

THE MEDICALIZATION OF THE INTERNET:

The Medical Self and the Case of Diabetes

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INTRODUCTION

The advent of the internet in 1994 produced an effect similar to the invention of the printing press. It has impacted our interactions in most every form, creating new relations, words, myths, and communities. In this way, then, one can see how many social interactions have become virtual, with large swathes of people in the U.S. and Europe having daily access to a multiplicity of forms of connections to the internet.

Most of these networked communication acts revolve around the issues of our lives and our health. Our experience of the world is mediated through the use of our bodies, so it is no surprise that people

are concerned with how their bodies work, and more often with how they do not work. Much like ‘scientists’ of previous centuries, and currently as well, there is an obsessive desire not merely to know, but to categorize, label, and store within the vast archives of human knowledge. With the internet, what was once the reserve of specialists and scientists, has become the domain of the masses. In other words, as Paul Rabinow suggests, “we are partially moving away from the older face-to-face surveillance of individuals and groups...” and, with the internet, “individuals sharing certain traits or sets of traits can be grouped together in a way that...decontextualizes

them from their social environment...” (Rabinow, p.242-243). Building on this, Nikolas Rose states that doctors have “lost the monopoly of the diagnostic gaze”, and that “the maintenance of the healthy body has become central to the self management of many individuals...” (Rose, p.10-11). This paper, then, will take a brief look at the way that this shift has occurred in relation to medical websites and the way that these are used and taken up by individuals, specifically looking at the case of diabetes.



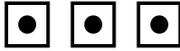
THE INTERNET, MD

Much as the internet has changed our relation to news media (Karioris & Hamilton, 2013), so too has it changed our relation to medicine, and thusly the way that individuals relate to their own bodies as well. The overt distancing of individuals from their bodies has been the primary processional, professionalized oeuvre of the medical field since its inception. In this way, the medical field has pushed people away from their bodies; emptied out self-actualized conceptions of the body for a distant stasis that is

determined outside of the body as a substantive and generalizable conception (Foucault, 1976).

The internet, with its radical potential, bringing media to the masses, with a supposed ability to take the keys away from hierarchies, has, at the same time, opened up a space where the impacts and effects of the biopolitical state system can play out, though playing out differently (Foucault, 1990, p.140). By this it is meant that the internet which was prophesied to open the gates, has, instead, been crucial in the maintenance of the hierarchical system and reinforced the institutional biopolitical regimes. It is important though, in understanding this, to recognize the role that the internet has played and is playing in the specificity of medical discourse, and the way that this discourse has impacted upon not merely the medical profession, but upon the medicalized population who utilize these medical sites as hubs of information and spaces which simultaneously blur and recreate epistemological boundaries. Through this process, the individuals willfully subsumes themselves to the self-dis-

ciplining regime. In other words one sees this as a constitutive act of agentic subscription to a model of neoliberalism, this act instigating their involvement rather than requiring a measure of force.



It is crucial to understand this a bit further, and in reference to what Foucault calls an “anatomy-politics of the human body” (Foucault, 1990, p.139). It is through this that the body is brought not only into politics, but more broadly speaking into the public sphere of discussion and influence. The internet has, in part, challenged the heterodoxy of a medical profession, but it has also simultaneously reinvigorated it. Foucault, in his *Birth of the Clinic* (1976), investigated the way that medical perception impacted and created the patient in situ of a predetermined and disposed patient-being. Foucault says that “for clinical experience to become possible as a form of knowledge... a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and

medical experience, between help and knowledge, became necessary” (1976, p.196). Further, it was “necessary to open up language to a whole new domain: that of a perpetual and objectively based correlation of the visible and the expressible” (1976, p.196). Through this establishment of a relationship between patient and the medical field, it consecrated an objective and objectivized sense of self, granting dominion of body to supposed specialists.

The expressive component the internet grants to individuals is a semiotic opening from which to gain a stronger grasp upon linguistic regimens, and for, to borrow a phrase from Barthes, this signifying media of mass communication to allocate a powered character to words and the notion of expertise (Barthes, 1973). It is the naming through a matrix of created intelligibility which situates a praxis that makes invisible the individual while putting forward the ‘patient’. Through this, one sees the patient not necessarily taking back control of the medical patient, but of the patient being treated to examination through a mediated form of mass display. This mass

examination is part of the process of examination itself, which puts forward a vizibilized patient, whether through the process of self-examination or through the patient chart a doctor fills out. Through self-examination, which occurs in the remediation of one's person through the artifice of the undifferentiation of the anonymous, which distances individuals from themselves as well as the process, one recognizes the role of the internet as a method of self-constitution that reaffirms a negation of selfhood for a sense of the impersonal. In other words, one can see the switch to self-medicalizing as a process of self-policing of bodies which eliminates not the control of the medical institutions, but the degree of necessity for explicit prescriptive measures.



In addition to a biopolitical dimension, one can see the medical field at the same time as a situated doxic institution within the broader social field. The medicalized body provides an inscriptive hexis through which a habitus is actuated and by this means further

obfuscating the learned sense self (Bourdieu, 1990, p.66-79; Bourdieu, 1977, p.164-171).¹ Through this re-obscuring of knowledge production and bodied engravings, one sees not the radical revolutionary force of the weapons of the weak, but the entrenched power of the system which compels the complicitous involvement of the individual in their own constrained body. It is a redeployment of power through an absorption of the radical inherent in power, and the internet as a product and mechanism of power structures. This, then, speaks to the inclusion of radicalism, and revolutionary potential, as a part of the system of power which necessitates a revolutionary as immanent within it.

¹ For Bourdieu, habitus are the "systems of durable, transposable dispositions, structuring [and structured] structures..." (Bourdieu, 1977, p.72). They are both predisposing as well as being generative. In a similar sense, hexis are the bodily and embodied habitus; whereas doxa are the unquestioned, unchallenged beliefs. Together, in combination with an idea of the field and a system of capital(s), Bourdieu puts forward a way of understanding the learned and situated processes which determine and position the self within a broader context.

THE CASE OF DIABETES

Diabetes is a disease with profoundly widespread sufferers, and which comes in a variety of shapes and forms, each of which carries its own specific time-line and treatment plan. It is, for many of those diagnosed with the disease, something which is survivable, but which requires various medical prescriptions. What is also crucial to any treatment of diabetes is that it requires not just medicine, but also a specific set of life-choices from any individual, including most prominently a particular dietary lifestyle. It is here, in the interstice between medically prescribed interventions and the personal regimens of dietary maintenance, that one can further grasp the profundity of this particular case.

Through a brief investigation of websites which address diabetes (the American Diabetes Association [ADA], WebMD, National Center for Complementary and Alternative Medicine, and Diabetes Mine), a number of items become clear in the representations. All of the images portray smiling pictures of patients and families working with doctors and nurses,

wishing to showcase that any information that is needed by the patient or their family will be on the website and will allow them to come to grips with this issue. There is also, throughout the pages, a utilization of what might be termed 'everyday language,' rather than a version of writing reliant on specialized knowledge which excludes patients from knowledge and from understanding. In this way, this seeks to present the patient information on their terms rather than those of the medical profession. ADA's website,² at first glance, seems to cover almost every single piece of information that can be found about diabetes.



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²

<http://www.diabetes.org/>

Along with ‘happiness’ promoting visuals and the simplistic language that is used, this website is very organized and looks almost like a newspaper website that is dedicated only to news on diabetes. What is striking about this website is that the information not only includes medical advice, medical details about diabetes, but also about how to integrate the condition into your life style. Furthermore, there are food recipes, advice on eating healthily and even book reviews on diabetes and eating habits.



WebMD.com is a medical website with extensive information about almost any disease, condition or disorder. The diabetes section has its place in the list of most common diseases on the left-hand side of the homepage. Clicking on the section “Diabetes”, you go inside a world of lists, how-to guides/tips, top 10s and so on. One cannot help but do a “personalized health report”, which asks general questions about your body, like your weight, height, your medical

history, etc. At the end of the test, you get two different documents: a report for you (the patient) and a report for your doctor, listing everything about you, your body, and medical predictions.

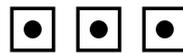
After looking at two different web sources that focus on Western medicine, it would be appropriate to explore some of the alternative medicine sources that are available on the web. The National Center for Complementary and Alternative Medicine Website gives viewers important information just like the other ones that I have explored. The NCCAM web site offers a lot more scientific definitions and terminology than other web sources. For instance, it explains all the dietary supplements in detail, including scientific explanations. It is also important to point out that, although NCCAM website offers many significant bits of information and advice, one of the first few sentences is as follows: “It is very important not to replace conventional medical therapy for diabetes with an unproven CAM therapy.” It is repeated many times in the website that, “It is not intended to substitute for the medical expertise and

advice of your primary health care provider” (NCCAM Web source).

The last web source that can be looked at is a blog particularly for people who have diabetes: Diabetes Mine. A non-official site, Diabetes Mine’s motto is, “A gold mine of straight talk and encouragement for people living with diabetes.” Indeed, reading some of the people’s blog entries, it seems like social interaction and a helpful source for people who had no option but to choose a life style according to diabetes. It includes many sections that are on products, food, doctors, personal stories and so on. Diabetes Mine is a virtual social community that brings the patients of diabetes together through an online network, that helps them share, give thoughts, stories and eventually make an encouraging bond among each other that can somehow alleviate the strains that they go through, providing a form of psychological support and moral sustenance.

Through these websites it becomes clear that the internet has allowed an expansion of self-medicalizing behavior, much of which, while taken

from the vantage point of the patient, does not stray far from the paradigmatic approach of the medical establishment. The incorporation of personalized medical regimes of individuals into the prescriptive routine allows for an expansion of the medical discourse rather than any supposed diminishing of power; it is the fluidity of power which allows it to work through various channels and find the crack to flow through.



PRESCRIPTIONS & CONCLUSIONS

This article has sought, in a similar fashion to Ljiljana Pantović’s discussion on masturbation (Pantović, 2013), to understand and explore the boundaries of a medical discourse, which seeks to distance individuals from their bodies. Pantović’s exploration tackles the pathologizing effects which the medical discussion on masturbation had in Serbia. This article, in its own fashion, aimed to see rather the way that the medical discourse, as it has had to address and work with changes in internet media forms, has found ways of working through individual’s own medicalizing, combining a

formative biopolitical regime with doxic beliefs cemented in and through a process of cultural epistemological hegemony.

It is through this combination of systems of biopower, with an understanding of the medical doxa, that one can begin to see the powerful force being transmitted through the utilization of the internet as prescriptive proscribing of a means of self-medicalized instrumentalization. As such, one can see the sublimation of the utilization of the internet for the purposes of the system. Nikolas Rose states, in relation to the medical internet, that they “pluralize biological and biomedical truth, introduce doubt and controversy, and relocate science in the fields of experience, politics, and capitalism” (Rose, p.142). While I agree with him that science has relocated, I think it is crucial to see the pluralization and introduction of doubt as problematic. Rose, continuing, says that the response by the medical field has been to “actively engage themselves with the self-education of active biological citizens” (Ibid.). It is this which this article reached out to gain an insight into.

One sees that lives are medicalized, even in the virtual world, every day, with every interaction. It is not to suggest that this was not true prior to the prominence of the internet as a media form, but to say that though the biopolitically regimented doxic environment might have changed in quality, it has not changed in kind. Though changes have occurred, one can still see that the “gaze [is] directed upon the individual and the language of descriptions should rest upon the stable, visible, legible basis of death” (Foucault, 1976, p.196). ◻

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