The Patriarchal Stain on Women's Health: The Medicalization of Depression

A current trend in Western culture is the use of prescriptions to regulate emotions and the bodily response to experiences of grief. The application of medical treatment to states of unrest is the medicalization of misery and is most evident in approaches to depression. With the growing use of antidepressants, many researchers in sociology and anthropology have raised concerns over the medicalization of depression. One topic of concern is the higher rate of antidepressant use among women. In some of these cases, the prescription of antidepressants may occur without the diagnosis of depression where women are twice more likely than men to be prescribed medication (Sundbom, Bingefors, & Isacson, 2017). The increase in antidepressants among women raises questions about the possible cause. In this paper, I argue that the medicalization of depression, and the associated use of antidepressants, is a result of societal pressures, gender discrimination, and sexual violence on the female body. In this argument, I employ Scheper-Hughes and Lock's (1987) medical anthropological framework of the three bodies to reveal how, through medicalization, the ills of society become transformed into individual diseases. I highlight how capitalist and patriarchal pressures regulate and control individual female bodies, causing everyday female suffering to be overlooked.

Medicalization as a theoretical approach in anthropology observes the issue of non-medical ailments being treated through medical intervention (Richie, 2019). This is accomplished through medicine gaining power as an institution of social control in Western culture (Conrad and Bergey, 2001). In these institutes of medical treatment, illnesses are presented to the public through discourse, media, and literature. The information on medicalization is vast with numerous aspects of human life being approached as a medical issue;

however, the medicalized approach to depression and the use of antidepressants leaves much to be desired from an anthropological standpoint. Joseph Davis explores the medicalization of depression and in his chapter "Medicalization, Social Control, and the Relief of Suffering" (2009), he approaches the topic of medical treatments for depression as a reduction of responsibility, suggesting illness is a refuge from the strains and pressures of normal life. Depression from loneliness, loss, grief, and unhappiness is transformed into a medical disorder. His argument functions as an introduction to the role mental illnesses have in medicalization and the blurring between normal experiences of negative emotions and chronic conditions. Although Davis provides a carefully constructed argument around the issues of the medicalization of depression, his approach places pressure on the individual; the person seeking help becomes the source of the problem, deflecting blame through illness. Davis also reduces the ailments of the individual to normal processes of life. The normalization of individual suffering in Davis' text deflects attention and accountability away from the power structures underlying the medicalization of illness. The approach to medicalization explored by Davis emphasizes the centrality of the individual body. Therefore, the approach to medicalization in this paper will not only place the individual body as a central focus but will also emphasize the ills of the social body that cause depression.

In contrast to Joseph Davis' approach to the medicalization of depression, Nancy Scheper-Hughes and Margaret Lock (1987) provide a medical anthropological framework that sees the body beyond its physiological boundaries and provides separate but overlapping units of analysis; the individual body, the social body, and the body politic. The *individual body* is seen as separate from other bodies and reflects the lived experiences of the body self. The *social body*, in turn, sees the body as symbolic and representative of nature, society, and culture

(Scheper-Hughes and Lock 1987) and reflects "the seam between the physical body and the social world of the individual" (Wiley and Allen, 2017, p. 23). And finally, the *body politic* involves the regulation, surveillance, and control of individual and collective bodies, and, as Scheper-Hughes and Lock (1987, p. 8) note, the "stability of the body politic rests on its ability to regulate populations (the social body) and to discipline individual bodies". In short, the body politic is a regulating force that suppresses social threats (Scheper-Hughes and Lock, 1987). Further, the body can experience illness, such as depression, as a response to structural pressures (Scheper-Hughes and Lock, 1987). Therefore, through this framework, depression can be imagined as an illness of the individual body in response to misery or pressure from society (social ills) that is then medicalized as abnormal and regulated through antidepressants. It reflects an attempt by the body politic to regulate and maintain the social order of a particular society.

Margaret Lock (1993) continues this exploration through a critique of Western theorizing. Commonly, the mind and body will be viewed as separate entities, especially in the medical realm, and this extends into the perception of the social body as a separate entity from the individual body that must be treated as such (Lock, 1993). In this interpretation, the treatment of physical ailments will supposedly not align with the treatment of mental or social ailments. However, Lock (1993) argues that the mind and body are not separate and that social influences that impact the individual body. Through medicalization, the ills of the social body become inscribed on the individual body as a mental ailment, depression, which can be observed through physical symptoms. The mind, body, and society are interconnected and respond together in a feedback loop. This interpretation of the medicalized body points to the influence of society and its structures on the individual body, and becomes a central focus of the concern over women's health and rising antidepressant use.

Further, the emphasis on female suffering and illness as a response to social tensions can be viewed through a feminist lens. The rise of feminist scholarship and critiques of medicalization emerged in the 1970s alongside the second wave of feminism (Davis, 2009) with an aim to protect women against structures of power in the medical world. Christina Richie (2019) raises concern over the collision of the medical gaze and male gaze as it pushes normative standards of health on women and proposes a liberal feminist critique with a primary focus on the stereotyping of women into specific roles. This critique calls attention to the patriarchal power structures implemented in the medical world, where men are the dominant force; women in the submissive role experience the patriarchal male gaze that prescribes gendered stereotypes onto the female body (Richie, 2019). In this role, women have been historically viewed as hysterical, emotional, and hormonally unbalanced with the need for medical treatment to prevent further frustrations. Female suffering, in these cases, is dismissed as "female hysteria", which deflects from the social causes, and leads to simply offering medication to relieve individual symptoms. The use of antidepressants among women is not uncommon with more women prescribed than men (Brody & Gu, 2020). Although Richie's exploration of the topic focuses primarily on the medicalization of reproduction, the liberal feminist critique of medicalization applies to depression through the argument that gender stereotypes and the patriarchal male gaze impose expectations onto the female body. Therefore, the liberal feminist critique that recognizes the exertion of power onto the female body can be applied.

However, the patriarchal oppression of women in medical contexts may appear buried under capitalist structures and forces. Joseph Davis (2009) suggests that the medicalization of depression through the use of antidepressants functions as a support system for pharmaceutical

companies. He explains that studies indicate through the revision of the Diagnostic and Statistical Manual of Mental Disorders certain groups have benefitted through the promoting and labeling of disagreeable emotions (Davis, 2009). Further, in her discussion of the medicalization of antidepressants, Julia Vorholter (2019) explains contemporary Western societies commodify both happiness and unhappiness as an exploitative industry. Initially, this appears only linked to the structures of capitalism in Western society with companies gaining revenue through the medicalization of depression. However, Jane Ussher (2010) connects medical capitalism with patriarchal structures by exploring psychiatry as a profession that regulates women; women are provided medication to treat the "female problem" often viewed as hysteria or moodiness. In one study, SSRI antidepressant advertisements from 1985-2000 were examined and findings revealed that the life events of women were described as illness (Ussher, 2010); entering motherhood, or the onset of menstruation or menopause, are some examples cited, while men's depression was labeled as a biomedical concern rather than a reaction to everyday events (Ussher, 2010). This example illustrates how the male gaze is evident in the pharmaceutical world creating bias and stereotypes against women. The control over a woman's body is not only in the life events and daily interactions but also in the medical treatment of female depression. The medicalization of depression not only benefits patriarchy but the capitalist structures as well.

Furthermore, numerous lines of evidence exist to support the correlation between depression and the structures of power imposed on the female body. For example, an article by Boby Ching and colleagues (2020) conducted a three-year study in China and found that depressive symptoms arise among adolescent girls as a result of sexual objectification. The leading focus of the investigation on depression arises from concerns over self-esteem and body weight. In these cases, self-esteem was reduced through the interpersonal objectification of the

girls, resulting in concerns over body weight (Ching et al. 2020). Although the article lacks an anthropological approach to the research outcomes and discussion, the link between negative bodily experiences and depression is evident. One can look closer and recognize the patriarchal power structures that intertwine with the objectification and sexualization of the female body. In this instance, numerous adolescent girls are objectified through the male gaze as sexual objects and begin to feel uncomfortable with themselves. This discomfort and the emotionally damaging encounter with men objectifying girls cause a depressive response in the body. Another example that further connects depression with patriarchal structures is a study by Suyeon Kim and colleagues (2022) who found that workplace gender discrimination in South Korea resulted in depressive symptoms in female workers. The discrimination women experience in the workplace are harsher evaluations, being overlooked for positions, and harsher performance expectations than men (Kim et al. 2022). Once again, the expectations imposed on women because of patriarchal structures and the male gaze results in depressive symptoms. In both case studies, women experience the negative influence of the male gaze through sexual objectification or discrimination. The researchers in both studies do not take a feminist approach but share evidence of a correlation between depressive symptoms and societal issues. Through a feminist lens, one can connect the discrimination against women to the patriarchal and capitalist structures that create tensions and push down onto the individual female body. Women in the workforce, school, and public spaces will receive a form of backlash through gender stereotyping and objectification due to the patriarchal belief that they belong in domestic spaces. Ultimately, depression functions as a response to the constant negative experiences women face daily due to societal pressures.

Ultimately, the Western construct of the medicalization of depression can be observed in the rising rate of antidepressant use in the United States. In the United States, antidepressant use has increased from 10.6% in 2009/10 to 13.8% in 2017/18 (Brody & Gu, 2020). The use of antidepressants among women has doubled in comparison to men with 17.7% of women using antidepressants compared to only 8.4% of men (Brody & Gu, 2020). Reports also show that in the lifetime prevalence of depression, women outnumber men 2:1, or 4:1 in some cases (Ussher 2010). The discrepancies can be observed through further observation of women in the labor force. Women make up a large component of the current labor in the United States and Canada. In 2019, the U.S. Bureau of Labor Statistics (2022) noted that 57.4% of all women participate in the labor force as compared to 69.2% of men. Women have historically pushed against patriarchal structures and even today face challenges not only in workspaces but also in public spaces, such as schools. The existence of the female body in public spaces can cause unrest in the overarching structures, resulting in pushback against women. Scheper-Hughes and Lock (1987) explain that the relationship between social and political bodies is about control. If patriarchy is challenged by female bodies entering public spaces, and excelling, that threat will be crushed through the body politic. This means that women will experience discrimination or acts of violence against them to return them to private spaces or submit to patriarchal structures. As women experience depressive symptoms, they will receive medication to control that distress (Scheper-Hughes and Lock 1987). This creates a feedback loop in which the structures of power exert control over the female body and then that body will release a sign of distress causing a push to medicate and suppress the “illness”. This “illness” will then be treated through pharmaceutical (capitalist) structures that support the patriarchal system. The increase in antidepressant use among women is viewed as a way to resolve the “female problem” and

receive revenue to ensure the medical structures remain in place. The pharmaceutical and the patriarchal systems work together in a feedback loop of suppression of women through their bodies. The result is that women in the United States and other capitalist countries will find it almost impossible to seek help from the social ills aided by the systems in power.

In conclusion, this paper observed literature on the medicalization of depression and feminist critique to explore the rising rates of antidepressant use among women. The medicalization of depression allows structures of power to exert social control in western countries. This causes the societal roots of depression to be labeled as an individual illness, and antidepressants to be pushed on the individual female body for pharmaceutical gains. In these instances, the female body becomes the primary target as they threaten the patriarchal social structures by entering public spaces to work and attend schools. The female body then experiences sexual violence, objectification, and discrimination that result in depressive symptoms, often treated with antidepressants. By exploring the challenges women face because of the patriarchal/capitalist structures, one will recognize the power relations that exploit the individual body. These institutions of power also inflict harm on the bodies of women through the implication that misery, discrimination, and inequality are a form of individual mental illness to be cured through antidepressants.

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