracing the map of Portuguese biobanks, which are in their early stages.

Barata [18], in her very beautifully written and very interesting manuscript, addresses the issues of obstetric violence and racism in the Portuguese setting of obstetric care. Her research used qualitative methods and interviews with three Afro-Brazilian migrants about their perinatal experiences of obstetric care in the Portuguese public sector, between 2013 and 2019. This work contributes to revealing how multiple discriminations intertwine in reproductive healthcare and how, so often, these forms of violence operate in subtle and veiled ways. As Barata illustrates, the intersection between gender and race/coloniality is at the origin of the prejudice against Brazilian women, who seem to share the stigma of hypersexuality and the suffering of sexual violence.

Gouveia and Delaunay’s [19] work represents a useful and original approach to the complexity of dealing with the varied and fluid ways in which doctors, embryologists, and beneficiaries of assisted reproductive technology (ART) think about and engage with embryos, eggs, and treatment processes. The data presented are the results from 69 interviews, both with individual users and with heterosexual and homosexual couples at different stages of their therapeutic trajectory, providing information to stimulate reflection and guide intervention to improve management, counseling, and support throughout decision-making processes involving lab-grown embryos.

Pussetti [20] presents a very interesting and thought-provoking study about gender, aging, and the perceptions of beauty. By employing in-depth ethnography and self-ethnography, the author describes the experience of the medicalization and moralization of beauty in Portuguese women aged 45–65 years, and highlights how they create personal variants of the hegemonic normative discourses on beauty and successful aging. However, as Pussetti puts it, “beauty, like youth, has an effective social value. Extending the privileges associated with beauty and youth means preserving one’s own body capital to ensure social capital (social integration, the power of sexual attraction), symbolic capital (status and prestige) and economic capital (better salaries, professional mobility). Both are, however, ephemeral privileges and involve hard work, maintenance, and much economic investment, as well as suffering. At the same time, cosmetic procedures and choices are informed by cultural, economic and political structures and material inequalities.”

Alarcão and Bilyana [21] present a comprehensive scoping review investigating the attitudes and practices related to HPV vaccination in Europe, with a particular focus on identifying social differences and understanding the social determinants of HPV vaccination. The authors found 28 studies discussing facilitators and barriers to immunization that took place in Europe and conclude that health-equity-focused programming is essential in promoting universal vaccination from the top down. The authors suggest that action plans to address specific perceptions and barriers towards HPV vaccination should be co-designed with the populations identified to be most at-risk, such as LGBT people, migrant and ethnic minorities, and several other populations.

Giami [22], in his concept paper, provides a very interesting analysis of the various forms of the medicalization of sexuality and gender, and demonstrates that medicalization is a very complex process, making a valuable addition to the literature. This article explores the evolution of the definition and the process of medicalization of sexuality during the second half of the 20th century, arguing that each of the different approaches studied (responses to the HIV-AIDS epidemic, conceptions of homosexuality, treatments for “sexual disorders”, and gender-affirmative pathways for transgender and gender-diverse individuals) represents a particular form of medicalization, that is, a form of medicalized representation of sexuality or gender identity issues, which has social, political, economic, medical, and subjective implications. As Giami says, “while medicalization initially consisted of the medical appropriation of a field of human activity, more recent developments show how health has progressively become the foundation and justification of individual and collective moral values”.

Cunha and Raposo [23], in their concept paper “A New Time of Reckoning, a Time for New Reckoning: Views on Health and Society, Tensions between Medicine and the Social Sciences, and the Process of Medicalization”, provide an extensive and deep reflection with an enlarged knowledge-based orientation for standardizing the relationships between the health–illness–medicine complex and society. Their discussion of the concept of medicalization is a very useful illustration of its use in various fields, with new structures and new agents, and medicalization-related concepts, such as those of biomedicalization, camization, pharmaceuticalization, or therapeuticalization, this being indicative of the multiple contributions, the adaptative nature of the medicalization processes, and the elasticity of this concept itself.

This Special Issue has opened new directions and challenges in research and policy-making in the transforming healthcare landscape, such as the need to explore the emergence of new voices and actors in the field of biomedical research, analyzing their action possibilities, their interaction with other professionals, and the production of medical-scientific knowledge, and the need to further investigate the ethical dilemmas of the technoscientification of medicine and health care.

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