SUMMARY

of Marta Hoffmann's thesis entitled:
Medicalization as a tool of building WHO's international position

In an introduction to the thesis the main problem – the role of medicalization in international activities of the World Health Organization - has been described. Medicalization is a process of defining social phenomena using categories of health and disease, broadly discussed within sociology of medicine. Bearing in mind modest amount of publications on medicalization in international relations, the main aims of the thesis were: describing mechanisms of changing an international context of three selected WHO policies (tobacco problem, mental health and ageing populations), analysis of effects of medicalization on the cooperation between the Organization and its member states and answering the question about the role of this process in building WHO's international position.

First chapter is a form of introduction to important issues presented in the thesis, so it was necessary to present selected sociological and philosophical reflections on social background of categories of health and disease. In this context, evoking Talcott Parsons' publications on the sick role in society was crucial, since social features of the sick enumerated by him were the basis for preparing analytical categories used in following chapters. In order to present a difference between being sick and being a patient and to indicate some social consequences of defining someone as "sick", selected works of Erving Goffman have been reminded. The sociologist, however, doubted the objectivity of medical diagnosis. Another part of socio-philosophical background of the thesis was a 'risk society' term created by Anthony Giddens and Ulrich Beck. According to them, subjective fear from disease and regular monitoring of our health are crucial features of modern societies. The chapter ends with presenting Foucauldian concept of biopolitics, since medicalization can be interpreted as scientific conceptualization of 'biopolitical governmentality' and 'clinical gaze'.

Second chapter is a methodological one and begins with characterising constructivist theoretical frame used in the project and medicalization idea rooted in sociology of medicine. Before analysing the role of this process in international activities of WHO, it was necessary to refer to 'epistemic communities' approach within constructivism on the one hand and to studies focused on rise and evolution of international norms. Also, the main research problems has been presented which was indicating the role of medicalization in WHO global

activities and conditions under which it could be used. Assuming that actors who cannot use coercion towards the others benefit from the so called 'soft power', which is an ability to influence their preferences, the main hypothesis was that World Health Organization medicalized some phenomena in order to focus international attention on problems which otherwise would have been ignored by states. The main aims of the thesis were described in the first paragraph of this summary. The chapter also describes comparative case analysis method which was used in the study. The analysis based on detailed description of two specific WHO policies (anti-tobacco policy and mental health) where medicalizing activities have been applied and one policy (ageing populations) where healthist approach was used. Analysed materials included, on the one hand, official documents and technical publications prepared by specific WHO departments and programs, initiatives and campaigns inspired by WHO epistemic communities on the other. The former were a basis for conceptual medicalization and the latter realized the concept in practice which is called institutional medicalization.

In the third chapter history, structure and the main global functions of WHO have been presented. Describing long global efforts in order to prepare cooperation in global health was necessary to show international circumstances in which the Organization was created. Based on WHO Constitution and internal documents found in WHO Archives in Geneva, a three-level structure (global-regional-local) of the WHO was discussed as well as its programming, normative, integrating, advising, operational and promotional functions. The last section mentioned the Organization budgetary constraints which lead to problems with effective fulfilling its broad mandate in global health.

In the fourth chapter the first of three cases was analysed, that is tobacco control policy of the WHO. At the beginning a historical context of this policy was presented. It was related to publishing of the US General Surgeon report entitled *Smoking and Health* from 1964. The document included empirical basis for a thesis that there was a relation between smoking and lung cancer. The main turn in WHO policy in this subject appeared in the 80s and 90s when an international group of anti-tobacco experts stepped up their efforts to prepare international and binding legal act regulating economic and health aspects of tobacco trade. Passing and implementation of Framework Convention on Tobacco Control (FCTC) in 2003 were important indicators of their success. Conceptual aspect of medicalization meant inspiring a new discourse over 'tobacco epidemic' which leads to millions of deaths each year and tobacco industry that bears the lion share of responsibility for it. Institutional and thus,

practical aspect of medicalization meant such global initiatives as: introducing international monitoring, exchange of information on effective ways of dealing with a new epidemic and medical staff engagement in changing social attitudes towards smoking. It changed the global approach towards tobacco problem which became a new 'disease' and, consequently, rose anxiety among the states pushing them to join new global campaign.

The fifth chapter presented the second case which was mental health. As in aforementioned tobacco case, it began from describing a historical context of mental health policy which was a part of WHO activities from its foundation. Mental health experts did not aim at preparing global legal act as it was in case of their anti-tobacco counterparts, but focused their efforts on changing social attitudes towards people with mental and neurological problems in Low and Middle Income Countries (LMIC). At the conceptual level it could be observed that WHO discourse – as well as in anti-tobacco case – placed a disease beyond effective control of the ill and moved the responsibility for its symptoms from a sufferer to a disease. Institutional level of medicalization meant that initiatives of the epistemic community educated and sensitized societies to needs of people with such problems. Contrary to the former case, using a category of disease did not rise fear but helped in maintaining harmonious social relations.

Sixth chapter included a description of WHO activities towards ageing societies and showed that other than medicalization approach is possible and is called healthism. In a historical section, the main turn in WHO approach has been presented. Until the 90s the epistemic community was mainly interested in prevention and treating diseases of the elderly, but after that time its effort was focused on preparing LMIC countries to challenges of population ageing. At the conceptual level, the elderly were responsible for their health and the attention was on the category of health, which means that it was the opposite tendency than in both previous cases. At institutional level, medicalization was not observed neither, since WHO epistemic community proposed initiatives which did not accentuated health problems of the elderly, but underlined the so called 'life-course approach' and strengthened *Healthy Ageing* concept.

Seventh and the last chapter presented comparative analysis of three cases regarding conceptualization of the main problem, proposed solution, tools which helped in achieving it and effects of each epistemic community's approach. When it comes to efficacy, it was anti-tobacco policy and mental health which were the most successful in achieving their goals. Additionally, the main conclusions on the huge role of medicalization, further research

possibilities and conditions favouring medicalization activities within WHO were described. The chapter is ended with enumerating the main limitations of the study followed by short summary of the thesis and answering the questions presented in the introduction section.