

Mental Suffering and Medicalization: A Necessary Evil?



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Abstract

Nowadays we see the increasing use of psychotropic drugs as an attempt to deal with psychic suffering. Although not a new phenomenon, medicalization gains new airs in the contemporary world and, in the field of the mental, it has specific characteristics. Some authors have called "disease mongering" the art of "selling" new diseases or of extending the limits of existing diagnostic categories as a way of increasing the market for the consumption of psychiatric drugs. Within the same scope, authors have preferred to speak in terms of "pharmaceuticalization" - and no longer in medicalization - as a way of emphasizing the great transformation of human conditions into opportunities for pharmacological interventions today. It is interesting to note that the uses of psychotropics inform us, with mastery, about certain traits of the societies of our times and that is what I will be looking at this work.

Introduction

The term medicalization emerged in the 1960s to refer to the growing appropriation of man's ways of life by medicine. Since then, the use of the term has expanded enormously, and in the field of the mental, the term medicalization is used as synonymous with the use of psychotropic drugs. I argue, however, that medicalization is something much broader than the use of psychotropics and I ask how we have become demanders for supposedly magical pills for relieving suffering. Therefore, it is necessary to consider, with Conrad[1], that the medicalization is an irregular process and that the subjects play an active role in the medicalization processes. In this sense, the role of pharmaceutical industries in the dynamics of disease mongering [2] and pharmaceuticalization [3] in contemporary Western societies must be taken seriously, but at the same time it would be naive to believe again in something like medical imperialism, as the orthodox theorists of medicalization believed[4]. Even though physicians have their role in the medicalization of mental dynamics nowadays, there are some fundamental aspects of the contemporary conjuncture in which subjects are immersed that must be considered. But before considering these aspects, let us see the role of doctors in the medicalization of human suffering. According to Whitacker[5] there are two main and interconnected aspects that evidence the entanglement of physicians in the production of psychiatric illnesses and in the increasingly expressive consumption of psychotropic drugs. The author argues that Psychiatry coexists, from its beginnings, with the ghost of the pickaxe, and the victory of Biological Psychiatry is the result of the efforts of

psychiatrists to overcome the scientific fragility of the specialty. According to Whitacker, the invention of Biological Psychiatry, based on mistaken assumptions of supposed neurobiochemical imbalances, was possible because there was a spurious alliance between doctors and the pharmaceutical industry. Such an alliance occurred in response to the psychiatrist's loss of market for other more effective therapies. Therefore, a "scientific truth" was invented about psychic suffering which could be eliminated by the use of psychotropics. The author shows that such a "cure" did not occur and, on the contrary, what is seen is a staggering increase of incapacitating mental illnesses in the United States of America. We arrive at the main point of this work. I start from the assumption, agreeing with Clarke et al. [6] that medicalization is a phenomenon that does not result from a power solely external to the subjects and that they are not completely attached to it. On the contrary, medicalization is also produced by individuals from their own condition as free men. In this sense, it is important to ask what incites contemporary subjectivities to become so easily entangled in the circuit of psychotropic uses.

Birman[7] has worked with the idea that we live in times when the experience of pain prevails over the experience of suffering. Even the malaise presents itself in another format in contemporary times. It presents itself in body and action. Pain resolves with medication. In the same way that one searches for an analgesic for a leg that hurts, one looks for a psychotropic medicine for the pain of the soul. Experiencing pain is different from experiencing suffering. Pain is an experience in which subjectivity closes on

itself, is a solipsistic experience. We no longer appeal to others because we do not rely on one another anymore. We believe, in a neoliberal logic, that we can do everything without the other. The great problem is that it is precisely the appeal to the other that enables the transformation of pain into suffering by promoting processes of symbolization and creation of new pulsional circuits. The experience of suffering is essentially alteratory[7] It is in this context, of the predominance of pain over suffering, that the use of medicine prevails. To conclude, considering this imbroglio, there are two questions to which we can not escape and that deserve to be worked out in depth at another time. The first is whether medicalization and, above all, the use of drugs is a necessary evil in the contemporary world. Less obvious is the second question: Would suffering be a necessary evil?

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