Medicalization: A Weberian and Foucauldian analysis

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Abstract

This article examines the processes of medicalization and bio medicalization as key dynamics shaping contemporary relationships between body, health, and subjectivity. Drawing on sociological theories of rationalization, biopower, and social control, the paper analyses how health has progressively shifted from contingent condition to a permanent moral project. Through a theoretical framework informed by Weber's concepts of disenchantment and re-enchantment and Foucault's notion of biopower, the article shows how medical knowledge, technoscience, and market logics converge in producing normative standards of health and responsible self-care. Medicalization is interpreted not merely as the expansion of medical authority, but as a broader mechanism of governance that encourages self-monitoring, prevention, and performance-oriented lifestyles. While these processes promise autonomy and empowerment, they also contribute to the individualization of social problems, the moralization of illness, and the reinforcement of social inequalities. Health thus emerges as a privileged site where rationalization and symbolic meaning intersect, transforming care of the self into a socially regulated moral obligation rather than a purely biomedical concern.

Keywords: medicalization; Bio medicalization; Biopower; Disenchantment; Health; Re-enchantment.

1. Introduction

The analysis of medicalization processes has been a systematic focus of the social sciences, particularly sociology, since the end of the 20th century (Bull, 1990; Conrad, 1992; Verweij, 1999; Maturo, 2010; Busfield, 2017).

Sociological literature has shown how the concept of the medicalization of life refers to processes of normalization in relation to health. Normality is defined by a series of factors that can be measured using indicators: anything that deviates from precise determinants is pathological and requires a process of normalization (Conrad, 2007) to restore the individual's state of health.

A tendency towards the biologisation of the assessment and management of pathologies – introduced by the growing medicalization of life – is echoed by the creation of new standards. These standards respond to specific collective perceptions and imaginaries. The aim is to promote the construction of subjectivity and self-realization (Mori, 2017, pp. 71-72) through calculation, competition, and performativity that characterize contemporary lifestyles.

In the analysis proposed by Conrad (2009), one of the first scholars to study the phenomenon, there are multiple strategies that have promoted medicalization. Specifically:

1. Medical colonialism and disease marketing. Medical predominance is expressed through the surveillance and control of bodies, extending to Big Pharma and *disease- mongering*[1] (see, on this topic, Maturo, Moretti, 2019, p. 514). The hegemony of medicine, therefore, acts in the name of prevention and healthcare efficiency. Practices such as pregnancy monitoring or early diagnosis in schools are not only clinical tools but also mechanisms of social regulation. Such interventions, apparently neutral, produce subjectivities that conform to dominant health models and reinforce medical-institutional power in defining what is normal, deviant or at risk.
2. The growing demands from citizens treat certain problems as medical issues that were not previously considered as such: the 'therapeutic culture' and greater interest in health lead to preventive risk management, thanks in part to the use of technological innovation in diagnostics and surgical treatments.

Theories of medicalization (Conrad, 2007; Christiaens, van Teijlingen, 2009; Barker, 2012) are based on Foucault's conceptualizations of the clinical gaze (Shim, Clarke, 2009, p. 225). The clinical gaze, Foucault argues, is a way of observing the human body that developed from the 18th century onwards. Previously, medical episteme was based on Hippocrates' humoral theory (Herzlich, Adam, 1999, p. 3), which attributed diseases to an imbalance of the four humors of the body (blood, phlegm, yellow bile and black bile), with little emphasis on clinical practices such as auscultation, percussion or inspection.

Foucault (1969) argues that the introduction of the clinical gaze led to a restructuring of medical practices and the emergence of a new form of power based on knowledge of the body. The doctor thus acquired the power to diagnose and control patients: in this way, an asymmetry between doctor and patient is reproduced, made tangible by knowledge and the social division of labor, which is based on scientific knowledge and legitimizes the dominant role of the doctor and the superordinate role of medicine in relation to other spheres of social life.

In more recent years, there has also been talk of bio medicalization. Bio medicalization represents an evolution of the process of medicalization: it is not limited to pathologizing behaviors or conditions but extends to the biotechnological management of the body and identity (Clarke et al., 2010). While medicalization is based on the expansion of medical authority, bio medicalization involves the integration of medical knowledge, technoscience and market logics. This transition entails a growing emphasis on prevention, improvement and optimization of the body, even in the absence of disease. The result is the emergence of individuals who are

[1] *Disease mongering* refers to the promotion of normal bodily conditions as medical diseases, with the aim of increasing the market for medical treatments.

responsible for their own health, called upon to constantly monitor themselves through digital technologies and self-assessment practices. Health thus becomes not only an asset to be preserved, but an individual project to be realized.

The concept of socio-technological development fits into the logic of scientific progress (Clarke *et al.* 2010), but also of individualization processes. In fact, this socio-technological development becomes an enabling factor for the creation of subjective reflexivity: the general tendency towards responsibility for one's own psycho-physical well-being can lead to the possible institutionalization of increasing prevention.

Placing health within the realm of self-realization allows individuals to adapt to modernity through biopolitical demands. Devoting time and resources to achieving and maintaining a state of physical and mental well-being allows individuals to express themselves to the fullest (Clemente, 2020, p. 53), justifying the sometimes compulsive attention paid to fitness, proper nutrition, interest in activities such as yoga, the pursuit of mindfulness, etc.: all this gives health new cultural meanings and transforms the individual's relationship with social norms. In an individualized society that requires calculation and adequate performance, health can be thought of as a form of religion (cf. Clemente, 2020, p. 53; Lutz, 2008) and the ontological foundation of a new subjectivity.

This new subjectivity is confronted with forms of control and domination that adapt to contemporary social and technological dynamics. Today's societies are characterized by increasing rationalization:

from digitalization to electronic surveillance, from the accumulation of personal data to the rapid transmission of information. The collection, processing and use of digital data influence and shape people's behavior. Through artificial intelligence algorithms, data is analyzed to identify trends, preferences and health patterns, creating detailed individual profiles to improve performance. Self- measurement and data collection are the basis of a culture that legitimizes surveillance, prescriptions and preventive practices[2].

The hypothesis of this article is that the increasing medicalization of everyday life can be analyzed through the concepts of rationalization and social control. Below, we will explore these dynamics considering the concepts of disenchantment, re-enchantment (Weber) and biopower (Foucault), highlighting the centrality of these classic categories in the study of health and its contemporary dynamics. From this perspective, medicalization does not only concern the extension of medical intervention, but more broadly affects the processes of social construction of normality. It takes the form of

[2] Among the practices oriented toward self-gratification is the attitude toward body optimisation. While medicalisation consists in the pathologisation of normal events, optimisation instead concerns the attempt to improve what is considered normal through biomedical intervention aimed at extending physical and cognitive capacities, or life itself (Maturo & Setiffi, 2021, p. 27). It is an action that builds upon normality to enhance it and that increases an individual's chances of success (ibid., p. 30).

a device for regulating individual and collective behavior, in which expert knowledge, institutional practices and measurement technologies contribute to redefining the boundaries between health and illness. Analyzing these processes allows us to understand the transformations in the relationship between individual, scientific knowledge and power in contemporary societies.

2. Disenchantment and re-enchantment

A theoretical analysis of medicalization processes can be developed based on Weber's reflections on rationalization and the disenchantment of the world. In *Science as a Vocation*, Weber describes modernity as an era characterized by the expansion of instrumental rationality, based on calculation, predictability and technical control of means (Weber, 1997). Disenchantment (*Entzauberung*) does not simply imply the disappearance of religion but signals a deeper transformation: the world becomes intelligible and controllable through technical-scientific procedures, while the ultimate meaning of action is progressively expelled from the public sphere.

Modern medicine is fully part of this process. Health is removed from the symbolic, moral or community register and brought back to a technical-specialist sphere, based on criteria of measurement, classification and standardized intervention. In this sense, medicalization represents a specific declination of Weberian rationalization: the body becomes a knowable, governable and optimizable object, according to the logic of efficiency and performance.

The rationalization of health also implies a progressive separation between expert competence and lay knowledge. Control over the body is delegated to professionals, devices and indicators that reduce subjective experience to measurable variables. This process contributes to redefining the individual's relationship with themselves, increasingly mediated by external standards of evaluation. Medicalization thus becomes a form of embodied rationality, organizing bodily experience according to technical and scientific criteria. Far from being a space of autonomy, the body is transformed into a place of systematic application of rational calculation.

However, as Weber himself had intuited, disenchantment also produces a void of meaning. The hyper-rationalization of life does not eliminate the need for guidance but reformulates it. In this context, health tends to become an individual destiny: no longer a contingent condition, but a permanent project, laden with moral expectations and personal responsibilities. The modern subject is not simply called upon to take care of themselves when they are ill, but to constantly demonstrate that they deserve their health through rational, self-disciplined behavior that complies with medical and scientific prescriptions.

If Weberian disenchantment describes the progressive domination of scientific rationality over the social world, the concept of re-enchantment allows us to grasp the ways in which modernity attempts to compensate for the loss of meaning produced by

this process. From this perspective, health can be interpreted as one of the main vectors of contemporary re-enchantment. Although based on scientific knowledge and advanced technologies, it takes on a symbolic function that goes beyond the technical-medical dimension.

The implicit promise of health is not only about reducing risk or increasing life expectancy, but also about the possibility of controlling existential uncertainty. In a context marked by job insecurity, the fragility of institutions and the crisis of grand collective narratives, the body becomes one of the last areas perceived as governable. In this sense, medicalization does not merely rationalize life but contributes to its symbolic re-legitimization: taking care of oneself takes on the characteristics of a salvific practice, endowed with moral value.

The re-enchantment of health does not oppose scientific rationality but integrates it into a new form of secular faith. Screening, prevention, healthy lifestyles and self-monitoring function as daily rituals that produce ontological security. Medicine, while remaining anchored in the language of science, is invested with expectations reminiscent of those previously attributed to religion: protection, redemption, the promise of longevity and control over individual destiny.

If, for Max Weber, disenchantment is connected to rationality (Weber, 1997), to the ability to control reality through calculation and technical means, the result of a process of widespread intellectualization that freed humanity from the certainties of religious and magical knowledge, re- enchantment, on the other hand, represents a 'devaluation of the unifying capacity of rationality' (Longo, 2005, p. 131) as a response to the crisis of historical references in modernity, which has given rise to a state of uncertainty. Longo writes, to represent the relationship between disenchantment and re-enchantment, that "in a situation of increased global risk [such as the contemporary one] [...] subjective (but also institutional) capacity to control the world with reference to some rationality of behavioral choices is lost" (Longo, 2005, pp. 131-132). Irrational mechanisms of social action prevail over the rational logic that dominated in the past (ibid.), responding to a life project that considers an awareness of risk: attention to health is to be interpreted as preventive risk management (ibid., p. 132). This represents an attempt at collective adaptation to modernity, attributing a moral guiding role to health.

In this perspective, health can also be read in the light of Weberian ethics of responsibility. The individual is called upon to answer for the consequences of their actions, and health risk management becomes a moral test of the ability to govern oneself. Illness, especially when preventable, thus tends to be interpreted as the result of a wrong choice or a lack of self-control.

In this context, health, beyond its normative dimension, also takes on a symbolic role, becoming a refuge for identity in a fragmented world. The use of alternative medicine practices, the success of 'natural' diets, and adherence to wellness rituals (such as yoga,

mindfulness, or energy techniques) are signs of a need for re-enchantment, i.e., the reattribution of meaning to bodily and social experience. The hyper-rational logic of scientific medicine is no longer enough to fill the void left by ethical and spiritual references in crisis. Thus, health is invested with moral and cultural meanings that go beyond the biological dimension: taking care of oneself becomes an imperative of identity, an act of responsibility towards oneself and the community, but also an expression of belonging to lifestyles perceived as more authentic. In this sense, modern disenchantment is not rejected but accompanied by new cultural codes that reinvest health with symbolic, emotional and spiritual values.

3. Biopower: norm and surveillance

Foucault's concept of biopower refers to the way in which power is exercised through mechanisms of regulation and control of human life and the human body (Foucault, 2005). Biopower focuses on the management and domination of life itself, including, among other things, the health conditions of bodies and health practices.

Foucault's interpretation allows us to further articulate the link between medicalization and power, placing it within the broader dynamics of governmentality. For Foucault, biopower is not exercised primarily through repression, but through devices that guide behavior, producing subjectivities compatible with the objectives of governing the population. Medicine is one of these privileges

devices, as it operates directly on biological life, transforming it into an object of knowledge and intervention.

Medicalization, read in this light, is not simply the extension of medical authority, but a process of producing norms of conduct. Through guidelines, protocols, risk thresholds and preventive recommendations, health becomes a field of widespread regulation, in which the subject is called upon to self-govern. Adherence to health prescriptions is not imposed from outside but internalized as a rational and responsible choice.

In this sense, medicalization contributes to the transformation of citizens into entrepreneurs of themselves: the management of the body, risk and health becomes an integral part of the individual's biographical project. Failure to maintain adequate health thus tends to be interpreted as a personal failing rather than the result of social, economic or environmental determinants. The political dimension of health is obscured, while its moralization is reinforced.

In this perspective, medical knowledge is not limited to describing biological reality but actively participates in its normative construction. Diagnostic classifications, risk indicators and assessment practices produce interpretative grids that guide perceptions of oneself and others. The body thus becomes a readable, measurable and comparable object, inserted into systems of continuous monitoring. Such devices reinforce forms of self-surveillance that reduce the space for contingency and

ambivalence. Biopower therefore operates through a rationality that makes life administrable, predictable and governable.

medicalization, therefore, can be seen as a form of biopower, since

> medicalization has the power to manage health through its qualification of healthy (and therefore unhealthy), which then, through its own power, requires the regulation of bodies – which serves to perpetuate that power (Caleb 2019). In seeking to control lives, medicalization leads to 'the individualisation of social problems', which situates the problem with individuals and not within a social context (Conrad 2007, p. 152). Medicalised social policies seek to regulate and cure these unruly individual bodies in order to improve society [...] (Caleb, 2022, p. 110)

The root of biopower is represented by medicine's attempt to normalize an abnormal body, individualizing the causes and describing the general behaviors that the population must observe in order to stay healthy (Benasayag, 2010, pp. 24-25).

A society based on norms defines what is normal and its opposite. In the sphere of wellness, the norm is good health, which is ensured and maintained through prevention and a healthy and correct lifestyle. In this context, health is not only a biological condition but also a symbolic resource. Appearing healthy, adhering to recommended lifestyles and exhibiting self-care practices contributes to the construction of a positive social image, reinforcing dynamics of distinction and moral legitimization between individuals and groups. This articulation suggests medical surveillance of behavior (ibid., pp. 27-28), which advances strategically and imposes a 'completely normative vision of what we should be' (ibid., p. 29).

By assigning medicine the task of defining what is normal or pathological, biopower regulates individual behaviors, identities and choices. Health thus becomes the object of surveillance and normalization policies, which transform the body into a field of action for power.

In Foucault's framework of biopower, once the health problem, resulting from an interaction between the subject and their behavior, has been identified, protocols and prescriptions are defined. This gives rise to various social behaviors, with individuals taking responsibility for their own needs and becoming the focus of new life projects. Moral duty towards health becomes an existential orientation. Health requires planning and reorganization through risk-taking to be managed with targeted strategies. The correct lifestyle becomes a hetero-prescription, an obligation for the individual, 'who is free – but at the same time responsible – to "choose health". Thus, the notion of risk and its avoidance become [...] key technologies of social control' (Chicchi, Simone, 2017, p. 22), following the score imposed by a model of society that tends to subjective social problems and health issues.

The re-enchantment of health, far from representing a return to pre-modern forms of meaning, thus takes the form of a governed re-enchantment: a symbolic production

of security and well-being that operates within rational, normative and biopolitical devices, transforming self-care into a socially regulated moral obligation.

A further critical implication of medicalization processes concerns their impact on social inequalities. If health is constructed as an individual responsibility and as the result of rational choices, there is a risk of obscuring the structural conditions that profoundly influence access to wellbeing. In this sense, biopower does not operate in a neutral way, but tends to reinforce existing differences, rewarding those who have the economic, cultural and symbolic resources necessary to adhere to dominant health standards.

Far from being universal, health norms are modelled on specific lifestyles, bodies and temporalities. Those who deviate from these models – due to age, social class, gender or health conditions – risk being stigmatized as irresponsible, inefficient or at risk. Medicalization thus contributes to producing a hierarchy of bodies, in which some are more legitimate, performative and desirable than others.

4. Concluding remarks

The analysis of the processes of medicalization of everyday life allows us to grasp some of the most profound transformations taking place in contemporary societies, particularly in the way the body, health and subjectivity are conceived, regulated and experienced. As shown in this paper, medicalization cannot be interpreted solely as an expansion of medical authority but must be understood as a complex mechanism that intertwines scientific knowledge, market logic, government practices and forms of individual self-regulation.

Along this trajectory, health is increasingly less a contingent condition and more a permanent project, inscribed within a moral imperative that urges the subject to take care of themselves in a continuous, preventive and normatively oriented. Weberian rationalization, applied to healthcare, transforms the body into a calculable, monitorable and optimizable object, while the disenchantment produced by technology is compensated for by forms of re-enchantment that invest health with symbolic, identity-related and almost salvific meanings. Screening, prevention and healthy lifestyles thus take on a function that goes beyond clinical effectiveness, operating as daily rituals of uncertainty control.

The Foucauldian perspective of biopower allows us to understand how these processes do not act primarily through coercion, but through the production of internalized norms that guide individual behavior, making it compatible with the objectives of governing populations. In this sense, medicalization becomes a technology of government that empowers the individual, transforming them into entrepreneurs of their own health and, at the same time, obscuring the weight of the social, economic and environmental determinants of disease. Health, thus constructed, tends to become moralized: well-being becomes a sign of virtue, while illness – especially when perceived as preventable – risks being interpreted as personal fault or

failure.

A further critical element concerns the relationship between medicalization and social inequalities. Far from being neutral or universal, dominant health standards reflect specific cultural, bodily and temporal models, rewarding those who have the resources to adhere to them. This results in a hierarchy of bodies and lives, in which some are more legitimate, performative and desirable than others. In this context, the promise of autonomy and empowerment risks being overturned by new forms of control and stigmatization.

In conclusion, the medicalization of life is not simply a result of scientific progress, but a privileged field for observing the tensions between rationality, power and the production of meaning in advanced modernity.

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