SPECIAL ISSUE ARTICLE

Medicalization and linguistic agency

Ashley Feinsinger[1] [iD] | David Friedell[2]

[1]Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA 90095, USA

[2]Department of Philosophy, University of British Columbia, Vancouver, BC V6T 1Z1, Canada

Correspondence
Ashley Feinsinger, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, Los Angeles, CA 90095, USA.
Email: Afeinsinger@mednet.ucla.edu

Abstract

Medicalization is the process by which conditions, for example, intellectual disability, hyperactivity in children, and posttraumatic stress disorder, become understood as medical disorders. During this process, the medical community often collectively assigns a label to a condition and consequently to those who would be said to have the disorder. We argue that there are at least two previously overlooked ways in which this linguistic practice may be wrongful, and sometimes, unjust: first, when the initial introduction of a medical label is done without the participation of those individuals who are being labelled, and second, when attempts by those individuals to renegotiate the labels are thwarted or otherwise rendered ineffective. In both cases, we argue, individuals are unfairly excluded from a linguistic practice that would be valuable for them to participate in. Furthermore, we argue that their exclusion depends in part on the authority of the medical institution to ignore their demands for participation. In making this case, we will propose the more general claim that participating in the linguistic processes of determining and renegotiating the words that will be used to describe oneself is an exercise of *linguistic agency*, a capacity that has both instrumental and intrinsic value.

KEYWORDS

agency, language, medicalization, silencing, speech acts

1 | INTRODUCTION

Medicalization is a process by which non-medical conditions become defined and treated as medical problems, usually in terms of illnesses or disorders (Conrad, 1992). It can be thought of as a social practice which signals that some condition or behaviour has come under medical jurisdiction (Conrad, Mackie, & Mehrotra, 2010). Examples

of medicalized conditions include hyperactivity in children, alcoholism as a brain disease, menstruation, posttraumatic stress disorder, fatness, erectile dysfunction, and intellectual disability. While some have argued that medicalization is value-neutral or even beneficial (Blackburn, 2011; Purdy, 2001), many have held that it is a morally suspect or controversial social practice. It has been argued, for example, that medicalization categorises neutral variation as bad or deviant (Conrad & Schneider, 1980; Parens, 2013), that it leads to undesirable consequences on healthcare costs (Conrad & Leiter, 2004; Conrad et al., 2010), that it is a form of social control (Conrad, 1992; Lock, 2004), that it ignores the social context of disease (Conrad & Schneider, 1980; Parens, 2013), that it is often driven by pharmaceutical pressures (Conrad, 2005; Moynihan, Heath, & Henry, 2002), and that it creates 'looping effects' in which medical categories shape the behaviour of those who are categorised, and their behaviour in turn affects the categorisation (Hacking, 2012).

We will not discuss whether medicalization is problematic in these ways, though we suspect it is for at least some cases. Instead, we claim that the literature has overlooked some of the ethical questions surrounding the role of language in medicalization. To address this lacuna, we will (i) focus on the claim that medicalization involves a particular kind of speech act, and (ii) introduce the concept of *linguistic agency* as a valuable capacity that medicalization can hinder.

In the process of medicalization, the medical community collectively assigns a label to a condition. We will argue that there are at least two ways in which this linguistic practice may be problematic: first, when a medical label is introduced without receiving any input from those who are being labelled, and second, when attempts by those individuals to renegotiate the labels used to talk about themselves are thwarted or otherwise rendered ineffective.

In both of these cases, we will argue that (i) individuals are excluded from a linguistic practice that would be valuable for them to participate in, and (ii) they may be excluded in virtue of their membership in a systematically marginalised social group. In making this case, we will propose the more general claim that participating in the linguistic processes of determining and renegotiating words that will be used to describe oneself is an exercise of linguistic agency, a capacity that has both instrumental and intrinsic value.

A quick caveat. Although we think that medicalization is often problematic in ways we will describe, we will not try to establish any substantive empirical claim about the frequency of these problems. Our goal is instead to explore and motivate overlooked ways in which medicalization can go wrong, without settling how often it does.

2 | LINGUISTIC AGENCY

Imagine your friend tells you that she prefers you call her 'Elizabeth.' You insist, instead, on calling her 'Liz.' Intuitively, you thereby do something wrong. You wrong *her*. Why? A short, albeit incomplete, answer is that you have not respected her stated linguistic preference. Some Elizabeths prefer to be called 'Liz'. Some prefer 'Elizabeth.' Some Elizabeths prefer 'Elizabeth' in certain contexts and are fine with nicknames in others. It seems that we have a *pro tanto* obligation to respect one's preference for the proper names we use to refer to them. The point extends beyond proper names. It is wrong to insist on using 'she' when referring to someone who has requested you use 'he'.

Of course, all things considered, you are not obligated to refer to someone as 'The greatest philosopher who ever lived' simply because they have requested it. And, we do not generally have unilateral control over how the languages we use work. But it is intuitive, as the above cases suggest, that (i) sometimes we are able to influence which words will be used to refer to us and (ii) sometimes being prevented from exerting this influence is problematic. We would like to focus on a specific moral wrong in these cases: namely, the failure to respect a person's ability to shape language. This, we propose, is a failure to respect an individual's *linguistic agency*.

In a very broad sense, linguistic agency may be understood as encompassing all that people do with language. People make assertions, ask questions, recite poetry, write down shopping lists, send emails, interpret codes, read menus, listen to podcasts, and so forth. We will focus on one thing that people do with language: people

use language in order to shape language. Those of us who speak English, for instance, shape English by speaking English. English is alive and constantly changing, responding both to tacit shifts in how it is used as well as to more explicit attempts to alter it. Some people have a disproportionate say in how it changes. Daniel Webster almost single-handedly determined how certain words would be spelled in American English. If Beyoncé uses the hashtag '#lit' on social media, she does more to bring the word 'lit' into a broader lexicon than if a non-celebrity uses the term. Still, in many cases, English generally changes through a messy but somewhat shared (though perhaps not always equitable) process. It is prima facie fair for everyone to have a say in this process, given our interests in our language and our capacity to shape it.

We use the term *linguistic agency* in this paper not in the broad sense, but rather to refer to the capacity people possess to shape language through language. This includes a capacity to shape both positive and negative linguistic norms. Elizabeth, for instance, institutes a positive norm that she be called 'Elizabeth' and a negative norm that she not be called 'Liz.' This kind of linguistic agency is valuable, even if we often take it for granted.

We have not specified what types of skills or capabilities are required for one to have linguistic agency or for one's linguistic agency to be deserving of respect. But we suspect that the threshold is low. While we will not argue for this here, we are sympathetic to a view according to which one need only to be able to form preferences and consider alternatives about how they are referred to or spoken about.[1] On such a view, individuals need not have anything like a robust set of linguistic capabilities in order to establish linguistic norms or for others to be subject to linguistic norms in their treatment of them.

It is worth emphasising that we merely have a *pro tanto* obligation to respect individuals' linguistic agency. This means that sometimes overriding considerations justify restrictions. One overriding consideration might be an obligation not to convey false information, as is the case with someone demanding to be described as 'the greatest philosopher who ever lived'. If a group of spies must urgently devise a code word for a secret meeting's location, it might be permissible for someone to stipulate the code word, without receiving anyone else's input. It could be a waste of precious time or even dangerous for other spies to quibble over the code word.[2] Whether we actually have, in some specific case, an all things considered obligation to respect someone's expressed preferences (as opposed to a merely *pro tanto* obligation) depends on many things, including whether those preferences place an undue burden on others, whether they harm others, whether they reflect accurate information about the world, etc. Just like other obligations (e.g., to help others, keep promises, etc.), respecting one's stated linguistic preferences may conflict with other commitments. Discerning whether, in any particular case, the obligation to respect stated linguistic preferences wins out is not the aim of our paper.

An individual's linguistic agency may be more morally important in certain contexts than others. We often care deeply about the words used to describe things with which we have intimate connections, such as our bodies, our minds, our partners, our children, or our neighbourhoods. Respecting one's linguistic agency in these cases may thus be more important. Violations of such agency may be more serious the more intimate one's connection is with the target objects. So, while Elizabeth has a general right to play a role in shaping the languages she speaks, we think it is especially important that she have a say in how people use language to refer to *her*.

We may also care deeply about some words in virtue of their role in an intimate practice or because they are the result of an intimate relationship. One example of this is the use of pet names to express affection between partners. Thi Nguyen and Strohl (2019) claim that if two spouses have pet names for each other (e.g., 'Peanut Butter' and 'Jelly') and request that nobody else use those names, then it is wrong for anyone else to do so. They ground this moral claim in the intimacy between the spouses, who, through exercising their linguistic agency, institute a negative norm that applies only to people outside of their marriage.[3]

---

[1]For discussion of related views about autonomy and agency, see Kukla (2020a, 2020b).

[2]Interestingly, there may be a case in which the spies explicitly or even tacitly approve of someone stipulating the word, in which case deferring to this person arguably constitutes an exercise of their linguistic capacity to shape language.

[3]This example also highlights how such linguistic norms can be relativized to persons, situations, or other contextual factors.

There may be a more general point, which would require further argument and which we do not take ourselves to be making here, that the importance of respecting linguistic agency scales *only* according to intimacy. Whether this is correct depends heavily on how one defines intimacy. It may be that having an intimate connection with something, in some ordinary sense, is not required for one to care deeply about the language used to talk about it. We may care very much about what our cities and rivers are named, whether or not any ordinary notion of 'intimate' would describe our relationship to them. Such things may nevertheless have an affective value for us, their names may still matter to us, and violations of agency in these cases may also be serious. The point we wish to make here is simply that (i) violations of linguistic agency may be more serious the more one cares about the things named, and (ii) things with which we have intimate connections and things which result from intimate practices are things whose names and descriptors we may care more deeply about. As we will discuss later, medicalization labels things with which we have intimate connections, such as aspects of our bodies, minds, and physical and social experiences, and consequently, respecting our agency in labelling such things may be especially important.

Limiting one's linguistic agency is a specific kind of wrong. Consider Fricker's (2007) account of testimonial injustice. Testimonial injustice occurs, paradigmatically, when someone is not believed to the extent they should be. Fricker claims this injustice is fundamentally epistemic. It consists 'most fundamentally, in a wrong done to someone specifically in their capacity as a knower.' (Fricker 2007, p. 1). Something similar is true of the violations of linguistic agency we are interested in. They are linguistic, at least in the sense that they wrong someone in their capacity as a language user (or as a member of a linguistic community). We suspect these wrongs are fundamentally linguistic, but we will not argue for any claim about fundamentality here. It might turn out, instead, that limitations of linguistic agency are fundamentally violations of agency *simpliciter*. Even if this is true, linguistic agency is still a morally relevant capacity that is often overlooked in the literature on medicalization.

Disrespecting someone's linguistic agency may sometimes rise to the level of an oppressive or systematically unjust act. Here we rely on Frye's account of oppression, according to which it is a hallmark of oppressive acts that they involve (i) mistreating someone as a member of a systematically mistreated social group, and (ii) placing someone in a double bind (Frye, 1983). Imagine a woman, Anaya Raj, marries a man, Phillip Pumpernickel. Anaya loves the surname 'Raj' and detests 'Pumpernickel.' Due to pressure from Phillip, who thinks women ought to change their names, and broader societal gender norms, however, Anaya decides to legally change her name to Anaya Pumpernickel. Here, not only does Phillip fail to respect Anaya's linguistic agency, but she is kept from exercising her agency in part because she is a woman. Backed by the full force of the patriarchy, Anaya is also in a double bind. If she keeps her name 'Raj', she risks offending Phillip, and if she changes her name to 'Pumpernickel' she sacrifices a name she strongly prefers and feels intimately connected to. Accordingly, this case is oppressive. Alex Haley's *Roots* presents an especially powerful connection between linguistic agency and oppression. Although Kunta Kinte's slave owner labels him 'Toby', he insists that his name is 'Kunta Kinte.' Similarly, Muhammad Ali affirmed his linguistic agency by changing his name from 'Cassius Clay' to 'Muhammad Ali', rejecting the surname 'Clay' that a slaveowner forced one of his ancestors to use.

Contrast these cases with that of Elizabeth. If you insist on calling Elizabeth 'Liz,' not because she belongs to any systematically mistreated social group, but rather merely because you do not feel like calling her 'Elizabeth'—then you harm her, but not in a way that rises to a level of oppression or systematic injustice.[4] Granted, this is likely a case of what Fricker would call *incidental injustice*—as opposed to *systematic injustice* (Fricker, 2007). That is, in some broad sense, Elizabeth suffers an injustice, but it is an isolated case. The injustice she faces need not be understood as being part of a larger system of oppression. Note that this is consistent with Elizabeth's harm being severe. Incidental injustices may be painful and even life-changing. Still, Elizabeth's mistreatment is different in kind from Anaya's.

---

[4]Teasing out whether Elizabeth's agency is disrespected because she is a woman may be complicated. But it would not be surprising to find out, for example, that we systematically ignore women's linguistic preferences, or that we are more likely to ignore such preferences than those of men. Such violations happen against a background of gendered hierarchy, and so even Elizabeth's case may rise to the level of systematic injustice.

3 | THE INTRODUCTION OF MEDICAL LABELS

Our central claim is that medicalization can violate an individual's linguistic agency by keeping them from participating in a valuable social practice of shaping language through language. Consequently, medicalization may be a way of marginalising individuals. We think this marginalisation can happen when individuals are (i) excluded from the relevant naming practices and (ii) prevented from renegotiating the terms that result from these practices. In both instances, this marginalisation may rise to the level of systematic injustice. We start this section by discussing some features of medical labelling.

The American Medical Association has classified having an IQ below 70 (among other things, including deficiencies in adaptive behaviours) as a medical disorder. This classification involves not only reconceptualising some variations in IQ as 'low', but also the defining and characterising of a condition or behaviour in medical terms. Often, this process involves the introduction of a name or label, such as 'intellectual disability', or 'alcoholism', or 'epilepsy'. Note that the introduction of such a term is a speech act which, among other things, adds a term to both the medical lexicon and the broader public language. Medicalization typically involves *the act of naming* the condition to be medicalized, and subsequently, *the act of labelling* those individuals who would be determined to have such a condition.[5]

Naming is a characteristic way in which one shapes language through language. Naming can be robust (naming is often achieved through distinctive and recognisable naming acts), intentional (we often decide by some reflective or intentional process which names to use), and important (we often care a great deal about the names and labels used to describe us and the things we value). These three factors are especially salient in elaborate naming ceremonies for babies, buildings, and boats. Moreover, while there are undoubtedly pressures on what one names their child, for example, acts of naming often involve a comparative level of freedom and creativity, and in some cases, constitute a form of self-determination. Furthermore, naming, like other linguistic acts, is political and can be a way of exerting power over others. An illustrative example of this is when, historically, places changed their names after colonization or liberation (e.g., the change from 'Constantinople' to 'Istanbul', from 'Ceylon' to 'Sri Lanka', or 'St. Petersburg' to 'Petrograd' to 'Leningrad' back to 'St. Petersburg'). The act of medical naming may share all of these characteristics (we pay special attention to the point about power in section 4).

While medicalization involves naming a condition, associated labels become attached to people (e.g., 'alcoholic', 'epileptic', 'deaf', 'autistic', 'diabetic'). Medicalization thus often labels people by way of labelling intimate aspects of their bodies, minds, and social experiences. In this way, the labelling of one as having an 'intellectual disability' or being 'intellectually disabled', for example, may be considerably more important to individuals than the act of labelling one's car. For these reasons, what is at stake in cases of medical naming and the importance of linguistic agency in such a practice may thereby be amplified.

Moreover, terms that are introduced through medicalization are not isolated to 'medicalese.' While they show up in medical records, conversations among healthcare professionals, and conversations between doctors and patients, they also appear in conversations between patients and their family and friends, advertisements for new medications, and the broader community. Members outside of the medical community, including the very people who are being named, use the introduced labels to talk about intimate aspects of people's lives.

We may now claim one way that labelling through medicalization can be morally problematic. When this act happens without the participation of those who would be so labelled, those individuals, we will argue, may be wronged in virtue of being kept out of a linguistic practice that would be valuable for them to participate in. In this way, individuals can be marginalised through the linguistic act of medicalization.[6]

---

[5]We do not take a position here on exactly how many speech acts are involved but note that at least two acts are important to our discussion of linguistic agency: the act of naming conditions and the associated act of labelling people said to have such conditions. It may be that the act of labelling people in this case is an instance of a generative linguistic transformation, but we think it is still important to flag that it happens.

[6]We follow Fricker's (2007) notion of marginalisation according to which 'the notion of marginalization is a moral-political one indicating subordination and exclusion from some practice that would have value for the participant'.

Medicalization can limit linguistic agency in ways that are potentially (i) harmful, (ii) wrong, and (iii) oppressive. Here are five reasons why the limitation is potentially harmful.

First, limitations on linguistic agency might be harmful in virtue of the fact that linguistic agency is intrinsically valuable. Linguistic agency is a form of agency. Through its exercise, we form preferences, consider alternatives, and enact self-determination as we navigate the world. It may also be, in general, an important form of agency, given the centrality of language and communication to our daily lives. We think this makes violations of linguistic agency potentially harmful simply because of the kind of thing linguistic agency is.

Second, the exclusion might lead to doctors choosing offensive or otherwise problematic labels. My participation in a naming practice may be valuable for me if it helps mitigate the chances of others using offensive labels to refer to me. Such problematic labels may also license, encourage, or otherwise legitimise harmful attitudes and actions, which would be valuable to prevent. All of this is consistent with certain labels being morally problematic for additional reasons that are independent of linguistic agency.[7]

Third, individuals who are excluded might naturally care about which label is chosen, given that they have an intimate connection with what it labels. Elizabeth may prefer to be called 'Elizabeth', even if 'Liz' is not offensive or would lead to other harms. Being excluded from this naming process may make it more likely that the resulting name is not in line with one's preferences. We think this can constitute a harm, independently of whether the chosen labels are offensive or promote other harmful consequences.

Fourth, individuals may care about participating in the practice of determining the label, in abstraction from the result of that participation. It may be valuable for us to participate in a naming practice because we care that the resulting label is in line with our preferences, but also because we care that the label is the result of *us*—that we played an active role in the proposal and acceptance of the label and that the label is the result of our agency. Elizabeth may care, in addition to whether you use the name 'Elizabeth' or 'Liz' to refer to her, that your calling her 'Elizabeth' is not without her participation, endorsement, or approval.

One could care about the naming process but not care about the resulting name (and so, be harmed by being excluded from the practice even if the name is not offensive or is not in line with one's preferences). For example, you might care that you get to vote on the name of your baseball team, even if you do not particularly care about which name is chosen. You may not care about the outcome at all (any name is fine) but want to be a part of the process. And, should this be the case, we think you have a claim against your teammates when they choose the name without you. If they respond with, 'but you do not really care which name we pick', it is reasonable for you to respond, 'but you still picked it without me!'.

Fifth, limitations on linguistic agency may constitute a form of disempowerment. We take up this point in reference to medical labelling and the renegotiation of those labels in detail in section 4.

Not all harmful limitations on linguistic agency are morally wrong. One might miss out on the opportunity to participate in a naming practice simply because of circumstantial bad luck, as Fricker would call it (Fricker, 2007). Such misfortunes may not be wrong or otherwise unfair. But, given what is at stake, the medical community has a *pro tanto* reason to make a good faith effort to include the individuals being labelled—or at least representatives from the relevant group—in determining those labels. Absent an overriding reason to the contrary, when the medical profession fails to make such an effort, the exclusion of a group from this process is unfair. As we will discuss

---

[7]It is worth mentioning cases which involve individuals with disabilities that prevent them from mastering a language. It is possible that medicalization (including the linguistic component of medicalization) may harm them. Suppose an offensive term is adopted. One might argue that these individuals are harmed by the adoption of such a label, but not harmed in virtue of disrespecting their linguistic agency. The argument would be that such individuals do not have linguistic agency. We have three things to say about this kind of case. The first is that, as we previously mentioned, we think very little is required for one to have linguistic agency and for such agency to be deserving of respect. And so, the fact that some individuals do not master a language does not yet mean they cannot be harmed in the ways we discuss here. Second, even if such individuals lack linguistic agency, there are other ways in which offensive labels and names can harm them. For discussion about why slurs are harmful independently of the sort of linguistic agency we have in mind, see Camp (2013), Jeshion (2013), and Anderson and Lepore (2013). For discussion about reappropriation of slurs, which is (we think) an interesting case of minoritized groups exercising linguistic agency, see Ritchie (2017), Anderson (2018), and Vicars (2020). Third, it may be that disabled individuals can be disrespected, perhaps even linguistically, in virtue of how their representatives or those tasked with speaking on their behalf are treated.

in section 4, the medical community has an unfair advantage, given its relative position of social power, to shape the intimate language we use to talk about ourselves.

A harmful and morally wrong limitation of linguistic agency may also be systematically unjust. This can occur if part of the explanation for why the relevant individuals are excluded from the practice is that they are excluded in virtue of belonging to a systematically mistreated social group. People with intellectual disabilities, for instance, might be excluded in virtue of belonging to two relevant social groups: (i) people with intellectual disabilities and (ii) patients. There might be further intersectional categories at play, including the group of patients with intellectual disabilities. Individuals with intellectual disabilities are systematically oppressed and discriminated against in other areas of society, and patients are systematically marginalised in the medical context given their position of relative powerlessness. For these reasons, medicalization may mistreat patients with intellectual disabilities in a way that is systematically unjust.

Sometimes a medical labelling also places those labelled in a double bind. We have in mind, for instance, cases where a patient decides whether to resist an offensive label. If the patient rejects the label, they might miss out on receiving needed healthcare or weaken their relationship with their doctor. But, if they accept the label (either by some tacit endorsement or explicit use of the term themselves), they may suffer other harms and sacrifice their linguistic agency. Given the presence of the double bind and other systematic factors, this would likely constitute a case of oppression on Frye's account. We understand this sort of case as constituting a harm involving linguistic renegotiation, a process we will discuss in the next section.

The main claim here is that persons with intellectual disabilities, for example, are unfairly and unjustly denied a seat at the linguistic table, and that they have a right to that seat given its value to them. It is worth fine-tuning this claim. It might be that persons with intellectual disabilities are excluded from the medicalization process because they are underrepresented in positions that would make such inclusion possible. For example, if the process of introducing terms for newly medicalized conditions is something that happens among medical professionals, then the claim that a group is wrongfully excluded from this process might amount to the claim that such a group should be better represented in the medical profession. We agree that such groups are wrongfully and unjustly kept out of these positions, and that if they were instead better represented, they might have greater participation in medical labelling.

However, we also think that the practice of medical labelling ought not to happen only amongst medical professionals. We think that persons with intellectual disabilities have a right to that process, regardless of whether they are adequately represented in positions of power in the medical profession. Perhaps this point is clearer in the case of patients. It is in their role as patients that we think individuals have a right to decide how they will be referred to and labeled by the medical profession. We reject the claim that it is solely the medical institution's prerogative to define terms how they see fit or to decide on the terms they introduce, for the reasons just outlined above.

To appreciate our tripartite claim about medicalization, consider the case of being excluded from choosing a name for your neighbourhood. Imagine that you are not present at your neighbourhood meeting where a new name for your neighbourhood is chosen. First, this exclusion may be harmful if the name chosen has harmful consequences (if the name is offensive, so unfortunate that it affects your property value, or difficult for you to pronounce). It may also be harmful if you care about being involved in the process. Second, your exclusion may be wrongful if the neighbourhood, without good reason, makes no good faith effort to include you, or makes an active effort to exclude you. Third, a harmful and wrongful exclusion may rise to the level of systematic injustice if you are excluded because you belong to a systematically mistreated social group (if, for instance, you are the only member of a particular racial minority in your neighbourhood and are excluded in virtue of your membership in that racial group). Likewise, we have argued that cases of exclusion in medicalization may disrespect linguistic agency in ways that are harmful, wrong, and systematically unjust.

4 | THE RENEGOTIATION OF MEDICAL LABELS

The second way in which medicalization may wrong an individual is by making it more difficult for them to renegotiate the terms that would be used to describe them when participation in this negotiation would be valuable. Again, we claim, (i) this is an instance of individuals being kept out of a linguistic practice that shapes the language, (ii) their participating in this practice would be valuable, and (iii) such exclusion may not only be harmful and wrongful but also rise to the level of systematic injustice.

People often exercise their linguistic agency through renegotiation. When you call Elizabeth, 'Liz', she might explicitly request that you not call her that. Or, she might say, 'It's Elizabeth', or introduce herself to others as 'Elizabeth' in your presence, or tell you how annoying it is when her cousins insist on calling her 'Liz'. All of these actions can be understood as attempts to change or renegotiate the language used to refer to her. Yale students and faculty, out of concern for John Calhoun's support of slavery, successfully renegotiated that one of their residential colleges would no longer be 'Calhoun College'. When people express a preference for certain pronouns or to change their first names, these cases may also involve linguistic renegotiation.

In many cases, the lines between the proposal of a new term, the acceptance or rejection of that proposal, and the renegotiation of a term, are blurry. We often propose terms subtly, acceptance goes without notice, and renegotiation happens quietly and gradually. In fact, these activities happen all the time, even if we do not notice them, do not take issue with them, or are usually successful in our attempts to do them. These activities may gradually result in a word's meaning changing (for instance, 'awful' coming to mean *very bad* instead of *awe-inspiring*) or in a word becoming obscure or obsolete (for instance, 'cockalorum' and 'fudgel'). Some philosophers, such as Ludlow (2014), have even made the case that nearly all conversations involve the activities of proposing, accepting, rejecting, and negotiating the words and word-meanings that will be used.

Negotiating and renegotiating what words to use in a conversation is a very general exercise of linguistic agency. To see this, consider Lewis's notion of a language as a solution to a coordination problem (Lewis, 1969). Agents face a coordination problem when they must act together to achieve a mutual goal, there exist multiple strategies that would achieve this goal equally well, but their interests would be best met by aligning their choices. For example, drivers have a mutual interest in avoiding congestion and collision, and they have multiple equally viable solutions: drive on the right or drive on the left. Mere rationality and world knowledge do not dictate a unique correct solution, and it does not matter which strategy they choose, so long as they align their choices.

Agents in conversation face a coordination problem. They must pick strategies for speaking and understanding (including which words to use and what those words will mean) that will help make it more likely that each agent is interpreted as they intend to be interpreted. Multiple strategies would achieve this goal (in some sense, *any* words would suffice, so long as the use of those words results in reliable and successful communication), and agents must choose their strategies based on their expectations about one another. For example, a mutual agreement that among the many options for a conversation between two people, 'peanut butter' will refer to one of them, facilitates that both will be understood as they intend. Described in this way, negotiating terms is (i) a mundane and common activity and (ii) a joint activity which solves a crucial communication problem.

But we care about more than merely being understood. In naming and medicalization, as discussed above, one may care deeply not merely that the coordination problem is solved, but how it is solved—for instance, that one is an active participant in the solution and that particular words comprise the solution. In terms of facilitating communication, the strategies of using 'Liz' or 'Elizabeth' to refer to Elizabeth are equally good. But in terms of respecting linguistic agency and Elizabeth's preferences, they are not.

The linguistic naming involved in medicalization gives part of a solution to this coordination problem. It determines that certain words will refer to certain conditions, and in this sense, makes solving the coordination problem easier. Our first concern, re-described in terms of this section, is that medicalization determines this solution without the input of those who would be so named. This makes the solution (which is, indeed, a solution) morally problematic, in all of the ways discussed in section 3.

But moreover, medicalization makes it difficult for individuals to resist, reject, or otherwise renegotiate this solution, which is likewise morally problematic. Granted, sometimes renegotiation of medicalized terms is relatively successful. People with intellectual disabilities are now often referred to as such, thanks to renegotiation. But this is an exception that proves the rule. It took immense effort and mobilization to shed pre-existing and offensive labels. This activism culminated in President Obama signing Rosa's Law in 2010, which instituted that parts of the U.S. government would use the term 'intellectual disability'. The Social Security Administration, which provides benefits to people with disabilities, followed suit in 2013. In its ruling, the SSA acknowledges the level of activism that was needed: '[C]onsistent with the concerns expressed by Congress when it enacted Rosa's Law, *and in response to numerous inquiries from advocate organizations*, we are revising our rules to use the term 'intellectual disability' in the name of our current listings and in our other regulations' (Social Security Administration, 2013).

Renegotiation in the medical case may be difficult for multiple reasons. The perceived need for standardisation, for example, undoubtedly contributes to the persistence of a term. But, we would like to focus on the claim that renegotiation is difficult because medicalization and its associated labelling *subordinate* and *silence* groups of individuals. This claim depends on the authority with which medical terms are introduced and the general power of the medical institution to disempower groups of people through language. We think it is plausible, if not obvious, that the medical institution has the comparative authority to do this. In what follows, we explore how medical labelling might disempower groups in these specific ways, taking as inspiration related arguments made about pornography (Hornsby, 1993, 1995; Langton and West, 1999; MacKinnon, 1993).

Langton and West cite MacKinnon in making a vivid point about words:

> *Words and images are how people are placed in hierarchies, how social stratification is made to seem inevitable and right, how feelings of inferiority and superiority are engendered, and how indifference to violence against those on the bottom is rationalized and normalized. (Langton & West, 1999)*

In labelling conditions and people, medicalization may arguable *say* that these conditions and people are bad, in need of medical intervention, or in some sense, less than. Labelling those with certain alcohol usage as 'alcoholic', for example, may *express*, *presuppose*, or otherwise *communicate* that such individuals are 'sick' or 'deviant', or that their behaviour is 'undesirable'. These *sayings*, taken together with the authority of the medical institution, may constitute a subordination of this group of people. The linguistic act of medical labelling may be a way of placing individuals at the bottom of a hierarchy, legitimising certain attitudes and behaviours towards them, and stratifying power in favour of the medical community or those who are 'non-diseased'.

While we think that medicalization can in many ways disempower those it labels, we want to focus on a particular way that medicalization can disempower groups: making it so that they are less able (or unable) to do things with words. We have in mind the notion of silencing, which is an insidious infringement on one's linguistic agency.

As Langton and West argue in the case of pornography, what you can do with words in a conversation, or what 'conversational moves' you can make, depends on your position of relative power. Elizabeth's ability to get you to stop calling her 'Liz' by uttering, 'Stop calling me 'Liz', depends on whether her words count or are taken as demands for you to cease calling her 'Liz'. Whether Elizabeth's utterance will count as a legitimate demand for you to stop, depends on whether she is taken as having the authority to make such a demand. Of course, Elizabeth can utter the words, 'Do not call me 'Liz'', but the point is that she may not be in a position for that utterance to count as a demand for you to stop. She may be unable to affect the language in ways she intends. She may be constantly misinterpreted, for example, as joking, over-reacting, or complaining, but not as having made an authoritative demand that one stop referring to her with certain words.

These ideas can be applied to medicalization. Given the authority of the medical institution and its ability to subordinate groups of people (in part by labelling them), it may also render them relatively powerless to challenge those labels. To be sure, such subordination may disempower these groups from doing other things, including securing necessary and adequate insurance coverage as well as securing representation in certain professions and

other areas of social life. But subordinative labelling also chips away at the authority one should have over how they are referred to, and consequently, one's ability to change language through language.

We might support the claim that medicalization silences attempts to renegotiate terminology by appealing to the empirical fact that such attempts are often ineffective. Medical labels do not often change, at least not without immense political effort, despite repeated claims that they are offensive, harmful, or wrong. We think it is unlikely that this resistance to renegotiation results merely from some need for standardised terminology. We suspect it results also from the ability of the medical institution to ignore such claims as legitimate demands. In fact, we suspect that responding to the demands for changing medical labels with the claim that this would undermine standardisation fails to interpret those demands as having the appropriate moral force with which they are intended.

We suspect that if medicalization subordinates individuals and silences them from renegotiating the language, it does so against the background of their belonging to a systematically marginalised social group. Our current social situation is such that persons with intellectual disabilities, autism, epilepsy, alcoholism, etc. are in positions of relative powerlessness compared to the medical institution (an asymmetry that, we have argued, may be reinforced by medicalization). Plausibly, then, the silencing in this case rises to a level of systematic injustice.

We would like to end by considering the following real case. The year is 2016. Sanjay, a student in Vancouver with an intellectual disability, is sixteen years old. He is eligible to apply for funding from CLBC, a government agency in British Columbia that serves students with special needs. A psychologist, in order to help Sanjay secure the funding, signs a form. The psychologist then prepares Sanjay's parents for the form's sensitive content: in place of 'intellectual disability', the form uses stigma-laden terms and slurs to describe Sanjay. The psychologist explains that the document's language is not aligned with the current practices of the psychologist and her colleagues. The parents have known about Sanjay's diagnosis for years. Still, given the form's language, the conversation is difficult and painful for both the family and the psychologist.

Sanjay's parents are in a double bind. They can reject the slurs used to describe Sanjay and refuse to submit the form and thereby risk him not getting necessary funding. Or, they can submit the form to help their son and thereby tacitly approve of the harmful terminology. The psychologist is similarly constrained. If she insists on not using the form, Sanjay does not get the funding. If she helps Sanjay get the funding by signing the form, she signs off on terminology she condemns, or at least she participates in a process that uses those terms. Desperate to get the necessary funding, the parents, with the psychologist's help, submit the form to CLBC.[8]

Notice that this double bind fundamentally involves a linguistic component. Sanjay, his parents, and his psychologist are prevented from doing what they would like to do through language. What they would like to do is reject the slurs that show up on the form, use different terminology, have those words suffice to refer to Sanjay's diagnosis, and thereby qualify him for the funding he needs. But if they reject the language on the form by refusing to use it, they become unable to effectively report Sanjay's diagnosis at all, a speech act they urgently need to perform. Sanjay, his parents, and even the psychologist are all, arguably, unable to make demands of and raise objections to the medical profession and are thereby silenced.

It is not only patients, but parents, doctors, and allies who may find themselves unable to resist medical labels they know are unjust. Sanjay's case is particularly upsetting, not merely because the family and the psychologist are unable to resist such language, but also because they must, in some sense, *use it*. They are forced to participate in a linguistic practice they object to in their attempts to care for Sanjay. In this way, the case makes salient the potential breadth and severity of the linguistic practices in medicalization.

ORCID

Ashley Feinsinger https://orcid.org/0000-0002-0251-8810

REFERENCES

Anderson, L. (2018). Calling, addressing, and appropriation. In D. Sosa (Ed.), *Bad words: Philosophical perspectives on slurs* (pp. 6–28). Oxford, UK: Oxford University Press. https://doi.org/10.1093/oso/9780198758655.003.0002

Anderson, L., & Lepore, E. (2013). What did you call me? Slurs as prohibited words. *Analytic Philosophy*, *54*(3), 350–363. https://doi.org/10.1111/phib.12023

Blackburn, G. L. (2011). Medicalizing obesity: Individual, economic, and medical consequences. *Virtual Mentor*, *13*(12), 890–895. https://doi.org/10.1001/virtualmentor.2011.13.12.pfor1-1112

Camp, E. (2013). Slurring perspectives. *Analytic Philosophy*, *54*(3), 330–349. https://doi.org/10.1111/phib.12022

Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology*, *18*(1), 209–232. https://doi.org/10.1146/annurev.soc.18.1.209

Conrad, P. (2005). The shifting engines of medicalization. *Journal of Health and Social Behavior*, *46*(1), 3–14. https://doi.org/10.1177/002214650504600102

Conrad, P., & Leiter, V. (2004). Medicalization, markets and consumers. *Journal of Health and Social Behavior*, *45*, 158–176.

Conrad, P., Mackie, T., & Mehrotra, A. (2010). Estimating the costs of medicalization. *Social Science and Medicine*, *70*(12), 1943–1947. https://doi.org/10.1016/j.socscimed.2010.02.019

Conrad, P., & Schneider, J. W. (1980). *Deviance and medicalization: From badness to sickness*. Philadelphia, PA: Temple University Press. https://doi.org/10.2307/589347

Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing. Epistemic injustice: Power and the ethics of knowing*. Oxford, UK: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198237907.001.0001

Frye, M. (1983). *The politics of reality*. Berkeley, CA: Crossing Press.

Hacking, I. (2012). The looping effects of human kinds. In D. Sperber, D. Premack, & A. Premack (Eds.), *Causal cognition*. Oxford, UK: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198524021.003.0012

Hornsby, J. (1993). Speech acts and pornography. *Women's Philosophy Review*, *10*, 38–45. https://doi.org/10.5840/wpr1993 1021

Hornsby, J. (1995). Disempowered speech. *Philosophical Topics*, *23*(2), 127–147. https://doi.org/10.5840/philtopics19952 3211

Jeshion, R. (2013). Slurs and stereotypes. *Analytic Philosophy*, *54*(3), 314–329. https://doi.org/10.1111/phib.12021

Kukla, Q. R. (2020a). *A nonideal theory of sexual consent*. Unpublished Manuscript.

(2020b). Taking children's autonomy seriously as a parent. Forthcoming in *APA Newsletter on Feminism and Philosophy*.

Langton, R., & West, C. (1999). Scorekeeping in a pornographic language game. *Australasian Journal of Philosophy*, *77*(3), 303–319. https://doi.org/10.1080/00048409912349061

Lewis, D. (1969). *Convention: A philosophical study*. Cambridge, MA: Harvard University Press.

Lock, M. (2004). Medicalization and the naturalization of social control. In C. R. Ember & M. Ember (Eds.), *Encyclopedia of medical anthropology* (pp. 116–124). Boston, MA: Springer. https://doi.org/10.1007/0-387-29905-x_13

Ludlow, P. (2014). *Living words*. Oxford, UK: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198712053.001.0001

MacKinnon, C. A. (1993). *Only words*. Cambridge, MA: Harvard University Press. https://doi.org/10.2307/1289621

Moynihan, R., Heath, I., & Henry, D. (2002). Selling sickness: The pharmaceutical industry and disease mongering. *British Medical Journal*, *324*, 886. https://doi.org/10.1136/bmj.324.7342.886

Parens, E. (2013). On good and bad forms of medicalization. *Bioethics*, *27*(1), 28–35. https://doi.org/10.1111/j.1467-8519.2011.01885.x

Purdy, L. (2001). Medicalization, medical necessity, and feminist medicine. *Bioethics*, *15*(3), 248–261. https://doi.org/10.1111/1467-8519.00235

Ritchie, K. (2017). Social identity, indexicality, and the appropriation of slurs. *Croatian Journal of Philosophy*, *17*(2), 155–180.

Social Security Administration. (2013). Change in terminology: "Mental Retardation" to "Intellectual Disability." *Federal Register: The Daily Journal of the United States Government*. Retrieved from https://www.federalregister.gov/documents/2013/08/01/2013-18552/change-in-terminology-mental-retardation-to-intellectual-disability

Thi Nguyen, C., & Strohl, M. (2019). Cultural appropriation and the intimacy of groups. *Philosophical Studies*, *176*(4), 981–1002. https://doi.org/10.1007/s11098-018-1223-3

Vicars, K. (2020). *The worst of all possible words: Slurs, reappropriation, and bracketing*. Unpublished Manuscript.