

Medicalization and Psychologization in scientific and public discourses

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The perception of poverty, unemployment
and childhood development

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Be yourself; everyone else is already taken.

Oscar Wilde (Irish poet)

If your dreams don't scare you, they're too small.

Ellen Johnson Sirleaf (Liberian politician)

For my family, for my friends

Abstract

In this dissertation, I examine processes of medicalization and psychologization in different discourses. Medicine and psychology have played a substantial role in describing social conditions, which is true in a variety of contexts. From scientific discourses, in which knowledge is generated and discussed to public discourses like mass media or political debates. A central concern of this dissertation is the mechanism by which such processes occur, and which actors are involved. For the scientific discourse, I analyzed which disciplines are leading in the international research on poverty in the Web of Science (WoS) between 1956-2017 and which changes in content are thus evident over time. In the (mass) media discourse based on different daily and weekly newspapers in Germany, I examined how the reporting of the last 25 years on unemployment and childhood is shaped and whether these two areas are more strongly linked to medical and psychological issues. In a further contribution, I focused on the COVID-19 pandemic. Since external influences may also cause medicalization and psychologization tendencies to emerge, I analyzed to what extent school closures in Germany have been a driver for an increased interest in mental health among children and adolescents. Here I was able to show that this was indeed the case and that, in addition to the purely epidemiological aspects of the pandemic, threats to mental health as a side effect of the non-pharmaceutical measures became more prominent.

Overall, I show that processes of medicalization and psychologization are traceable in various discourses through different actors and that external influences like the COVID-19 pandemic can play a significant role.

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List of Abbreviations

α	Alpha
ADHD	Attention Deficit Hyperactivity Disorder
AWStG	Law on strengthening further vocational training and the insurance coverage of unemployment insurance
BMAS	Federal Ministry of Labor and Social Affairs
COVID-19	Coronavirus Disease 2019
EMAC	Estimated Mean Annual Change
EU	European Union
FAZ	Frankfurter Allgemeine Zeitung
GBE	Health Reporting of the Federal Government
Hartz IV	Fourth Act on Modern Services in the Labor Market
ln	Natural Logarithm
MAPC	Mean Annual Percentage Change
N	Number of observations
NPI	Non-Pharmaceutical Intervention(s)
OECD	Organization for Economic Co-operation and Development
PWR	Poverty and Wealth Reports of the Federal Government
RGR	Relative Growth Rate
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SGB	German Social Code
SSCI	Social Sciences Citation Index
SZ	Süddeutsche Zeitung
t	Time Unit
taz	taz, die tageszeitung
UK	United Kingdom
U.S.	United States
WoS	Web of Science

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1 Introduction

1.1 Background and aim

Medicine and psychology have considerably impacted our society in the last few decades. Research and breakthroughs in the treatment of diseases not only improve people's life expectancy and quality of life, medicine and psychology also maintain and consolidate their status within society and create their own authority in many domains of everyday life (Conrad 2007). In the past, issues that were not initially attributable to medicine or psychology domains, such as deviant behavior or social conditions, were and still are associated with these fields (Conrad 2007; Madsen 2018; Szasz 1960). Several aspects related to this have been consolidated and strengthened in a variety of social issues, e.g., illness as an essential condition for social transfers (Buffel, Beckfield, and Bracke 2017; van Oorschot 2006), focusing on health aspects as a theoretical framework for defining poverty (Hansen, Bourgois, and Drucker 2014; Hyman 2018; Schram 2000b), or the close monitoring of child development based on medical categories (Kjørholt 2013; Kjørholt and Qvortrup 2012; Vandenbroeck et al. 2017). These examples indicate an increase in visibility of medical and psychological perspectives on social processes and illustrate the need to analyze discourses that are held on these issues.

Through their own stakeholders (physicians/psychologists, interest groups, etc.), medicine and psychology shape various public discourses. Discourses do not operate in a vacuum but by the actors involved in it. *“Medicalization still doesn’t occur without social actors doing something to make an entity medical [...]”* (Conrad 2005:12). In this context, social constructivism refers to the fact that social issues are not inherently predetermined but are always subject to change (Berger and Luckmann 1967; Schneider and Ingram 1993). This change is mainly carried out in a range of different discourses.

So, who talks about what and how? These important questions have to be answered when trying to describe social conditions in a society. As social expenditures are limited in a welfare state, there are ongoing debates on what social problem has to be tackled by the government. Social issues that form the basis

of social policy initiatives are constantly renegotiated and reweighted in social interaction. In order to adequately distribute the limited resources, political decisions require a certain extent of legitimacy. Based on this perspective, it is indispensable to evaluate which discourses on social issues and social problems are affected and which actors contribute to that fact.

First and foremost, scientific, and public discourses in which such a process takes place ought to be highlighted here. Science plays an important role for social problems. Scientific research draws attention to social problems, it conceptualizes and measures them, it investigates causal processes leading to these problems, and tests routes for change. Public discourses transfer these perceptions to the political sphere and contribute to translating these strategies into social frameworks. Therefore, it is convincing that individuals, regardless of whether they are individual citizens in society or decision-makers at the top of politics and practice, would be inclined to pay attention to public opinions and make decisions accordingly. There is no direct distinction in this respect between accepting or rejecting the general consensus – if those views are discussed, they have an influence in any case given that they are being aired (Moussaïd et al. 2013). That is why discourses have such power.

A successful spread of certain topics in society is dependent on the manner in which they are subsequently occupied and interpreted. Scientific findings play an essential role, even if they are not always directly translated into social practice by politics, but are engaged in a *science-media-coupling* which brings them into the wide public (Weingart 1998). Science can point out problems, investigate them and, with published results, help to encourage policymakers to take action. The connection between science and politics is therefore important when it comes to transferring theoretical findings into society. At the same time, it is important to emphasize that, in addition to scientific findings, public opinion is another essential aspect that is reflected in the (political) treatment of various topics. In democratic societies, public opinions are strongly carried into society by various mass media or are reflected vice versa in these media and are thus further strengthened (Weingart 1998; Weingart et al. 2009). Consequently,

different formats of mass media (such as national daily and weekly newspapers) may hold a great deal of power within society in that they are able to form and shape opinions, as well as to bring new topics to the public (Ciboci 2019; Eilders, Neidhardt, and Pfetsch 2004; Waldherr 2008). In addition to being especially important to decision-makers and politicians, they can also be a catalyst for new debates in general. These framing and agenda-setting functions have already been widely acknowledged in scientific research.

Because discourses do not emerge in a vacuum and are not independent entities, they are always shaped by the actors who engage in them. Although actors are sometimes referred to individuals, groups, or institutions, they are not always limited to those who pursue certain agendas and contribute to the public understanding of their points of view. The presence of higher-level actors, such as daily and weekly newspapers or scientific journals, can also play a significant role in the manner in which such discourse or debate proceeds (Happer and Philo 2013; Pan and Kosicki 1993). Often times, they are responsible for determining who has their say in the discourse and how certain perspectives are presented (Wang 2022). Hence, they can serve as a gatekeeper in this manner.

There is one thing that all discourses, whether scientific discourses or media discourses, have in common: knowledge and opinion are (socially) constructed and may be subject to change (Berger and Luckmann 1967). Ongoing scientific research can further confirm existing findings, but it can also refute them, expand them, and shed light on the subject area under investigation from other perspectives. In other words, scientific knowledge and public opinions are never fixed, but always part of a dynamic process.

In this dissertation, I aim to link theoretical approaches in discourse analysis and social constructivism with the field of medicalization and psychologization. Therefore, the main purpose of this dissertation is a more in-depth examination of what this development looks like in different discourses, what actors are involved in this development, and how this affects social policy. Thus, the general research questions are: In which discourses does medicalization or psychologization occur concerning poverty, unemployment, and childhood? Which actors

are involved, and what external influences contribute to the emergence of such processes?

1.2 Theoretical approaches

The theoretical part builds up the foundation of this dissertation. The first section focuses on the concepts of medicalization and psychologization. In addition to examining the theoretical and scientific basis of these two concepts, I will also discuss changes and shifts in perception. Several factors contribute to these changes, including concepts such as demedicalization or changes concerning the actors involved in these processes. In the second section I will outline processes of medicalization and psychologization *in the real world*, meaning giving examples of those tendencies in the fields of poverty, unemployment, and childhood development. In this course I present the interrelation of these three fields and how they are conceptualized in this dissertation. Furthermore, I examine how social conditions and perspectives in a society are always socially constructed and thus can never be objectively fixed. This view on social constructivism is fundamental insofar as this dissertation focuses precisely on this issue, namely whether social issues such as poverty, unemployment, and child development have been reinterpreted and increasingly characterized by processes of medicalization or psychologization. To answer this question, it is furthermore essential to understand the functioning of scientific and media discourses and how opinions and perspectives are negotiated and interpreted in there.

1.2.1 Conceptualization of Medicalization and Psychologization

Medicalization

Medicalization describes the process by which circumstances that were previously located in other areas are increasingly defined and interpreted in medical terms (Broom and Woodward 1996; Busfield 2017; Conrad 1992, 2007). In the history of medicalization research, prominent examples include basic life events

such as birth or death (Davis 2009), as well as constructs of deviant behavior such as alcoholism and drug addiction (Conrad and Schneider 1992). Homosexuality was also regarded as a deviant behavior that needed medical intervention, which then underwent demedicalization and now faces a potentially remedicalization (Conrad and Angell 2004). Consequently, certain human behavior became increasingly understood as a disease, and was therefore regulated by a different namely medical jurisdiction. These examples demonstrate an institutional form of medicalization following the trail of power of the medical profession incorporating these meanings into societal actions. Central critics of medicalization attest that medicine as a discipline has too great and too strong a position in the interpretative sovereignty of social problems, which sometimes results from the "professional compartmentalization" of the discipline (Illich 1982). Medicine is thus assumed to be an institution of social control (Zola 1972).

This medical dominance has changed over time. Increasingly, individuals have been seen as empowered in his or her actions and "consumer healthcare" is coined as a term referring to mature citizens taking care of their own needs. So the medical dominance decreases over time and the lay populace is not necessarily passively dependent in the process of medicalization or disadvantaged by it (Ballard and Elston 2005). There is no doubt that modern technology and information capabilities play a significant role here, which has the potential to soften the hierarchy of medicine, at least to some extent. It is important to note that although the processes of medicalization within the medical profession are still rooted in their respective high medical hegemonial positions, they are also incorporated into political action.

Recent literature speaks of medicalization less as an instrument of power and more as a neutral object that has found its way into society (Ballard and Elston 2005) and following an overall increasing health consciousness in modern societies – healthism, a term that already has been coined in the 1980s (Crawford 1980). Research shows that medicalization is also seen as a process that can have both positive and negative effects. A medical diagnosis initially establishes the chance of treatment. If a problem receives an official (medical) diagnosis, this

can be a relief for those affected, as a piece of responsibility for one's situation and its improvement can be handed over to medicine (Ballard and Elston 2005), but this is not the case in any situation (e.g. the perceived stigmatization of unemployed people who are exempt from the search obligation due to a medical diagnosis (Linden, Reibling, and Krayter 2018)). Since medical problems in many cases have a fateful component for which the individuals cannot or only slightly be held responsible, stress relief might take place. In the medical profession, the individual is essentially neither responsible for the cause nor the solution. Nevertheless, this scenario can also result in an individual being wholly released from responsibility, which could ultimately perpetuate the problem. So, we can identify positive and negative aspects of medicalization on both sides, but a medical diagnosis of social issues could result in reducing social and political responsibility which clearly illustrates the adverse effects of medicalization.

Psychologization

Psychologization, describes the process in which social issues become increasingly interpreted as psychological issues (Mulvale and Teo 2020; Rose 1998; de Vos 2014). According to the process of medicalization where medical diagnoses and interventions stand out, it is the psychological and with this a more individual allocation, that takes place when psychologizing certain issues. Besides certain clinical personality disorders in forensic or clinic psychology, it deals with mental health issues that arises in individuals dealing with their environment. With the rise of self-help literature industry (Furedi 2008), the discipline became important in modern societies. One major topic, that arises in this discourse, is resilience. Resilience describes one's capacities to adapt, recover, and maintain stability in the face of stress, adversity, or disturbance, influenced by a combination of personal attributes and environmental interactions (Dantzer et al. 2018; Rutter 2006; Wu et al. 2013). Compared to medical diagnoses and interventions, Psychology refers more onto the individual strengthening and responsibility in causes and therapies to overcome the individuals suffering. Where the individual is merely released from responsibility in medical diagnoses, the individuals are

stronger involved in improving their situation. Psychologization in that case means, a shift in the definition of social or individual issues. Given the fact, that a *good and positive* mindset with profound resilience is a protective factor to individuals, a shift in the responsibility of social issues takes place. Psychologists in this case acts as engineers of the human soul (Rose 1998).

Differences and Commonalities of Medicalization and Psychologization

While the underlying mechanisms behind medicalization and psychologization, namely the transfer of social entities in medicine and psychology, appear similar, similarities and differences in terms of their content can be identified. Firstly, medicine is a highly organized and hierarchical discipline. It has its own institutions (e.g. hospitals) and the physicians themselves form the top of their profession. The medical profession has the power of interpretation in diagnosis and treatment (even if this is increasingly shifting towards a treatment partnership with the patients) and has a monopoly in knowledge and language (Waitzkin 1989).

The discipline of psychology is less professionally organized. Psychologists often do not work at the top of the respective institution, but are part of various sectors (e.g. schools, companies and also hospitals). Psychological knowledge and methods are more widespread among the lay populace (Rose 1998) as a profession and an aspect of popular culture (Illouz 2008), which means that the individual is given more responsibility and the treatment of "problems or behaviors that do not conform to the norm" rests more heavily on the individual.

Commonalities exist in the focus on the individual, the access to treatment and similar scientific and methodological fields of research. Furthermore, both professions are considered experts within society and can influence public opinion. Both professions should therefore not be considered independently of each other.

1.2.2 Medicalization and Psychologization in the real world

Poverty

Poverty as a multidimensional concept is difficult to define in a conclusive manner and touches on various aspects. In most cases, the financial component makes up the bulk of the definitions. If someone falls below a certain income standard, this is referred to as poverty. It has been proven that poverty has frequently been the subject of political negotiations in the past, thereby indicating that the definition of poverty as a whole has often changed over time. Various indicators have been used for the threshold below which persons are considered poor (e.g., the Gini-Coefficient, the Palma-Ratio, poverty rates before and after taxes and transfers, the poverty gap) (OECD, 2021a, 2021b, 2021c). However, in addition to purely financial aspects, multidimensional indicators such as literacy, healthiness or social participation have increasingly been brought into the focus of poverty research (Kanbur and Squire 2001). The health status plays a role both in the financial aspect of earned income and thus in the avoidance of poverty, and in the social participation and well-being of individuals. Studies have already shown that poverty is a strong predictor of health status and can negatively affect the prevalence of a number of diseases (Shepherd and Wilson 2018). Regardless how the measurements are set up “[...] *there is little doubt that poverty leads to ill health.*” and “[...] *limit[s] an individual’s ability to engage in paid work and hence reduce his or her income, even if he or she comes from an affluent background.*” (Phipps 2003:13). Poverty as a condition of one's personal life increases individual stress (Evans and Kim 2007) and may lead to a perpetuation of poverty through risk-averse decision making (Haushofer and Fehr 2014). Thus, it is clear that poverty is not only of a purely financial nature, but that its effects can extend to other areas in the lives of those affected. It is important to keep the causal direction in mind. For example, poverty can cause poorer health, but poor health can also contribute to the risk of poverty if there is a risk of not being able to make a living due to the loss of income from employment (Benzeval and Judge 2001).

In this context, I argue that poverty has become medicalized, as health plays an increasingly important role in the definition of poverty. Furthermore, I identify an individualization of poverty as a result of medicalization. If social benefits, which are supposed to remedy poverty, are increasingly linked to medical criteria, a pathologization of poverty and a self-responsibility linked to the individual resources of the persons involved takes place (Hansen et al. 2014). Therapeutic culture as a substantial change in welfare states may lead to understanding poverty in a more individual manner (Schram 2000a) and builds up a therapeutization of social problems (Ecclestone and Brunila 2015). Medicalization in this sense will aggravate the healthcare spending problem as:

“[...] having failed to eradicate poverty after decades of their preferred approach (a combination of social programs and sizeable transfer payments), these do-gooders have come up with a new strategy, and rebooted their rhetoric. Instead of “justice-talk,” the argument is now framed in terms of providing effective medical treatments at a lower cost (Hyman 2018:584)

The individualization of the causes of poverty may lead to the fact that their prevention is also tackled at the individual level while the structural side is marginalized. Instead, the focus is on the resources of individual persons - those who have the right mindset and build up their own resources are less likely to fall into poverty. I link this individualistic approach to the theory of medicalization and, above all, psychologization, in that social and structural conditions are increasingly located at the individual level, and responsibilities are thus shifted as well.

Unemployment

The role of employment in modern societies is fundamental. As well as securing a means of living, it covers other aspects of life and includes various manifest as well as latent functions and contributes in its entirety to the well-being of individuals (Paul and Batinic 2010). In line with the medicalization and psychologization theories, the loss of these functions can have an impact on physical and mental health (Buffel, van de Straat, and Bracke 2015; Paul and Zechmann 2019; Paul, Zechmann, and Moser 2016; Rugulies et al. 2010). While the perceived stigma of unemployment can be a problem for those affected, various studies

clearly show that unemployment is generally associated with poorer health (Kroll, Müters, and Lampert 2016). Although these findings are always subject to discussion about actual causal effects or the direction of effects - for example, poorer health can also be a predictor of unemployment - they clearly show a correlation between these two areas. In addition to the pure link between unemployment and health, however, medicalization plays a role especially in the socio-political sphere. In Germany, for example, the receipt of wage replacement benefits has increasingly been linked to health criteria in the past. With the introduction of Hartz IV and associated concepts of support and demand ("Fördern und Fordern"), the obligation to look for work has become a central aspect. However, a deviation from this norm can be justified by health conditions. If someone is not able to work according to certain criteria (§8 (1), German Social Code (SGB) II) he or she can further receive social benefits without participating in the employment market. The lack of health is thus a criterion for receiving benefits in the social system, and thus a medicalization of unemployment takes place at this point, as the evaluation of unemployment can be defined by medical reasons. Medicine and psychology are thus important aspects for social policy.

Childhood Development

Child development is one of the most monitored periods in life (Kjørholt 2013; Kjørholt and Qvortrup 2012; Vandenbroeck et al. 2017). In addition to the classic U-examinations, which are intended to control age-appropriate development, the school entrance examinations also serve to detect deviations or developmental delays. In order to visualize a possible deviation from standard development, it is essential to establish a development standard in advance. As childhood development is grasped as a fundamental basis for later chances in life (Adamson and Brennan 2014; Case, Fertig, and Paxson 2005), it is logical that the attention to deviations from the norm is this high. If developmental delays or obstacles are then detected, medical interventions are usually initiated by the attending physicians respectively recommendations are given to parents, teachers or other institutions involved. This close-meshed network of examinations, which are

obligatory in many cases (and can be reported to the Department of Childrens' and Young Peoples' Affairs in case of non-observance), demonstrates how medicalized and psychologized child development is. Medical and psychological criteria determine what normal child development resembles and which deviations from these criteria can be identified as a diagnosis (Conrad and Bergey 2014). Natural variations in child development therefore run the risk of being used as an indication for medical or psychological interventions. One can also draw this conclusion from the prominent example of ADHD diagnoses, where social and cognitive deviations are contextualized by medical diagnoses and treatments. These developmental standards and deviations come from the medical profession but may be transferred into other institutions for example the school system when children are refused from school entrance due to their cognitive or physical development (Führer et al. 2019; Heudorf, Hauberg, and Karathana 2020; Horst-schräer and Muehler 2014). As the standards in this example are being transferred into the school system, politics gain power in building up medical standards, which examines an institutional medicalization.

All three social issues described in this section illustrate processes of medicalization and psychologization not only in the medical and psychological disciplines but also in societal and political areas. This shift to institutional processes consolidates these processes and makes them relevant for society.

1.2.3 Interrelation of poverty, unemployment, and childhood development

Building on the medicalization and psychologization tendencies in the social issues of poverty, unemployment, and child development described in the previous section, I will illustrate how these three areas are interrelated and why this linkage is appropriate and necessary for this dissertation.

As shown, the loss of employment and especially prolonged unemployment is a central cause of poverty (Saunders 2002). In addition to health and social aspects of poverty, the financial situation resulting from the lack of wages and the

receipt of reduced income benefits plays an important role in the daily lives of those affected. Unemployment can therefore cause poverty and also increase several forms of social exclusion (Gallie, Paugam, and Jacobs 2003). Having little to no material resources at your disposal severely limits leisure activities and further social contact with other people. Due to the loss of social contacts, people's well-being might be affected (Waters and Moore 2002). Therefore, unemployment not only leads to financial poverty but also to a loss of social participation.

Living in poverty affects the possibility to take care of one owns resources (e.g., educational), which in turn minimizes the chances to adequately return to the labor market to some extent or rather working in low paid job with higher risk of losing the job and getting unemployed (Van Kempen 1997). In this sense, the linkage between and interrelation of unemployment and poverty is evident.

Both areas may turn into an intergenerational issue. Children living in poverty are negatively affected by having less favorable opportunities to receive sufficient education. Parents with a lower socioeconomic background and lower educational are not able to support their children equally than parents with a higher socioeconomic background und higher education (Ferguson, Bovaird, and Mueller 2007). This means that children living in poverty are underprivileged in the educational system and more likely to have rather low paid jobs afterwards and a higher risk of unemployment and experiencing episodes of poverty in their later life (Duncan, Kalil, and Ziol-Guest 2013), why they have lower chances and resources to opt out of this situation in the long run.

This triad of unemployment, poverty and childhood development illustrates the interdependence and intergenerational aspects of these social issues and therefore underlines why the linkage is necessary in scientific research.

1.2.4 The social construction of knowledge in various discourses

Social issues are a question of definition and thus part of an ongoing scientific and public discourse (Berger and Luckmann 1967; Schneider and Ingram 1993).

Due to limited financial resources of the welfare state, the justifications of which groups in society receive benefits and how these benefits are structured are of increasing interest. To understand social issues and political decisions, we must consider them as the result of discourse, which is influenced by socially constructed language, meaning systems and actors that are actively engaged in a (in this realm medicalization) process (Conrad 2005). From a social constructivist point of view, social issues are not fixed and objective entities, but rather are the result of discursive negotiation. The social constructivist approach is concerned with how we construct and understand our social reality. The concept assumes that reality does not exist objectively, but instead is created through social interaction and interpretation. As individuals, we are involved in a social network and assess reality through the lens of cultural and social experiences (Berger and Luckmann 1966). Because knowledge is determined by experiences and representations, the "outside world" can never be observed objectively, but only indirectly via our interpretations and constructions (Glaserfeld 1995).

In this sense science and public perception plays a critical role in resolving society's most pressing issues. The goal of scientific research is to gain a better understanding of social issues, to conceptualize and quantify them, and understand the causal processes behind these challenges to offer alternative solutions. Complex situations can have several dimensions and dynamics, making them likely to be analyzed from various perspectives. The increasing prominence of social issues in research has increased the focus on scientific research. Although considering that different disciplines are interested in the same subject, their concepts, theories, approaches, and methods differ significantly.

For instance, sociologists may focus on the impact of social structures and institutions on social problems, while psychologists or research in health-related disciplines may examine individual behaviors, attitudes or physical abilities that contribute to these problems. Despite differences in approaches and methods, interdisciplinary collaboration can lead to a more comprehensive understanding of social problems and effective solutions, but also to a paradigm shift in the

general understanding and interpretation of social issues. The same is with public discourses, where various actors and a different public are engaged.

The primary objective of such discourses is to negotiate what is right or wrong or constitutes normal and deviant behavior but also to identify which social issues should be treated socio-politically. When certain social issues are considered as merely medical or psychological rather than caused by macro-sociological factors, politics are more likely to shift focus and approaches in social policy. This means that discourses can significantly drive social change and benefit different population groups. The political agenda can be changed or reshaped through discourses (Casero-Ripollés and López-Rabadán 2014; Strömbäck 2011; Walgrave 2008). As a result, scientific discourses significantly impact how people perceive the world.

Considering that discourses does not occur in a vacuum but are led and altered by individual actors, these actors play an essential role.

This encloses the relevance of analyzing scientific and public discourses in regard to how social issues are interpreted and renegotiated in terms of medicalization and psychologization tendencies and which actors contribute to this shift.

1.2 Structure of the empirical part

For the analytical part, I pursue different approaches that are essential to answering the research questions posed in the introduction section. These include various discourses and methods adapted to the data. Chapters 2, 4, and 5 present the results of individual research articles that already have been published in scientific journals (chapter 2 and 5) or are currently under review (chapter 4). Chapter 3 provides a book chapter derived from a project anthology published as part of the MEPYSO junior research group. Despite having a different structure than the other research papers, this chapter will also be considered a paper in the wording throughout this dissertation.

Paper 1 (Krayter and Reibling 2020) focuses on the issue of medicalization and psychologization in the international scientific discourse on poverty. A key question in this paper is whether poverty has been medicalized or psychologized in the scientific discourse and which actors are involved in this process. Actors, in this case, refer to scientific disciplines, which are the unit of analysis. In a longitudinal analysis covering the period from the beginning of the Social Sciences Citation Index in the Web of Science from 1956 to 2017, I investigate which disciplines have the most publication output on poverty and how this has changed in the given time span.

Paper 2 (Krayter and Ariaans 2023) builds on the analysis presented in Paper 1 by providing a more comprehensive theoretical and political framework. This paper describes the transformation of poverty from purely financial aspects to a multidimensional concept that strongly incorporates health status into the definition of poverty. This paper also examines the mechanisms in which such medicalization and psychologization trends take place in practice, and which political and institutional actors are involved in this. For this purpose, the chapter uses various data sources such as the scientific discourse analysis from paper 1 with different measures, parliamentary debates by the German parliament (Deutscher Bundestag), the poverty and wealth reports of the federal government and data from the OECD. The chapter concludes with an outlook on how poverty is medicalized and psychologized in the welfare state.

Paper 3 (Krayter and Reibling 2025) examines the medicalization and psychologization trends of unemployment and childhood development in two German national daily newspapers. Since national daily newspapers play a prominent role in framing social issues and putting topics on the (political) agenda, I draw data from the archives of the *Süddeutsche Zeitung* (SZ) and the *Frankfurter Allgemeine Zeitung* (FAZ) from 1992 — 2019. According to the paid circulation of national daily newspapers in Germany, the SZ and FAZ rank second and third, respectively. I measured all articles with medical and psychological search terms that refer to either unemployment or childhood development. The use of

quantitative methods enabled me to monitor the increase or decrease of these medical or psychological connotations in both fields of social issues.

With findings from the previous contributions, Paper 4 (Krayter 2023) focuses on the Covid-19 pandemic, asking if children's mental health is getting increasingly important in German national daily newspapers. Since the discourse on the effectiveness and side effects of Non-Pharmaceutical-Interventions plays an essential role in legitimizing these interventions, the present article seeks to determine who talks about children's mental health in the news media and what aspects the discourse takes up. Although medical and physical elements already manifest themselves in daily life, I argue that psychological factors and mental health are getting increasingly important throughout lockdowns and school closings.

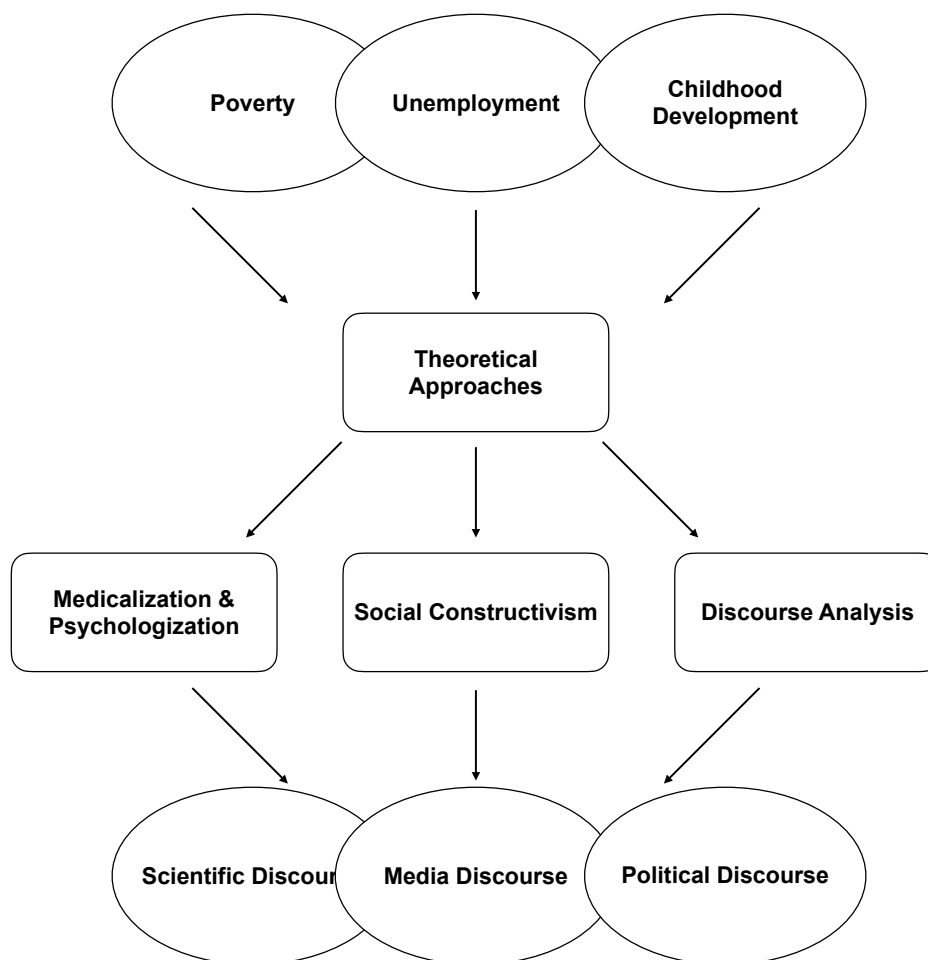


Figure 1: Structure of the dissertation

1.4 Methodological Approaches

In this chapter, I will outline various data sources and methods used for the analyses. As individual discourses are constantly affected and pushed forward by other discourses, an analysis of one single discourse is not sufficient to provide a comprehensive assessment of social issues. Furthermore, it is inevitable to address the research questions with diverse data from various discourses. As part of the research process, this dissertation incorporates various methodological approaches, but overall, it follows a rather quantitative approach. Building on quantitative data has several valuable advantages in answering the research questions in identifying and describing trends over a prolonged period, i.e., whether social issues have been incorporated by medicine and psychology.

The four papers utilized different data sets that are based on four different types of sources: 1) scientific publications and scientometric key figures from the literature- and citation database Web of Science (WoS), especially the Social Sciences Citation Index (SSCI) attached; 2) political publications, particularly the transcripts from German parliamentary debates as well as the poverty and wealth reports (PWR) of the German Federal Government; 3) OECD descriptive data on poverty rates and 4) key figures as well as full texts of newspaper articles from German national daily and weekly newspapers or their online services (Süddeutsche Zeitung, Frankfurter Allgemeine Zeitung, die taz, WELT-Online, ZEIT-Online). This section gives a brief overview of all paper's data sources and methodological approaches. The methodological parts within the single papers in the Chapters 2.2, 4.4 and 5.3 and the corresponding data description in Chapter 3 entail further detailed information.

Paper 1 contains a quantitative analysis of the international scientific poverty discourse from 1956–2017. For this purpose, all important key figures of this discourse were collected in SSCI. Each published article in this period includes all variables available for citation of the article, e.g., Title, Author, Year, Journal, Volume, Issue, Publisher, WoS Core Collection Times Cited Score, WoS Categories, and Research Areas.

With this data, it is possible to determine which research areas represent the largest share of poverty research at some point in time and, therefore, what changes occur over time. Nevertheless, to answer this question with sufficient statistical accuracy, it is necessary to prepare the key figures containing publications from individual research areas on poverty to the research areas as a whole (without a focus on poverty). Statistically, the possible strong growth of a research area in general is controlled in this manner, and only the pure development of the research areas related to poverty can be determined. Combining the research areas is another critical step in strengthening the significance of the analyses. Since the individual research articles in the SSCI were assigned to up to five different research areas, it is necessary to weight these areas accordingly to their appearance in each article. I therefore integrated a weighting procedure, in which the more an article is assigned to different research areas, the lower is their individual weight. An article that has two research areas assigned counts 0.5 in each research area. When four research areas are allocated, it counts 0.25 in each research and so forth. Using Relative Growth Rates (RGR) to measure final trends is a suitable method to determine trends in critical research areas in the poverty discourse. Based on this measure, which originates from biology (Blackman 1919) and has already been adapted for scientometric analyses (Hong et al. 2016; Krishnamoorthy, Ramakrishnan, and Devi 2009), it is possible to determine how the number of publications compares to the previous period. For this purpose, the total period was divided into six different points in time, each corresponding to a decade. For further statistical significance, the paper uses a negative binomial regression model that tests whether the trend that has been confirmed differs significantly between the research areas and from the average trend. Additionally, the paper provides qualitative insights to the data using a word frequency analysis to identify trends in the wording of publication titles.

As a book chapter, Paper 2 has a slightly different structure. The analyses in this chapter are based on previous papers and extend existing findings. In this case, this chapter uses different datasets and methodological approaches. This chapter uses the following data sources: 1) the WoS dataset of the scientific

poverty research analogous to Paper 1 on Medicalization and Psychologization in the scientific discourse; 2) political publications (transcripts from German parliamentary debates as well as the poverty and wealth reports (PWR) of the German Federal Government) and 3) OECD descriptive data on poverty rates. The first part of this chapter builds on descriptive citation analyses in the scientific poverty discourse. Analyzing the top 50 most-cited articles in the SSCI and identifying the various research areas in which these articles originate is part of this process. In a further qualitative analysis, the paper examines the top 50 most-cited research articles in more detail by identifying different dimensions of poverty that have been used in those research articles. Creating three distinct categories, 1) Health & Psychological Dimensions, 2) Measuring Poverty & Economic Dimensions, and 3) Social & Political Dimensions, this process provides more in-depth insights into the theoretical concepts of poverty in the scientific literature on poverty. Moving from scientific data to political publications, this chapter analyzes German parliamentary debates on the laws on modern services in the labor market” (in short, “Hartz reforms”), which deals with unemployed persons and is linked to the field of poverty. Building on this data, this section extracts different themes in the debate: 1) Administration, 2) Demography, 3) Economics, 4) Education & Qualification, 5) Ethics, 6) Law & Jurisdiction, 7) Medicine, 8) Psychology, 9) Social Work & (Dis)Integration and 10) Only Analytical Framing. Referring to two time-points, 2003 and 2016, changes in the share of different themes are investigated. Further, this chapter draws on descriptive data on poverty rates for 1) Denmark, 2) the UK, and 3) Germany from the OECD archives.

Paper 3 provides a longitudinal quantitative analysis of newspaper articles on unemployment and childhood development in reference to medical and psychological themes. The paper gains insight into the medicalization and psychologization trends in these two areas of social issues using the number of articles that treat medical and psychological topics. According to their respective archives, the data for the SZ and FAZ ranges from 1992 to 2019 and provides the number of articles for each year. They are adjusted in a two-step process to assess the

actual trend of the identified number of articles. *First*, they are adjusted to the varying trend of the total number of articles in the newspapers to control for general trends in newspaper publication output. *Second*, the numbers are adjusted to varying trends of the two social issues of unemployment and childhood development. They also might be more or less present in the public debate and therefore vary in their appearance in the newspapers. In the final stage of the analysis, the numbers are standardized using a z-transformation, which allows comparing the two trends. With these adjustments conducted, the paper illustrates the trends with 1) a percent increase/decrease between the first year and the last year of coverage, 2) a correlation with a linear time trend, 3) a mean annual percentage change (MAPC), and 4) an estimated mean annual change (EMAC), and 5) lowess curves.

Paper 4 focuses on the COVID-19 pandemic and comprises a quantitative discourse analysis of childhood mental health in three National daily and weekly newspapers, respectively their online service (die taz, WELT-Online and ZEIT-Online). The paper screens full texts on child mental health during the two lockdowns in Germany from 22 March 2020 – 3 July 2020 and 16 December 2020 – 6 May 2021 (Bujard et al. 2021) concerning school closing and contact restrictions. The NEXIS newspaper database provides full texts of all three newspapers for these two time periods. Using MAXQDA 2022 software, the paper identifies 1) different actors involved in the discourse on child mental health and 2) different topics that the articles are focused on in particular. The analysis then proceeds to identify which actors speak on which topics and are specifically interested in mental health from a particular perspective. The results are illustrated by graphic comparisons of both periods regarding the identified actors and topics. Further, cross tables provide code overlap of actors and topics, giving information on which actors refer to what topics in particular.

Concluding each paper provides an individual analysis of a larger picture that facilitates answering the research questions derived from the theory part and developing implications for research and practice. In the following chapters the four papers will be presented in detail.

Research Articles and Contributions

2 Medicalization and Psychologization in the Scientific Discourse

Krayter, S., & Reibling, N. (2020). Medicalisation and psychologisation of poverty? An analysis of the scientific poverty discourse from 1956 to 2017. *Journal of Poverty and Social Justice*, 28(3), 361-381.¹

Abstract:

Recent social science scholarship has argued that poverty is increasingly discussed as a problem that can have medical or psychological causes and could be tackled through therapeutic and health-related interventions. The aim of this study is to investigate if such a trend towards the medicalization and psychologization of poverty is present in the scientific poverty discourse. We analyzed 13,553 articles on poverty in advanced, industrialized countries published between 1956 and 2017 and indexed in Web of Science. The results show that health sciences and psychology have been the fastest-growing research areas and the individual disciplines with currently the largest publication output on poverty.

¹ Stephan Krayter wrote the main part of the manuscript and led the conception, analyses, and evaluation of the results. Nadine Reibling contributed significantly to the further development of the theoretical foundations and statistical approaches. The results were presented at three conferences: 1) Annual Meeting 2018 of the section Social Policy of the DGS, April 26th -27th 2018, Cologne/Germany. 2) ISA RC19 Conference August 28th – 30th 2019, Mannheim/Germany. 3) ESPANET 2019 Conference September 05th – 07th 2019, Stockholm/Sweden.

2.1 Introduction

Poverty has always challenged societies and remains subject to controversial public and political debates not only because the distribution of financial resources is a fundamental question in society, but also because the concept of poverty (Dean 1992) is the result of an ongoing social construction (Berger and Luckmann 1967). This construction occurs in many social arenas including the scientific debate in which poverty has spurred a vast multi-disciplinary body of research (Misturelli and Heffernan 2012).

The sociology of science has studied how competition (Bourdieu 1975) and boundary work (Gieryn 1983) shape the construction of knowledge in a scientific field. In this article, we are not interested in the constructed truths about poverty but rather in who is engaged in constructing these truths over time. Therefore, we investigated whether there has been a change in the prominence of different disciplines in the scientific discourse on poverty since the start of the Social Sciences Citation Index (SSCI) in 1956. Based on medicalization and psychologization theory (Conrad 1992, 2007; Madsen 2018), we hypothesized that medicine, psychology and other health sciences have risen in importance in the poverty debate over the last seven decades.

Several aspects suggest that these disciplines may have become more important in research on poverty. First, although poverty measurements still often rely on economic indicators like the 50% or 60% median income level (OECD 2012), there has been a development over the last decades towards multidimensional concepts of deprivation and poverty (United Nations 2013). Within these multidimensional measures health and healthcare play a prominent role and even psychological dimensions such as feelings of personal identity are considered:

The valued functionings may vary from such elementary ones like health status or life expectancy, literacy, adequate nourishment, the availability of certain public goods and personal income to very complex activities or personal characteristics such as participation in the community life and having self-respect. This, in turn, means that poverty is

essentially a multidimensional phenomenon and income is just one of its dimensions. (Bourguignon and Chakravarty 2019:145)

Second, health limitations are considered as a form of deprivation not only because health constitutes one of the most desirable goods, but because there is a well-known relationship between health and poverty (Haan, Kaplan, and Camacho 1987; Wagstaff 2002). On the one hand, poverty has negative health implications due to limited resources for a healthy life, higher stress levels and social exclusion. On the other hand, long-term ill and disabled persons have a higher poverty risk, since their ability to participate in the labor market is limited. Moreover, poverty during childhood has long-term implications both for adult health and cognitive development (Aber et al. 1997).

Finally, in recent years social scientists have argued that poverty has become increasingly medicalized/psychologized in policies and public discourses (Hansen et al. 2014; Hyman 2018; Schram 2000b). With the rise of welfare-to-work programs, social rights have become conditional (Clasen and Clegg 2007; Cox 1998) which means that poverty itself is no longer sufficient to enable access to benefits and is instead tied to the condition that claimants' behavior meet administrative criteria (for example, actively looking for a job). In this situation, the significance of an illness as a justification as to why an individual should be considered deserving (van Oorschot 2006) or should not be required to take up employment, increases. This was shown for instance by rising recipient rates of disability benefits after general income-maintenance programs (unemployment insurance/social assistance) have been cut or become more strictly regulated (Wong 2016). Qualitative studies have also shown how poor individuals develop and maintain an illness identity to secure family income from such programs (Hansen et al. 2014). A trend toward medicalization and psychologization has also been reported for issues strongly connected to poverty, such as unemployment (Buffel et al. 2017), the receipt of welfare benefits (Schram 2000a) and homelessness (Mathieu 1993). Moreover, research has highlighted trends towards the psychologization of poverty (Friedli 2016), for example, through the increasing use of psychological concepts such as resilience in poverty alleviation

strategies (Harrison 2013). This trend has been particularly discussed with reference to child poverty where many new early life behavioral and parenting interventions (Betz, Honig, and Ostner 2017) were built on the idea that “[...] [p]overty has lasting effects on brain development, health, cognition, and character.” (Heckman and Kautz 2013:7)

In summary, existing research points towards a medicalization and psychologization of poverty. However, no studies have yet explored such a trend systematically within the scientific discourse. Therefore, this study examines how the role of these disciplines has changed in the scientific poverty discourse via a quantitative trend analysis of journal articles.

The analysis is based on ideas from the medicalization and psychologization literatures² that we have applied to the field of poverty research. Both concepts describe an identical process of a rising importance of medicine and psychology in how societies deal with social problems (Conrad 2007; Madsen 2018). Medicalization theories originated in the 1960s from concerns about the social control exerted by physicians as they became responsible for more and more aspects of social life particularly with the medicalization of deviant behavior as psychiatric conditions (Szasz 1960). The interest in the vast influence of psychology in modern societies started around the same time. Scholars in this line of research have argued that psychology’s impact may have outpaced medicine as psychological concepts and practices have been diffused in many other disciplines (Rose, 1998) and are applied as technologies of the self (Martin, Gutman, and Hutton 1988a). What unites both lines of theory is the critical claim that both processes can result in an individualization of social problems as medicine and psychology highlight individual causes, consequences and interventions and

² There is an ongoing debate on alternative or bordering concepts to medicalization. While we subsume public health and other related health sciences theoretically under the medicalization framework, other people might argue that their increasing influence would better be characterized by healthicization or healthism (Crawford 1980). However, we think that in the context of this study an integration of health sciences in the medicalization framework is both theoretically adequate and significantly improves the readability of the article.

thus defer attention from the importance of structure (Conrad 2007; Madsen 2018).

How can medicalization and psychologization be measured empirically? Following Halfmann (2012) we suggest that medicalization (and psychologization accordingly) can be assessed on three dimensions: first, medicalization (and psychologization) can occur if biomedical (or psychological) language and concepts are increasingly used in discourse of specific social problems, for example, by using terms such as disorders, personality, adjustment. Second, the medicalization (and psychologization) of practices denotes to the use of biomedical practices and technologies, for example, testing, pharmacological treatment (or in the case of psychologization therapy or behavioral interventions)³. Finally, medicalization (and psychologization) occurs on the level of identities if biomedical (and psychological) actors are increasingly involved in the discourses and practices of a specific social problem. While medicalization (and psychologization) may often occur in several dimensions simultaneously, for analytical purposes, it is important to make this distinction (Halfmann 2012).

In this article, we focus on the medicalization and psychologization of identities meaning that we analyze the relative importance of these disciplines in the poverty discourse over time. If such an increase can be detected, it seems likely that a stronger influence of these disciplines would also imply an increased medicalization/ psychologization on the level of discourses, for example, by using their language and concepts (for example, illness, cognitive development) and practices, for example, by suggesting discipline-specific measures (for example, access to healthcare or behavioral interventions). However, since we did not analyze the content of the journal articles, we cannot directly measure the degree to which these dimensions are actually linked within the poverty discourse.

³ Obviously, the disciplinary background of the author and the journal might not always be the same (for example, social scientists also publish in public health and psychology or vice versa). However, we argue that by publishing in a journal of a specific discipline, authors nevertheless contribute to the strength of this discipline, since ideas and methods are often adjusted to the journal's standard and the journal appeals to a specific audience.

In the next section, we will describe the data and methods we have used for our bibliographic analyzes. We will show the results of the time trend analyzes before we discuss the implications and conclusions of the analyzes for poverty research.

2.2 Data and Methods

2.2.1 Database and search strategies

This section provides background information on the dataset that we compiled for this study. We used the Social Sciences Citation Index (SSCI) as a central component of the international and interdisciplinary literature and citation database Web of Science (WoS). Among other databases, such as Google Scholar or Scopus, WoS is one of the major providers of literature citation. Former studies have highlighted the strengths and weaknesses of these single alternatives but predominantly agreed on their comparability, especially in the case of Scopus and WoS as the two most important alternatives in the scientific community (Archambault et al. 2009; Gavel and Iselid 2008). However, Scopus has a slightly higher count of journals and articles, whereas WoS shows advantages in the availability of cited references (Falagas et al. 2008), therefore giving the two sites competing advantages (Chadegani et al. 2013). For our study, the selection of WoS was based on its longer time coverage of published articles (Falagas et al. 2008) since we are interested in understanding long-term trends.

We collected data with a focus on journal articles with the title search terms ‘poor’, ‘poverty’, ‘low-income’, ‘low income’, or ‘depriv*’ (where * means a lemmatization of the basic form in order to search for ‘deprivation’ or ‘deprived’). The SSCI provides data dating back to 1956. Meta-analyzes such as systematic reviews were excluded via the ‘not’ search terms ‘meta analys*’ or ‘meta-analys*’ in the topic search. In addition, we excluded proceedings papers and book chapters. The exclusion of meta-analyzes, book chapters and conference

contributions was done to clearly define the unit of analyzes and to improve a better comparability as different kinds of publications contain different structures. Finally, we excluded the WoS category ‘Zoology’ to exclude all publications on animal testing. A preliminary analysis revealed that we would receive a high number of articles from this subject area, which would have all been excluded in the final sample, so we decided to exclude this category from the beginning. Overall, WoS provided 26,325 articles matching these search criteria.

2.2.2 Exclusion process

After generating the raw dataset, we initiated a further manual reduction of the data. As we were solely interested in the poverty discourse in advanced industrialized nations, it was necessary to exclude all articles covering countries that are not part of the OECD area or not located in the EU region. In addition, articles covering issues of global poverty or international development were excluded from the dataset.

Examples for exclusion (Publication title – Exclusion signal word in bold print):

- ◆ “Does relative income matter for the very poor? Evidence from rural **Ethiopia**“
- ◆ „Purchasing power parity exchange rates for the **global poor**“

A second exclusion criterion came with the concept of material poverty used in this study. A certain number of articles cover topics such as ‘food-deprivation’, ‘sensory deprivation’, ‘poor reading’, ‘poor brain function’, ‘sleep poverty’, and so on, which in our dataset did not refer to the concept of material poverty. Articles with titles that refer to ‘social deprivation’ are a more difficult case as social deprivation could be connected to poverty (Bradshaw 2000; Gallie et al. 2003; Santana 2002), but in the dataset is mostly referred to as part of a pathological illness or animal testing and not related to poverty.

Examples for exclusion (Publication title – Exclusion signal word in bold print):

- ◆ “The Effect of **Sensory Deprivation** upon Rote Learning”
- ◆ “Effects of Social Deprivation on Maternal Behaviour of **Rhesus Monkeys**”
- ◆ “Unfair treatment is associated with **poor sleep** in African American and Caucasian adults: Pittsburgh sleepscore project”

This exclusion coding scheme was pre-tested with four independent coders. For a population of 26,325 articles and an error term of $\alpha = 0.05$, a randomized sample of 380 articles was required for valid results. The four coders independently coded this randomized sample, and Krippendorffs alpha (Hayes and Krippendorff 2007; Krippendorff 2004b) was subsequently calculated in order to assess inter-coder reliability. Values for Krippendorffs alpha range from 0 to 1, where values above 0.667 are the lowest conceivable limit when tentative conclusions are still acceptable and values from 0.80 to 1 show nearly perfect reliability between the coders (Krippendorff 2004a, 2004b). Our test coding revealed $\alpha = 0.903$, and our coding scheme could thus be approved for further analysis.

In the dataset, we next excluded all articles that matched one of these two exclusion criteria by manually checking the title of every article. Many publications do not provide abstracts (especially those from earlier years), so abstracts could not be comprehensively analyzed in the coding process. We argue that the title contains fundamental information provided by the author and additionally, Mateen et al. (2013) provided evidence that title screening is a more efficient method of selecting articles and is as precise as screening titles and abstracts together. At this stage, 13,652 articles remained in the dataset. During the coding process, it became evident that most articles with the terms ‘poverty reduction’ or ‘poverty alleviation’ in the title referred to low-income countries or to absolute poverty in the Third World (signal words in the title). Hence, after the entire exclusion process, a second check that searched for all articles containing ‘poverty alleviation’ or ‘poverty reduction’ in the title was conducted. For these

articles, other citation references – such as keywords or abstracts – were considered to check whether they were relevant to our research questions, and 99 further articles could be excluded at this stage. After the complete exclusion process, 13,553 articles remained in the dataset (Figure 2). For an additional validation of the exclusion process, we carried out a test with a randomized sample, for which we used all available information – especially abstracts and keywords – to check whether the exclusion based on the title created problematic measurement errors. A randomized sample of 374 articles had to be checked for a population of 13,553 articles and an error term of $\alpha = 0.05$. Checking this randomized sample of 374 articles revealed that 15 articles (4.01%) that should have been excluded remained in the sample. The margin of error was thus below $\alpha = 0.05$, which confirmed that the dataset could be regarded as suitable for all further analyzes.

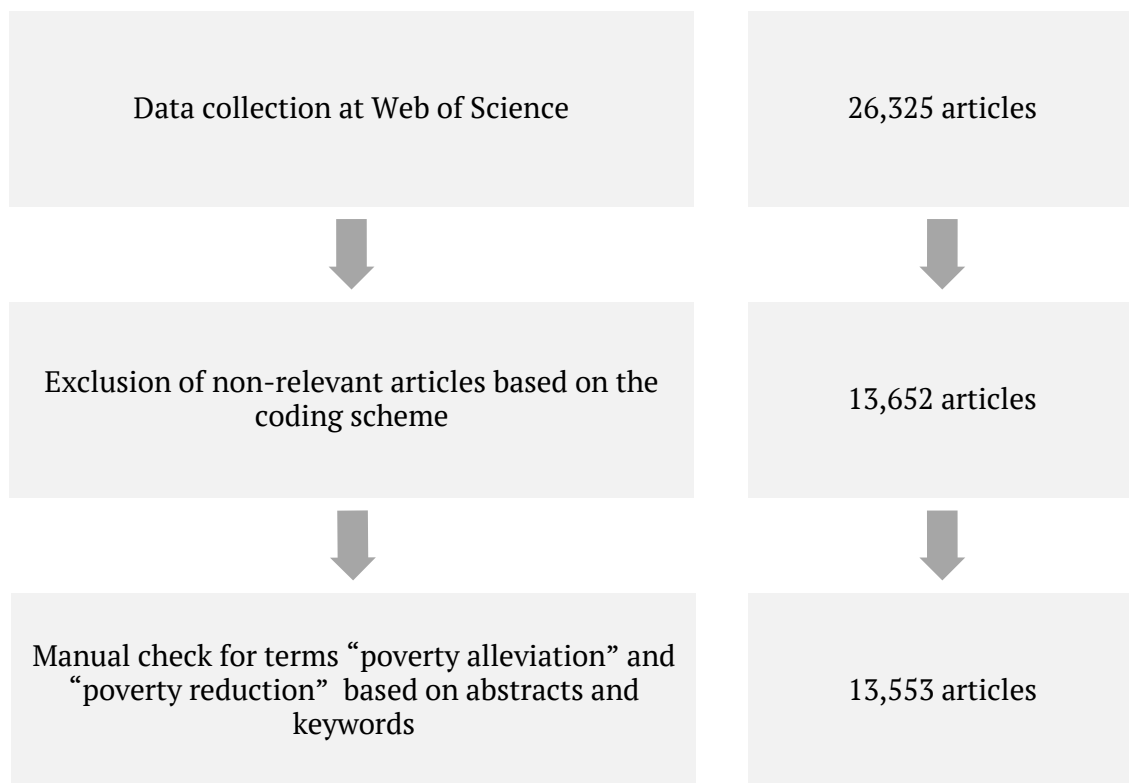


Figure 2: Process of data collection and data reduction

2.2.3 Combining research areas

Since our analysis is concerned with the relative importance of different disciplines in the poverty discourse, our main unit of analysis was the research area in which articles were categorized by the WoS publisher team of Thompson Reuters. Overall, there were 252 research areas in the SSCI. Every article was assigned to at least one research area. If an article was assigned to several research areas, they were generally placed in alphabetical order. The dataset showed 566 different combinations with up to five different research areas assigned to one article. Articles that were assigned to more than one research area had to first be assigned to individual research areas to allow for a meaningful comparison. This assignment was accomplished through a weighting procedure: if only one research area was assigned to an article, it received a weight of 1. If two research areas were assigned, each research area was counted as 0.5, and so on. This process continued up to 0.2 each in articles with five research areas, which was the maximum number of research areas in one publication in our dataset. Using this method, every article retained the same weight of 1 and therefore also retained its same impact overall, and the sum of all research areas did not exceed the number of publications. After combining the counts for all research areas analyzed in this study, they were rounded to the nearest integer. All further calculations were made with both unrounded and rounded numbers, with only minor differences observed. Therefore, we kept the rounded numbers for reasons of simplicity and readability. With this allocation, the dataset showed 120 distinct research areas (from 252 possible WoS research areas in the SSCI).

2.2.4 Data adjustment and analysis methods

Our dataset consists of the number of publications in each research area. For single years, only a small number of articles could be detected per research area, so we aggregated the publications to decades to analyze the data. Due to the small number of publications overall between 1956 and 1959 ($N = 38$), this

decade had to be omitted in further analyzes. To assess trends across research areas, we analyzed the sum of publications over decades, beginning with 1960–1969 and ending with 2010–2017. As the numbers of 2018 and 2019 were not available from WoS during the data collection, the number of publications of these two years are imputed by dividing the aggregated number of publications in the last decade by 8 and multiplying by 10 to reach a comparability of 10 years for this decade. For further analyzes the decade 2010–2019 is used this way, which creates an original time period from 1956–2017 for the original numbers of WoS and an analyzes time period from 1960–2019 for all further analyzes and tables based on a comparison between decades.

In order to take account of overall trends of the research areas without focus on poverty, we adjusted the numbers of publications related to poverty to the overall growth of the research areas in the SSCI. In this way, we are able to describe the poverty related publication trend of these research areas more precisely and above all independent to the overall growth, as, for example, research areas might show a strong growth in poverty related articles just because of their strong overall growth in the SSCI. This adjustment is carried out for research areas individually by the following formula which already has been used in a systematic review on newspaper articles (Nafstad et al. 2009):

$$\frac{\text{publications on poverty}}{\text{overall publications in SSCI}} \times \text{average publications in SSCI} = \text{adjusted no. of publ. on poverty}$$

‘Publications on poverty’ is the number of articles on poverty per decade in a single research area. ‘Overall publications in SSCI’ is the number of all articles per decade in the same research area but without focus on poverty. ‘Average number of publications in SSCI’ is the average output per decade for the same research area also without a focus on poverty. This average number serves as a control mechanism in describing poverty publication trends. If the original number of articles on poverty is adjusted on this average number, the overall growth or decrease of a research area is eliminated and with this the poverty trend

described later on is independent of the overall growth of a research area. With this formula we do not provide a direct comparison between overall growth rates of different research areas, as they are of secondary importance, because the adjusted poverty publication trend provides substantial information on the shift that poverty has in the single research areas, which in turn is our main argument of an increasing medicalization in the poverty discourse.

To analyze trends in the poverty discourse, we first calculated the relative growth rate (RGR) (Blackman 1919; Hunt 1990), which – in the field of scientometrics – is a measurement of the relative growth in number of publications per unit of time (Krishnamoorthy et al. 2009). The rate is calculated using the following formula (Hong et al. 2016), where ‘ln’ is the natural logarithm $\ln(e^x)$, ‘N’ is the cumulative number of publications in different points of time, and ‘t’ is the time unit:

$$RGR = \frac{\ln N2 - \ln N1}{t2 - t1}$$

In our study, the point of time was defined as decades (1960s as point of time 1, 1970s as point of time 2, and so on).

We also estimated a negative binomial regression model with the number of publications as the dependent variable and with time, time squared, research area, and an interaction of time and research area as independent variables, in order to test whether time trends across research areas differ significantly from one another. Differences were assessed based on predictive margins and 95% confidence intervals. The analyzes were conducted in Stata/SE 15.1.

In addition to the analysis of research areas, we focused on another variable provided by WoS in order to reveal more information about the articles. As mentioned earlier, the publication title provides fundamental information on the focus and the content of the publication, and a content analysis was thus carried out using MAXQDA 2018. As a quantitative and qualitative data analysis software, MAXQDA provides the word frequency of all publication titles. We used a stop list for filler words provided by MAXQDA 2018, that automatically excludes

words such as ‘the’, ‘a’, ‘by’, and so on, to limit the counted words to content-relevant ones. Furthermore, we added our search terms ‘poverty’, ‘poor’, ‘low-income’, ‘low’, ‘income’, and ‘depriv*’ to the stop list manually, as they would obviously be the most counted terms. WoS also provides keywords and abstracts for the publications, but were only found comprehensively for articles from the late 1990s onward, and not all publications had both variables assigned, even in the later period. Therefore, only the publication titles divided by decades are included in the content analysis using MAXQDA.

2.3 Results

2.3.1 Descriptive

Table 1 displays the top ten research areas in the poverty discourse between 1956 and 2017 overall and therefore shows the original, not adjusted numbers of publications. The data reveal that approximately two-thirds (64.9%) of the articles were published within these ten research areas, and approximately one-third (33.4%) were published within the top three research areas (‘Public, Environmental, and Occupational Health’, ‘Business and Economics’, and ‘Psychology’). We could detect that in the entire time period, publications from the health sciences (‘Public, Environmental, & Occupational Health’ and ‘Health Care Sciences & Services’) and ‘Psychology’ constituted almost one-quarter of the overall poverty discourse (24,7%) and therefore play a substantial role in the poverty discourse. In the subsequent part, we investigate whether the relative contribution of these disciplines has changed over time.

Table 1: TOP 10 Research Areas (non-adjusted numbers)

Research Area	N	%
Public, Environmental, & Occupational Health	1,668	12.3
Business & Economics	1,595	11.8
Psychology	1,261	9.3
Sociology	821	6.1
Government & Law	797	5.9
Social Work	656	4.8
Public Administration	578	4.3
Education & Educational Research	557	4.1
Social Sciences – Other Topics	428	3.2
Health Care Sciences & Services	418	3.1
Top 10	8,779	64.8
N	13,553	100

Notes: N = number of publications; 120 distinct research areas in total; % rounded to one decimal place.

To provide a more detailed description of the changing impact of different research areas over time, the data was adjusted and aggregated at the level of single decades. Table 2 provides information on the adjusted and imputed numbers in publications of the top ten research areas in the time period of 1960–2019 separated into single decades. In the 1960s, ‘Government & Law’ and ‘Business & Economics’ were the two most important research areas. The share of ‘Government & Law’ strongly decreased over time, from 14.3% in the 1960s to 3.7% in the 2010s, while the share of ‘Business & Economics’, also decreases, but more slightly from 15.2% in the 1960s to 10.5% in the 2010s. ‘Public, Environmental, & Occupational Health’ expanded its share over the decades, from 6.5% in the 1960s to 12% in the 2010s, while ‘Psychology’ showed a similar trend, from 5.3% in the 1960s to 11.3% in the 2010s.

Table 2: TOP 10 Research Areas (adjusted numbers)

Top 10 Research Areas	1960-1969		1970-1979		1980-1989		1990-1999		2000-2009		2010-2019	
	N	%	N	%	N	%	N	%	N	%	N	%
Business & Economics	295	15.2	260	16.4	225	15.2	246	13.5	261	10.0	358	10.5
Education & Educational Research	100	5.1	51	3.2	42	2.8	93	5.1	115	4.4	149	4.4
Government & Law	277	14.3	150	9.4	119	8.1	121	6.7	99	3.8	126	3.7
Health Care Sciences & Services	12	0.6	49	3.1	74	5.0	67	3.7	75	2.9	88	2.6
Psychology	103	5.3	104	6.5	106	7.2	173	9.5	273	10.5	377	11.1
Public Administration	96	5.0	92	5.8	96	6.5	81	4.5	105	4.0	127	3.8
Public, Environmental & Occupational Health	127	6.5	144	9.0	120	8.1	209	10.5	324	12.4	407	12.0
Social Sciences - Other Topics	61	3.1	63	4.0	68	4.6	54	3.0	67	2.6	109	3.2
Social Work	171	8.8	93	5.8	78	5.3	101	5.5	107	4.1	154	4.5
Sociology	143	7.3	128	8.0	78	5.3	138	7.6	164	6.3	184	5.4
N (Top 10)	1,386	71.2	1,134	71.3	1,007	68.0	1,283	70.5	1,589	61.0	2,079	61.2
N (all 120 distinct research areas)	1,945	100	1,590	100	1,481	100	1,998	100	2,606	100	3,399	100

Notes: Total N = 13,020; 1950s omitted due to small N (38 publications); % rounded to one decimal place; sorted alphabetically.

It is interesting to note that ‘Public, Environmental, & Occupational Health’ and ‘Psychology’ increased their shares over time and superseded earlier dominating research areas, which decreased their share (‘Government & Law’ and ‘Business & Economics’) (Figure 3). In addition, it is important to note that a second research area based within the health sciences gained importance, at least to a certain extent, which kept it in the top ten since the 1990s: ‘Health Care Sciences & Services’ began at 0.6% in the 1960s and ended at 2.6% in the 2010s. Another (slightly) increasing research area included ‘Social Sciences – Other Topics’, with 3.1% in the 1960s and 3.2% in the 2010s. Further notable decreasing research areas included ‘Public Administration’, which began at 5% in the 1960s and ended at 3.8% in the 2010s, ‘Social Work’, with 8.8% in the 1960s and 4.5% in the 2010s, ‘Education & Educational Research’, with 5.1% in the 1960s and 4.4% in the 2010s, and ‘Sociology’, with 7.3% in the 1960s and 5.4% in the 2010s.

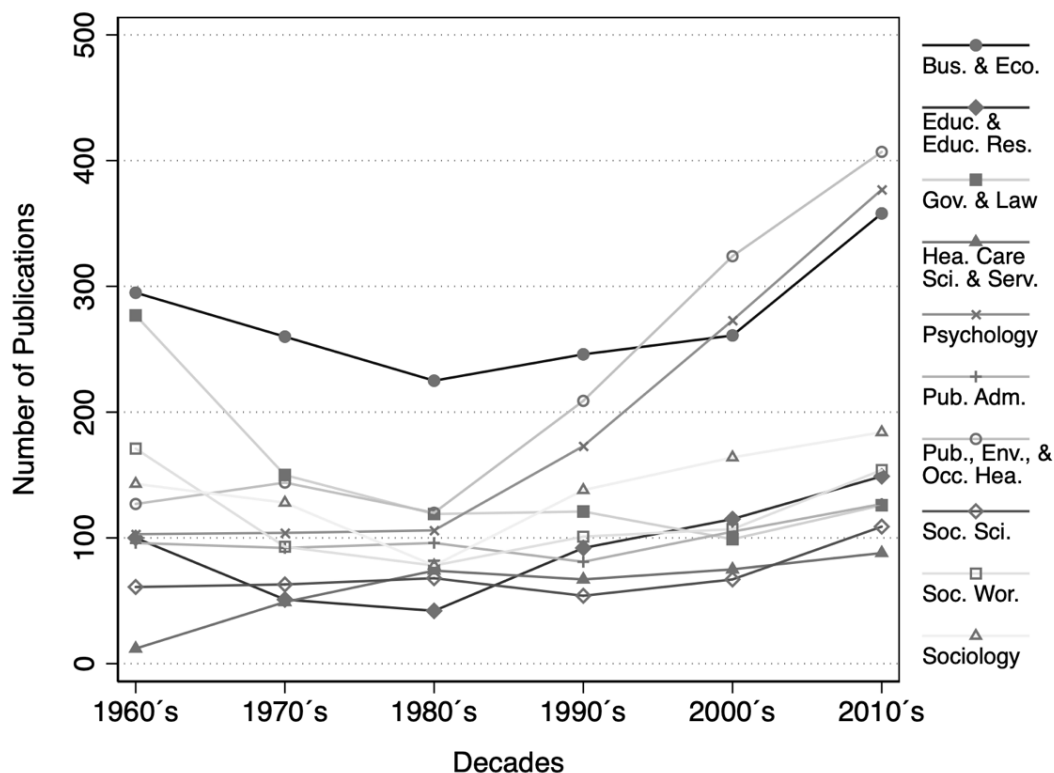


Figure 3: TOP 10 Research Areas (adj. numbers)

Concluding, besides ‘Social Sciences – Other Topics’, only the Health Sciences and Psychology show an increasing share in publications on poverty but all other research areas are decreasing its share.

2.3.2 Relative Growth Rate

Figure 4 shows the RGRs for the top ten research areas between 1960 and 2019. We additionally calculated the RGR for all publications on poverty in our dataset between two decades in order to show whether a specific research area is growing under or above average of the total poverty discourse. With this step, we were able to relate the RGRs for each research area to the overall literature growth on poverty between two decades.

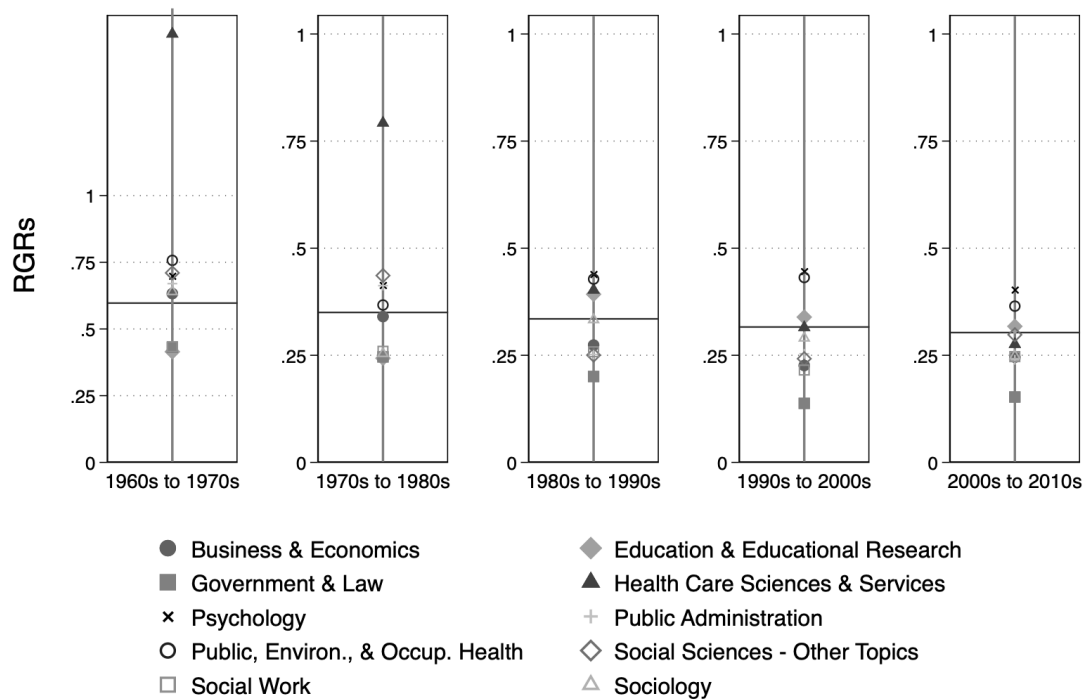
Two major findings from Figure 4 have to be highlighted: first, in line with earlier results, we detected a strong growth of the health sciences and psychology in the poverty discourse. The RGRs for ‘Public, Environmental, & Occupational Health’, ‘Health Care Science & Services’, and ‘Psychology’ were mostly higher than the average RGR of all research areas in the poverty discourse for the respective decades (solid reference line in each decade). This finding means that these three research areas had increased their share in the poverty discourse over time above average while the other research areas (which dominated the poverty discourse in the earlier decades) had either stagnated or declined. Although there is another research area that grew above average until the 1980s (‘Education & Educational Research’), ‘Public, Environmental, & Occupational Health’, and ‘Psychology’ proved to be the two strongest-growing research areas from the 1980s to the 2010s in the poverty discourse.

Second, as mentioned before, the decrease in the absolute number of publications in the research areas of ‘Business & Economics’ and ‘Government & Law’ can also be found in the RGR’s. The RGR – which had been below average since the 1970s for both research areas – underlines the decrease in their importance in the poverty discourse regarding their share. For exact values Table 3 is attached.

Table 3: RGRs of TOP 10 Research Areas (adjusted numbers)

TOP 10 Research Areas	1960s to 1970s	1970s to 1980s	1980s to 1990s	1990s to 2000s	2000s to 2010s
Business & Economics	0,633	0,340	0,274	0,226	0,246
Education & Educational Research	0,415	0,243	0,393	0,339	0,318
Government & Law	0,431	0,246	0,200	0,138	0,153
Health Care Sciences & Services	1,606	0,792	0,402	0,315	0,276
Psychology	0,699	0,414	0,439	0,446	0,403
Public Administration	0,670	0,412	0,252	0,254	0,240
Public, Environmental & Occupational Health	0,757	0,367	0,428	0,432	0,365
Social Sciences - Other Topics	0,710	0,436	0,250	0,242	0,298
Social Work	0,434	0,259	0,258	0,216	0,247
Sociology	0,640	0,254	0,333	0,290	0,249
Total poverty discourse	0,597	0,350	0,335	0,316	0,303

Notes: RGRs higher than RGR of total poverty discourse in the same decade are highlighted in grey; rounded to three decimal places; ranked alphabetically.



Notes:
 Ref. line: RGR of total Poverty Discourse; Marker of Health Care Sciences & Services
 not shown in first column (1.6056 from 1960s to 1970s) to limit the range from 0-1 (better readability of other markers)

Figure 4: RGRs of Top 10 Research Areas (adj. numbers)

2.3.3 Negative binomial regression model

Finally, we estimated a negative binomial regression, in order to test whether the trend in poverty-related articles differs significantly between areas and from the average trend. The regression includes the adjusted numbers of poverty-related publications. Table 4 reports the coefficients of the research area, the linear and the squared time trend. In Figure 5, each research area is plotted against the average trend with 95%-confidence intervals. We can see from the graph that poverty-related articles in 'Psychology' and 'Public, Environmental, and Occupational Health' show a stronger positive trend than the top ten areas on average. The difference to the average trend is significant beginning in the 1980s and growing larger over time with the largest difference in the most recent period. 'Business & Economics', 'Education and Educational Research', 'Social Sciences', 'Social Work', and 'Sociology' have poverty-related trends comparable to the average poverty-related trend of the top ten. 'Public Administration' has

been quite stable over the whole period with a small upward trend since the 2000s.' Health Care Sciences and Services' has grown from the 1960s till the 1990s with little change after that. 'Government and Law' is the only area with a clear negative trend.

Table 4: Negative Binomial Regression Model

DV: Number of Publications	Coefficient	Standard Error
Time	-0.356**	[0.118]
Time squared	0.0640***	[0.0163]
Average Top 10	0	[.]
Business & Economics	0.799***	[0.231]
Education & Educational Research	-0.294	[0.280]
Government & Law	1.024***	[0.240]
Health Care Sciences & Services	-3.029***	[0.394]
Psychology	-0.598*	[0.264]
Public Administration	-0.439	[0.274]
Public, Environmental & Occupational Health	-0.364	[0.253]
Social Sciences - Other Topics	-0.775**	[0.301]
Social Work	0.509*	[0.254]
Sociology	0.0264	[0.255]
Average Top 10 # Time	0	[.]
Business & Economics # Time	0.00814	[0.152]
Education & Educational Research # Time	-0.193	[0.183]
Government & Law # Time	-0.363*	[0.163]
Health Care Sciences & Services # Time	1.286***	[0.231]
Psychology # Time	0.281	[0.167]
Public Administration # Time	0.153	[0.179]
Public, Environmental & Occupational Health # Time	0.294	[0.162]
Social Sciences - Other Topics # Time	0.0711	[0.195]
Social Work # Time	-0.375*	[0.171]
Sociology # Time	0.0109	[0.167]
Average Top 10 # Time squared	0	[.]
Business & Economics # Time squared	-0.00984	[0.0210]
Education & Educational Research # Time squared	0.0332	[0.0253]
Government & Law # Time squared	0.0174	[0.0230]
Health Care Sciences & Services # Time squared	-0.158***	[0.0304]
Psychology # Time squared	-0.0130	[0.0227]
Public Administration # Time squared	-0.0281	[0.0247]
Public, Environmental & Occupational Health # Time squared	-0.0192	[0.0221]
Social Sciences - Other Topics # Time squared	-0.0110	[0.0268]
Social Work # Time squared	0.0401	[0.0238]
Sociology # Time squared	-0.00475	[0.0232]
Constant	5.200***	[0.181]
lnalpha	-5.817***	[0.698]
Observations	66	

Standard errors in brackets

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

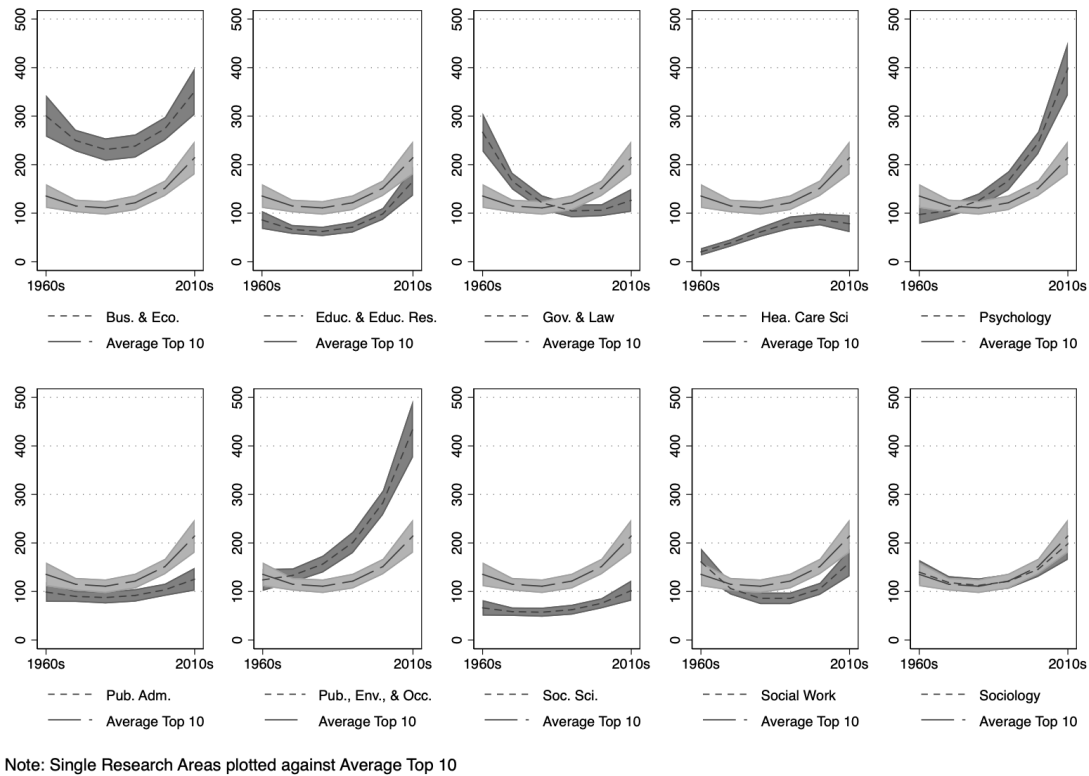


Figure 5: Adjusted Predictions of Research Areas with 95% CIs

2.3.4 Title Analysis

In addition to the trend analysis of the research areas, a quantitative content analysis of the words used in the titles of all publications in the poverty discourse was conducted. Table 5 reveals the top ten words used in the title in every decade. ‘Health’ was one of the most frequently used words over the entire time period (Ranking: 1–4). Although the table reveals that the share of the word ‘health’ was almost stable over time, it was central to the research on poverty from the 1960s until the 2010s and experienced a renewed increase beginning in the 2000s. ‘War’ and ‘urban’ were important words that were present in the 1960s and 1970s and related to structural topics, while for the 1980s, 1990s and 2000s, we could find specific vulnerable groups in society – namely children and women – that were a topic of research. This finding depicts a shift in the direction of the research on poverty, although the differences in shares were relatively small.

Table 5: Top 10 used words in publication title

	1960s			1970s			1980s			1990s			2000s			2010s		
	Concept	N	%	Concept	N	%	Concept	N	%	Concept	N	%	Concept	N	%	Concept	N	%
1	war	49	1.6	urban	83	1.5	children	71	1.1	women	184	1.5	women	421	1.6	health	691	1.4
2	health	45	1.5	health	68	1.2	social	65	1.0	children	174	1.4	children	341	1.3	children	546	1.1
3	families	37	1.2	families	56	1.0	health	63	1.0	urban	173	1.4	health	333	1.2	social	453	0.9
4	new	30	1.0	housing	55	1.0	rural	57	0.9	health	138	1.1	social	249	1.0	women	444	0.9
5	law	28	0.9	social	49	0.9	urban	49	0.8	social	109	0.9	american	231	0.9	study	401	0.8
6	urban	27	0.9	rural	48	0.9	policy	48	0.7	families	98	0.8	urban	222	0.8	urban	381	0.8
7	children	26	0.9	children	43	0.8	economic	46	0.7	american	92	0.7	care	208	0.8	care	289	0.6
8	program	26	0.9	services	37	0.7	care	45	0.7	care	92	0.7	african	206	0.8	families	280	0.6
9	rural	26	0.9	program	35	0.6	housing	45	0.7	african	75	0.6	families	185	0.7	between	264	0.5
10	education	25	0.8	black	34	0.6	women	44	0.7	family	69	0.6	study	162	0.6	child	256	0.5

Notes: Concept of "African" only used as term "African American" in the dataset; publications regarding the continent of Africa were previously excluded during the coding process.

2.4 Discussion

This study examined trends in the role that different disciplines have played in the poverty discourse since the start of the Social Sciences Citation Index (SSCI). We defined the poverty discourse broadly as all scientific activity in which poverty plays a significant role (because it is mentioned in the title). Based on recent findings from the medicalization and psychologization literature, we hypothesized that health sciences and psychology have played an increasing role in the poverty discourse over time.

Our bibliographic analysis of 13,553 articles (original number) retrieved from the Social Science Citation Index confirmed this hypothesis by revealing that the cumulative share of articles from 'Public, Environmental & Occupational Health', 'Health Care Sciences & Services' and Psychology' increased from around 12% in the 1960s to around 26% in the 2010s. These three research areas have been among those that have published the most on poverty in the last decades, whereas in earlier decades, other research areas – such as 'Government & Law', 'Social Work' and 'Sociology' – were more important. 'Business & Economics' is a research area that retained its important position throughout the analyzed time period but also decreases its share in the poverty discourse. Another important research area which grows above average in the poverty discourse is 'Education & Educational Research'. Although this research area remains at a rather small share of 4.4% in the 2010s, its growth might lead to the assumption that poverty is getting more related to the individual perspective as is the case in the health sciences and psychology. Research areas with a stronger focus on structure such as 'Government & Law' or 'Public Administration' are left behind in the poverty discourse. The increase in the share of research from health sciences and psychology is quite remarkable and has grown stronger than has the importance of these two disciplines in all research published in the Social Science Citation Index during this period.

This study represents the first analysis on medicalization and psychologization trends in poverty in the scientific discourse. Our aim was to uncover long-

term trends, and we thus analyzed this data at the level of research areas and title words and provided a macro-perspective on the discourse without comparing the content or the influence of this research across disciplines. We are aware that the number of journal articles does not reflect the importance or the influence of a discipline to its full extent; however, peer-reviewed journal articles have been and are becoming increasingly influential for further (interdisciplinary) research and policy transfer, both of which rely on literature searches and systematic reviews. Moreover, the rising share of articles is also an indicator of a growing community of scientists in a discipline that is interested in shaping scientific and potentially also media and policy discourses.

In fact, our results relate to the existing evidence on the medicalization and psychologization of poverty at the level of policies (Friedli 2016; Mathieu 1993; Schram 2000b; Wong 2016) and poor individuals (Hansen et al. 2014). These developments in policy and practice could be linked to changes in the scientific discourse because new developments in the research discourse have the potential to influence public and political discourses, and vice versa. While the transfer of scientific knowledge to the media, political debates, and the public is complex and selective (Anderson 2011; Weingart 1998; Weingart et al. 2009), there is a tight coupling between scientific and media discourses (Weingart 1998) and science also ‘plays a key role in democratic “governance”’ (Weingart et al. 2009:7)). While there might be only little direct implementation of scientific research in political action as there are too many factors (for example financial or party-political interests) that have an effect on the process of policy making, scientific research penetrates the political debate not least through scientific reports especially commissioned by governments themselves.

Nevertheless, our empirical analysis has some limitations. First, our sample was limited to one database, the WoS. However, we argue that Scopus would have provided very concordant results as the overlap is great with reference to the literature that we discussed in the introduction of this article. Also, only the WoS Social Science Citation Index allowed for this long-term trend analysis. Second, our data reveals a limited perspective on the scientific discourse as no books

or grey literature were considered in the selection as well as no journal articles that were not covered by WoS. Third, due to the long period and the high number of publications that were collected from the WoS, we could only exclude articles for our sample by examining the titles but not the abstracts or keywords. However, as mentioned earlier, the titles provided substantial information on the authors' intentions and could therefore serve as an important indicator as to whether the article was relevant to our research question. The additional positive check for a wrong selection of articles based on titles confirmed our approach. The same applied to the word-frequency analysis, which we were only capable of performing with titles and not with abstracts or keywords (also due to widespread availability). Again, the long period outweighed the depth of analysis at this point, but future research might carry on at this point. Finally, different disciplines have different publication practices, for example, by publishing on average more but shorter articles (for example, Public Health). However, these differences do not mean that one specific article from a higher publishing discipline (for example, Public Health) is 'worth less' and read less often. On the contrary one article from a discipline (for example, Sociology) that publishes less is therefore not automatically more influential. In general, the influence of one specific article on the discourse is intricate and hard to predict, we argue that a large number of articles would improve the possibilities for getting noticed. While this is a disadvantage for disciplines which publish less, *inter alia* quantity might be an important factor at least in the scientific impact (Haslam and Laham 2009).

In summary, this study used a bibliographic analysis to study medicalization and psychologization processes within the scientific discourse. We found that health sciences and psychology have indeed become more important in research activities involving poverty. Thus, this study makes important contributions to the research on the medicalization and psychologization of social problems in general and to research on poverty in particular. It reveals how social issues such as poverty are not only medicalized or psychologized by the welfare state and that the relationship between poverty and physical and mental health has

become more important within the scientific community. Our study provides no direct information on the *opportunities* (for example, access to benefits) or the *risks* of this development (for example, individualization and stigmatization of poor persons) towards the medicalization and psychologization of poverty (Hansen et al. 2014; Orentlicher 2018; Schram 2000b). However, our study suggests that scientists could be important actors in this process. Furthermore, we showed how bibliographic data can be used to systematically test hypotheses from medicalization and psychologization theory. The medicalization and psychologization of poverty is an emerging field (Shepherd and Wilson 2018) in which future studies and data collection are warranted to better understand the role of different actors in the social construction of poverty.

3 Poverty — More than just a lack of material resources?

Krayter, S., & Ariaans, M. (2023). Poverty: More Than Just a Lack of Material Resources?. In *Toward a Biopsychosocial Welfare State? How Medicine and Psychology Transform Social Policy* (pp. 107-128). Cham: Springer International Publishing. 'Reproduced with permission from Springer Nature'⁴

Abstract:

Poverty is a complex phenomenon. Despite having once only encompassed financial and economic elements, the concept has since become multidimensional and now also includes the facets of health and psychology. The scientific literature has established a mutual relationship between health and psychology on the one hand and poverty trajectories on the other hand. However, exactly how important medical and psychological ideas, institutions, and actors are today and how their importance has developed are rarely researched. Therefore, this chapter focuses on the question of how medicine and psychology have developed and manifested in the scientific and political discourse and in welfare state institutions in the field of poverty. The discovery of an increase of—and a shifting meaning in—medical and psychological ideas, institutions, and actors would provide evidence of the medicalization and psychologization of poverty. This chapter proceeds as follows: First, poverty is placed in its historical context, and the changing definitions of the concept in recent decades are discussed. The second section follows up on the scientific discussion of poverty and examines whether and how scientific actors have increasingly come to include medicine and psychology in the discourse on poverty. The third part focuses on the German political discourse and on how political actors medicalize and psychologize this issue. The fourth section sheds light on the institutional setting of combatting poverty in Germany and investigates whether medical and psychological ideas were implemented during the early 2000s in the institutional reforms that led to the provision of minimum-income-replacement benefits.

⁴ Stephan Krayter and Mareike Ariaans equally contributed to the overall manuscript, conceptualization of analyses and theoretical foundations.

3.1 Poverty revisited — From economic measurements to the concept of multidimensionality

“‘Poverty’ has joined that league of emotive words with slippery meanings – like ‘freedom’, ‘liberty’, ‘justice’, ‘democracy’ and ‘dependency’; words which refer to powerful concepts, yet which are capable of being used or received in fundamentally different ways; words which convey diverse and complex associations, yet which can become so valorised or debased in ordinary discourse as to become meaningless or misleading.”
(Dean 1992:79)

The concept of poverty is difficult to define, and its meaning is highly context dependent. In the context of warzones and the poorest countries in the world, poverty is associated with fleeing from regions of crisis, with hunger, and with poor hygiene (United Nations 2015). The lack of fulfilment of fundamental needs – such as access to clean drinking water and sufficient food – leads to the danger of malnutrition and death (United Nations 2013). This *absolute poverty* (“having less than an objectively defined absolute minimum”) is mainly found in the Global South. Poverty in the richer countries of the world, on the other hand, consists of *relative poverty* – that is, the unequal distribution of common goods (“having less than others”) or *subjective poverty* (“feeling you do not have enough to get along”) (Förster 1994). While extreme poverty means living on less than \$1.25 a day and therefore also suffering from severe hunger, poverty in richer countries mostly involves having a specific income distribution of less than ca. 50–60% of the median income (United Nations 2013). This financial perspective on poverty is frequently used by a variety of indicators (e.g., the Gini-Coefficient, the Palma-Ratio, poverty rates before and after taxes and transfers, the poverty gap) (OECD 2021a, 2021b, 2021c). Although even objective economic measures of the poverty line have always been subject to discussion, the core of this poverty line has always lain in material imbalance (Goedemé and Rottiers 2011). Poverty indices are thus based on financial elements and only indirectly refer to social elements and/or to appropriate participation in society (Lampert 2011).

However, the economic perspective on relative poverty has developed into one of many dimensions of poverty in recent decades. In addition to Amartya

Sen's capability approach (1999), other dimensions have been highlighted in the literature:

“Beginning with a focus on command over market-purchased goods (income), the definition of poverty has expanded to embrace other dimensions of living standards such as longevity, literacy, and healthiness.” (Kanbur and Squire 2001:183)

While broadening the definition of poverty has not necessarily changed the target group that is considered to be poor (because many dimensions of poverty are closely correlated), it has broadened our understanding of poverty itself (Kanbur and Squire 2001). Moreover, this shift to a multidimensional approach to poverty opens up new possibilities for interventions. The promotion of healthy living conditions and unrestricted access to health services represents one dimension of poverty that the OECD considers to be an important building block for breaking the cycle of poverty (OECD 2003). These interdependences constitute major changes in our understanding of poverty because income- and consumption measures provide information on who is poor and additionally on wider determinants of a person's well-being, including their economic and social participation.

International research has found poor health to be both an effect and a cause of various other dimensions of poverty, such as unemployment (Herber et al. 2019; Nichols, Mitchell, and Lindner 2013; Vaalavuo 2016), employment income and wealth (Hajat et al. 2010), living conditions (Eikemo et al. 2016), migration (Gkiouleka and Huijts 2020; Jayaweera and Quigley 2010; Kirmayer et al. 2011; Missinne and Bracke 2012), and education (van Zon et al. 2017). Similarly, for the case of Germany, illness and poor health have been shown to affect and be affected by various poverty dimensions (Kroll et al. 2016; Lampert and Kroll 2006; Lampert and Ziese 2005; Rathmann et al. 2018; Wittig et al. 2008). People in poverty experience a greater risk of a downward spiral that will eventually impair their mental health (Gallie et al. 2003): Indeed, unemployed people are at a higher risk of being poor and stigmatized and are therefore also at higher risk of being socially isolated. All of these factors decrease the chances that the unemployed will return to work and get out of poverty. Hence, health restrictions serve

as an explanation as to *why* someone is suffering from poverty, but they are also an indication *that* someone is suffering from poverty. Focusing on the individual and their employability goes hand in hand with psychological concepts. Furthermore, the technologies of the self (Martin, Gutman, and Hutton 1988b) include the responsibility that the individual has in creating resources that could lead to more stress and strain. In addition, psychological concepts appear to have generally become more important in society (Rose 1998). In general, medicine – with its concepts of physical health – and psychology – with its concepts of mental health – are two major facets in the outlined shift of the concept of poverty away from an economic issue and toward a multidimensional issue. But how has this change in the *idea* of poverty come about? What *actors* have pushed and carried out this development? How is this new understanding translated in existing welfare state *institutions* that address poverty?

3.2 Scientific actors in the medicalization and psychologization of poverty

An important part of medicalization (and accordingly also of psychologization) is conceptual medicalization – that is, the use of medical concepts to understand certain problems. The process by which more and more elements of society are affected by medical knowledge is one key aspect of medicalization (Conrad 1992). Various discourses have brought medical and psychological language into everyday life and into areas not commonly associated with medicine and have thus contributed to diffusing medical and psychological knowledge within society. Political, public, and scientific discourses shape the perception and interpretation of social phenomena (Bourdieu 2015; Ferree, Gerhards, and Rucht 2002; Keller 2013; Ullrich 2008; Weingart, Engels, and Pansegrau 2008). Whether these discourses are political (e.g., different parties express their values and attitudes on social issues), public (e.g., the media frames different perspectives), or scientific (e.g., new knowledge is generated and disseminated throughout

society), they all contribute to the perception of a certain topic (Ferree et al. 2002). However, discourses do not develop on their own; rather, they are shaped by the actors who (are able to) participate in them. If particularly powerful actors propose a certain position, it is likely that this position will prevail on a broad scale (Ferree et al. 2002).

The scientific discourse and the scholars of various disciplines shape both how poverty is understood in the scientific community and how it can be taken up in political and public discourses. It is possible to measure which actors are important in the scientific discourse on poverty using two different methods – that is, we can measure the actors who publish extensively in a field and therefore gain attention on the one hand (quantity) or the actors who have a high reach via many citations and reads in the scientific community (quality) on the other hand. Hence, medicalization and psychologization in the scientific discourse take place if medical and psychological disciplines publish an increasing share of all scientific output on poverty and if the publications of medical and psychological disciplines are cited more frequently than are those of other disciplines.

The changing concept of poverty described in the previous section is evident in the scientific discourse, which has become more multidimensional over time through the growth of the disciplines of psychology and public health, in particular. A comprehensive scientific-discourse analysis using research articles from the Social Sciences Citation Index (SSCI) from 1956 to 2019 that deal with issues of poverty in their title indicates that a shift is currently taking place. In the SSCI provided by the literature-citation database Web of Science (WoS), scientific disciplines are aggregated as research areas. In the last 30 years, “Public, Environmental & Occupational Health” and “Psychology” have replaced former top research areas to become the two fastest-growing areas in the SSCI in terms of research on poverty. The discourse in these areas is growing stronger than is the scientific poverty discourse in general. In the 1960s and 1970s, “Business & Economics” and “Government & Law” represented the majority of publications. Since the 1980s, however, “Public, Environmental & Occupational Health” and “Psychology” have grown substantially and have constituted the TOP 2 research

areas since the 1990s. These areas are growing at an above-average rate compared with the overall scientific poverty discourse such that today, one in three studies on poverty stems from one of these two disciplines (Krayter and Reibling 2020). These findings indicate that the disciplines of public health⁵ and psychology have increased their standing in the discourse. Although scholars from one discipline do not have a uniform perspective on one issue, their research is nevertheless shaped by the prevailing concepts and theories of their discipline. These findings mirror the transformation of the concept of poverty. This mere quantitative increase in the number of public health- and psychology articles could be argued to be insufficient for substantiating the claim that the discourse on scientific poverty has been medicalized or psychologized. Indeed, researchers in health-related or psychological disciplines may merely publish a lot but not be noticed in the overall scientific poverty discourse and may therefore also be less influential in public discourses.

However, our data demonstrate that psychological and health-related research on poverty also matters in qualitative terms. We analyzed the amount of works cited in Web of Science from a health-related or psychological perspective, which yielded more information about whether research from this perspective matters in the overall discourse. We then examined the Top 50 cited research articles in each decade. Figure 6 reveals that in the 1960s, only about one-fifth of all citations in the Top 50 most-cited articles stemmed from health-related and psychological disciplines. On the other hand, in articles from the 2000s and 2010s, this figure increased to almost two-thirds, which demonstrates the ongoing and increasing impact of these disciplines. This finding reveals the importance of these research areas for further scientific research, which indicates

⁵ In the present analysis, we only refer to the two individual WoS research areas of “Public, Environmental, & Occupational Health” and “Psychology.” In upcoming analyses in this book, we expand our focus to include medical areas such as “General & Internal Medicine” and “Pediatrics.” Our aggregation of the “health-related” perspective is therefore broader and includes strictly medical aspects and aspects of public health.

that other researchers rely on findings from both a health-related and a psychological perspective.

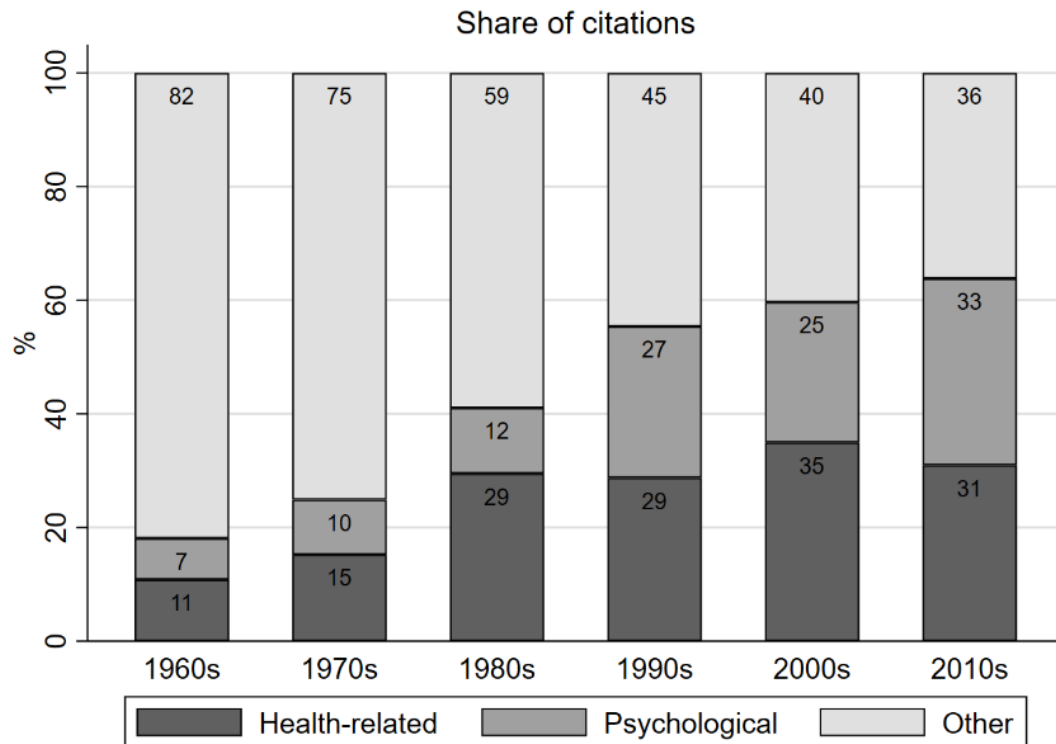


Figure 6: Share of health-related and psychological research areas

Hence, health-related and psychological research on poverty gained significance in the scientific discourse between 1960 and 2019. Not only do these research areas publish more articles on poverty today compared with in earlier decades, which means that they shape the discourse in a quantitative manner, but they also shape the discourse by contributing the majority of the citations.

In delving deeper into the content of these Top 50 articles via a quantitative content analysis of the articles' abstracts, we uncovered interesting results. By creating the three distinctive categories of a *health & psychological dimension*, a *measuring poverty & economic dimension*, and a *social & political dimension*, we coded the abstracts of the Top 50 cited articles into these three categories by

analyzing their focus and content.⁶ About one-third of the abstracts discuss the *health and psychological* concepts of poverty, such as theories on the causal relationship between poverty and health, cognitive functioning, and brain development (e.g., children's developmental disabilities when exposed to poverty in their living environments, including poor parental health literacy). Seventeen percent of the abstracts discuss *measurements* of poverty, such as statistical methods (e.g., human capital, poverty traps, or poverty lines), and about half of the abstracts discuss *socio-political* aspects of poverty, such as gender, ethnicity, geography, and education (see Figure 7)⁷.

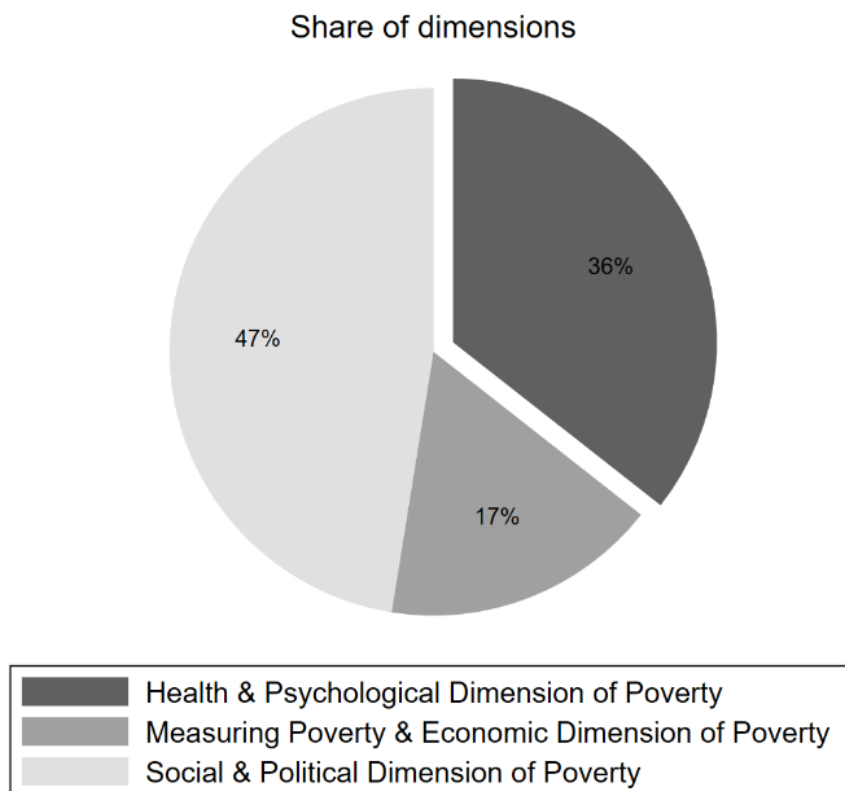


Figure 7: Different dimensions of poverty

⁶ Any given abstract can be assigned either to only one category if its focus is unambiguously related to only one field of research or to more than one category if its focus has a broader perspective and includes several areas.

⁷ The high level of aggregation in the dimension of socio-political aspects was necessary to represent in a reasonable way the high number of subcategories that exist within the fields of sociology and political science.

In summary, these results establish a strong link between poverty and health and show that actors from health-related and psychological disciplines increasingly shape the scientific poverty discourse. In this way, ideas are created in which actors build up and expand their power of interpretation and might thus — in a further step — extend their influence on the political arena. These results are in line with findings on the medicalization and psychologization of poverty at the level of policies . While medicalization and psychologization could still be argued to be phenomena that unfold in the scientific arena, with health sciences and psychology being disciplines that stretch into the scientific poverty discourse, this argument would not necessarily mean that medicalization and psychologization are also found in arenas that are much more closely related to the poor – that is, in political arenas. The transfer of concepts from scientific debates to other arenas is complex and does not necessarily follow a certain pattern, meaning that only particular elements of the discourse will be transferred. However, science does have an impact in the political process (Friedli 2016; Mathieu 1993; Schram 2000b; Weingart et al. 2009; Wong 2016).

3.3 The role of political actors in the medicalization and psychologization of poverty

With the substantial increase of the use of the concepts of psychology and public health in the scientific discourse, it would be easy to wonder whether this increase has been echoed in the political discourse on poverty. Research ideas and results are often taken up by political actors, for example, by consulting scientific experts in political commissions (Falk et al. 2019). Hence, whether medicalization- and psychologization processes have occurred not only in the scientific arena but also in the political arena is an open question. To answer this question, we analyzed the parliamentary debates on minimum-income-replacement benefits in Germany at two time points: after the introduction of a new minimum-benefit scheme via the Hartz reforms in 2002/2003 and after the changes made

to this benefit scheme in 2016. At these time points, the German government implemented measures that were largely influenced by a neoliberal paradigm (2002/2003) on the one hand and by a social-investment paradigm (2016) on the other hand. These general ideas can be exemplified by two statements: Then-Chancellor Gerhard Schröder declared in 2001 that “people” — meaning the unemployed — had “no right to laziness” (Helm 2001), whereas then-Minister of Labor Andrea Nahles argued in a press statement in 2016 that the unemployment agency should “actively support and accompany the unemployed” (Nahles 2016).

We analyzed the two reforms using a quantitative content analysis that employed issue frames. Put simply, “[...] *framing is concerned with the presentation of issues*” (Vreese 2005:53), and we investigated how important the issues or frames of medicine and psychology were in both reforms. Based on the different direction of the reforms and the different views on the unemployed – views that are guided by the neoliberal and the social-investment logic of the reforms – it was expected (1) that medical and psychological ideas *are* discussed by political parties because both paradigms can be connected to the spread of medicalization and psychologization and (2) that political parties employ medical and psychological ideas with a different intention. Our results reveal that the political parties do not medicalize or psychologize the issue of poverty, nor do they connect the implemented policies to medical or psychological categories. This non-medical and non-psychological framing was used both during the Hartz reforms and in the recent reforms. The issue framing in the Hartz reforms and in the reforms to the unemployment- and poverty system in 2016⁸ indicates that medical and psychological issues were nearly non-existent in the parliamentary debates on these reforms. Medical framing can be found in two paragraphs for the first time point and in four paragraphs for the second time point, amounting to 0.2% of all

⁸ The Hartz laws are called “laws on modern services in the labor market” (in short, “Hartz legislation,” which was named after the head of the reform commission). They were passed in 2002 and 2003. The “law on strengthening further vocational training and the insurance coverage of unemployment insurance” (in short, AWStG) and “the ninth revision of Social Codebook II” were passed in 2016.

frames in 2002/2003 and 0.5% in 2016. Psychological framing was used more often than medical framing but still only accounted for a small proportion of issue framing. 2.2% of all frames employed psychological terms and issues in 2002/2003, and this figure rose to 3.8% for the year 2016.

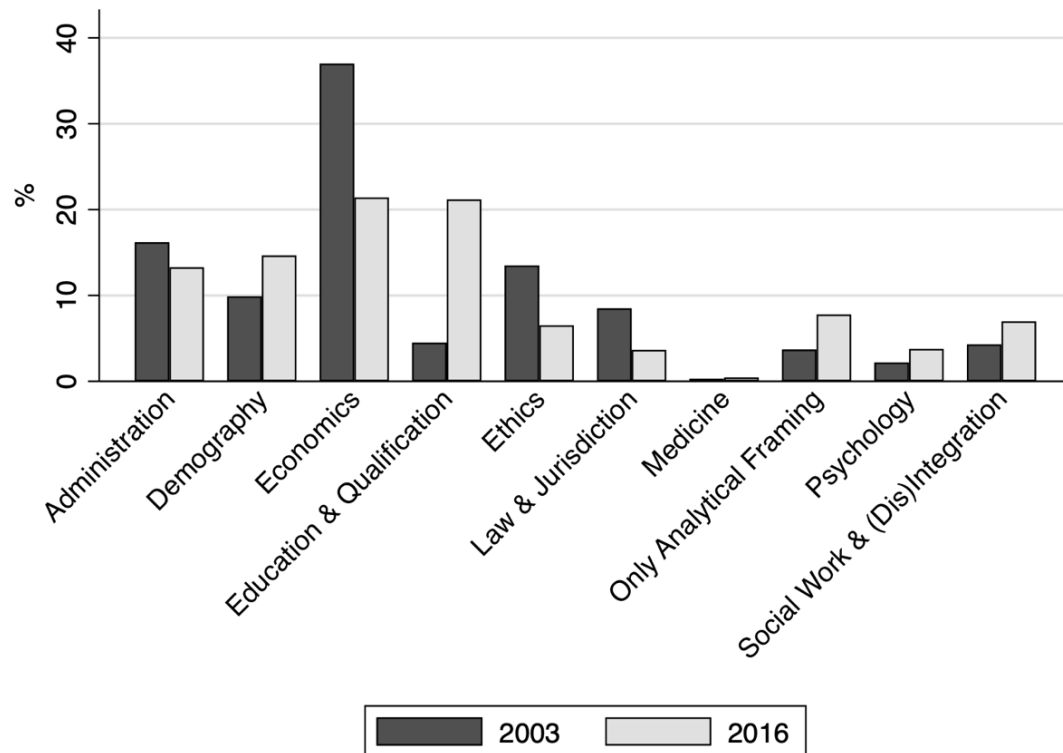


Figure 8: Share of medical and psychological themes

However, the use of psychological frames differs in qualitative terms between the two time points. In the Hartz reforms, psychological framing was targeted at large groups of “the people” or at “the unemployed and the economy.” The psychological frames in 2016 mainly focused on the individual level. Key words that were used include “motivation,” “self-confidence,” and “stamina.” This move from societal to individual psychology frames can be evaluated as a form of psychologization. However, in comparison with other issue frames, the extent of psychologization is still quite low.

“Additionally: Not only are the people against whom sanctions are imposed affected by these sanctions, but so too are many others because for them, there is a constant threat

of having such a sanction arbitrarily imposed. This, of course, creates corresponding fears.” (Deutscher Bundestag 2016:16260)

While parliamentary debates on poverty-related policies are not framed using medical or psychological concepts and language, they do appear to matter in governmental reports on poverty. Since 2001, the Ministry for Employment and Social Affairs has published the Poverty and Wealth Reports (Armuts- und Reichtumsberichte) once per legislative period. The focus of these reports is on describing poverty- (and wealth-) trends and governmental actions that target poverty. We analyzed all five published reports from the years 2001, 2005, 2008, 2013, and 2017 and found that health was an important issue throughout the time period and that it had increased slightly in importance over time (Ariaans and Reibling 2021). Health is mentioned in separate sections and in connection with other poverty-related items. As shown by the following quote, the fiscal risk of poverty is connected to social concepts of poverty and to various mental and physical health risks for children.

“The monetary poverty risk is only somewhat correlated with the limited chances for children to participate. Children and young people have particular development deficits and social disadvantages and may even be underprovided for, which results in potential health problems. In socially disadvantaged families, children are often obese, display socially challenging behavior more frequently than in other families, and participate less in active leisure-time activities, such as sports.” (BMAS 2021:XXII)

The reports are published by the Ministry of Employment and Social Affairs and thus contain the ideas, views, and reform concepts of the national government of the time. However, the reports are developed in consultation with scientific experts, who are also responsible for inserting the most recent scientific ideas and data (Ariaans and Reibling 2021). Hence, diffusing scientific ideas and evidence into the reports is politically desired. Thus, on the level of political-administrative-poverty discourse, medical terms, concepts, affiliations, and interventions play a role and are diffused by scientific experts.

The role of health in the public- and political discourse and in political practice can also be exemplified via the annual German Congress of “Poverty and Health.” Held for the first time in 1995 with about 200 participants and with a

focus on three topics, the Congress now describes itself as the largest public health congress in Germany and includes about 2,300 participants and 25 topics. The Congress brings together researchers, interest organizations, and policy-makers on the interrelations between poverty and health and contributes to disseminating scientific knowledge, evidence, and proposals throughout policy-making (Kongress Armut und Gesundheit 2021).

While our empirical evidence only covers two reform packages for which we tested whether political actors have promoted medical and psychological frames, we can conclude that this has rarely been the case. Unlike in other countries, medical and psychological concepts in Germany are not important in high-level politics (Holmqvist 2009; Mathieu 1993). However, medical and psychological concepts have nevertheless gained in importance in poverty-related policymaking. Scientists are actively involved in disseminating medical and psychological frames through their involvement in key framing processes, which include writing and consulting on governmental reports and being involved in conferences, such as the “Poverty and Health” Congress, which bridges the gap between science and practice.

3.4 The role of institutions and their change in medicalizing and psychologizing poverty

The above-described findings establish that medical and psychological ideas are diffused into policies on poverty via scientific experts and interprofessional conferences. Hence, it is possible to wonder whether and how medical and psychological ideas have been intentionally or unintentionally integrated into and implemented in these institutions of the welfare state that target the poor. Germany is a highly developed and juridified welfare state in which the rights acquired by social-insurance contributions play an integral role. Institutions are often described as being coherent and stable entities and have – especially in the German context – been labelled as “frozen” (Esping-Andersen 1996). However,

neoliberal reforms – such as the Hartz reforms in the early 2000s and many small-scale social-investment reforms in the 2010s – have altered institutions of the German welfare state that deal with the issue of poverty. Thus, if we argue that the welfare state is transforming into a bio-psycho-social welfare state, we should be able to find such a perspective in the institutions that constitute the German welfare state. However, institutions are not only the result of ideas and interests that actors have set in place; indeed, the institutions themselves create path dependencies. We therefore investigated the extent to which the institutional setup of the German welfare state has encouraged or hindered a medicalization or psychologization of social-policy programs that address poverty.

In general, the topic of poverty has gained political and societal importance in Germany due in large part to the increasing poverty rate. In Germany, poverty rates (defined as income that lies 50% under the median) since the 1990s both before and after taxes and transfers have increased (see Figure 9). Since the 2000s, the poverty rate before taxes and transfers has been even higher than for the liberal welfare state of the United Kingdom. However, welfare state systems have reduced poverty in all countries by a large degree. All advanced welfare states now show lower poverty rates and economic inequality after taxes and social transfer. The social-democratic welfare state of Denmark shows the greatest reduction in poverty rates after taxes and transfers, and the liberal welfare state of the UK shows the lowest drop. In the conservative welfare regime of Germany, the level of poverty decreased by about 20 percentage points after taxes and transfers in 1990 and by about 22 percentage points in 2017. However, in 2017, the poverty rate after taxes and transfers was 10.4%, whereas it was 5.5% in 1990. Hence, the German welfare state has become less effective at preventing poverty.

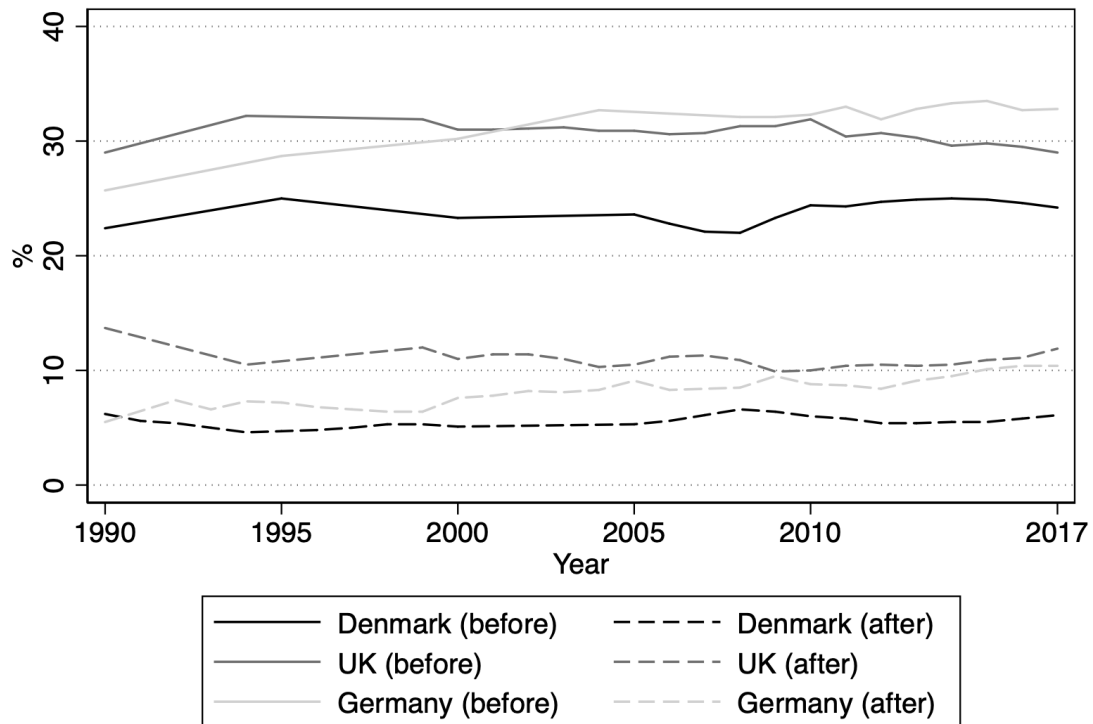


Figure 9: Poverty rate before and after taxes and transfers

These increasing poverty rates have contributed to a developing public discourse on poverty in Germany – a discourse that was virtually non-existent until the early 1990s (Leisering 1993). The term “poverty” has also come to be replaced by different concepts and terms, such as “unemployment” or “social assistance” (Leisering 1993). This substitution of poverty by different concepts and its shift to other areas of discourse can be partly attributed to the design of the German welfare state, which is built around the principle of standard employment by a male breadwinner (Bender, Grassl, and Schaal 2007; Ferragina and Seeleib-Kaiser 2014; Miller et al. 2021). In social-insurance contributions derived from labor market employment, basic social risks (illness, longevity, unemployment, disability) for employees and their spouses and children are covered. Hence, the risk of poverty is first tackled by these social-insurance systems. For those who are not employed, the history and future prospect of employment play an important role in determining how poverty is handled. Until 2005, the last safety net for the poor had two systems: The first system included people who had had

a job in the past and who were able to search for a job. These people received unemployment assistance. This benefit followed after unemployment benefits had ceased, and the amount was based on prior wages. Although unemployment agencies administered this benefit, it was paid through general taxes (Berthold, Thode, and Berchem 2000). The second system subsumed all other people who were not eligible for unemployment-assistance benefits but who fell below the poverty line. These people received social-assistance benefits. Benefits from social assistance were also tax-financed and were generally lower than unemployment-assistance benefits. Separating the poor into two systems – the unemployed poor on the one hand and the poor due to other reasons on the other hand – seemed reasonable in the 1950s and 1960s. However, beginning with the onset of – and increase in – mass unemployment in the 1980s, the boundaries between the two systems became blurred (Berthold et al. 2000). Criticism was directed at the dual structure of the system, at injustices between the people in both systems, and at the low incentives that both systems offered for gaining employment, which eventually led to the merger of the two systems (Knuth 2006; Seeleib-Kaiser and Fleckenstein 2007). The so-called Hartz reforms – which passed in 2002 and 2003 and have been in effect since 2005 – merged both systems on the benefit level of social-assistance benefits. Furthermore, incentive structures for taking up employment and sanctions in the form of benefit cuts in case of non-compliance with general and individual obligations were tightened. In this new system, merely being poor (and having an employment history) does not qualify an individual for benefits. The new benchmark for receiving minimum-income benefits is determined by employability, which is defined as follows:

"Someone is considered able to work if they are not incapable of working at least three hours per day for the foreseeable future due to illness or disability under the usual conditions of the general labor market." (§8 (1), German Social Code (SGB) II)

Hence, employability is defined in negative terms as the absence of (severe) medical limitations. As a result, medical status instead of (prior) employment

status — or the mere existence of material need — is now decisive for receiving minimum-income benefits.

Furthermore, the merger of unemployment assistance and social assistance means that poor people who are not able to work account for a significant portion of the eligible people in the system. However, the entire system was designed to promote and invest in employability and to sanction those who do not follow the conditions of the new unemployment system. People who are deemed healthy are assessed as being able to work. They must comply with all obligations and can be sanctioned in case of non-compliance. Obligations – which lead to sanctions if not met – include regular consultations with an unemployment agency and submitting a defined number of job applications each month. Exceptions to these obligations are only granted for caring duties or illness. Thus, illness is one of the few pathways out of actively seeking a job. People who are assessed as being physically or mentally ill do not need to follow most rules, and benefit cuts for them are practically impossible (§56 SGB II). Moreover, not only can illness mean that benefits are not allowed to be cut, but some illnesses can also lead to higher unemployment benefits (§21 Abs. 5 SGB II). For example, additional expenses for medically indicated nutritional needs are covered:

“In the case of beneficiaries with expensive nutrition requirements for medical reasons, an additional sum of a reasonable amount is to be granted.” (§21 Abs. 5 SGB II (5))

3.5 Poverty: A medicalized and psychologized issue in the welfare state, but to what extent?

In summary, this chapter focused on the question of whether poverty is becoming more frequently connected with medical and psychological ideas, actors, and institutions and also focused on developments to the German welfare state. Poverty – mostly in the sense of relative poverty – is a social problem that all developed welfare states face. How a welfare state conceptualizes and treats individuals with the lowest level of economic and social power might reveal a lot about its society and about the goals and ideas behind the state. Developments on the

level of ideas, actors, and institutions might indicate how poverty is conceptualized and treated by the welfare state. Irrespective of whether medicalization- and psychologization tendencies are intended or unintended processes, they might cause the social problem of poverty to become individualized. Medicalization- and psychologization processes might also contribute to the further neglect of poverty as an issue, which has to be tackled mainly on the societal rather than on the individual level – especially in the German welfare state, where poverty has long been a neglected social-policy issue.

In general, the concept of poverty has changed in recent decades. Its definition has transformed from being mainly economic in nature to being a multidimensional concept. Both sociological and political dimensions on the one hand and health-related and psychological dimensions on the other hand have been added to the dominantly economic and financial understanding of poverty. However, medicine and psychology have not merely been added as dimensions to the concept of poverty; rather, they have risen to become the most significant areas in poverty research. The results in the political discourse are less clear cut. On the one hand, political parties rarely employ medical or psychological concepts in reforms of welfare-state systems that target the poor. On the other hand, the Poverty and Wealth Reports that are published by the government have increasingly often adopted medicine and psychology as important topics. These topics are disseminated throughout the political discourse by scientific health experts, who have a consulting role in governmental reports and engage in promoting their ideas at conferences at which the scientific community and interest groups meet. Medicalization and psychologization are thus clearly not the top-down processes that the early scientific literature suggested (Ballard and Elston 2005); rather, these processes take place at various levels. Accordingly, medicalization and psychologization are visible on the level of institutions that focus on the poor. Such institutions increasingly often incorporate medical and psychological ideas into their processes. German minimum-income-replacement schemes have been transformed and now focus less on prior employment status or need

and more both on health status in determining obligations for receiving benefits and on the level of these benefits.

The receipt of minimum-income benefits is now based on the medically defined employability of the benefit claimant. However, minimum-income benefits are not only for the claimant; indeed, they are also for the claimant's children. In 2020, 33% of all households that received minimum-income benefits included underage children, and about half of these households had a single parent (Bundesagentur für Arbeit 2020). Overall, in 2017, 20.4% of all minors were at risk of poverty and thus lived under conditions of less than 60% of the median income. This figure was about 5% higher than in the overall population (BMAS 2021). Hence, children in – or at risk of – poverty are also an important target group for poverty interventions. As the citation in this chapter from the Poverty and Wealth Reports exemplifies, poverty-related problems and interventions increasingly often focus on health and psychology. In the following chapter, the way in which children and childhood are medicalized and psychologized is examined.

4 Unemployment and childhood in the media

Krayter, S., & Reibling, N. (2025). Unemployment and childhood in the media: an analysis of medicalization and psychologization trends in German national daily newspapers from 1992 to 2019. *Journal of Health and Social Behavior* (under review)⁹

Abstract:

Scientific discourses point to an increasing medicalization and psychologization of social issues. Besides medical and psychological actors, the media can be part in these trends in shaping discourses and transferring medical and psychological themes into society. This research article examines how the German quality press is participating in this process, by analyzing medicalization and psychologization trends in the fields of unemployment and childhood. A longitudinal analysis spanning more than a quarter of a century (1992-2019) reveals that the numbers of articles referring to medical and psychological issues, are increasing for the field of unemployment over time. In the field of childhood, it is above all the recent years which indicate that a trend is present here. These findings provide implications for the way social policy is designed, as the medical or psychological interpretation of social issues brings different approaches to the welfare state.

⁹ Stephan Krayter wrote the main part of the manuscript and led the conception, analyses and evaluation of the results. Nadine Reibling contributed significantly to the further development of the theoretical foundations and statistical approaches. The results were presented at four conferences: 1) 40th Congress of the German Sociological Association, September 14th – 18th 2020, digital. 2) ISA RC19 Annual Meeting. *Globalization in Retreat? Welfare States Amid Regional Turbulence Crisis*, December 3rd 2020, digital. 3) Three-Nation Conference of German, Austrian and Swiss Sociological Associations., March 4th - 5th 2021, digital. 4) ESPANET 2021 Conference, September 1st-3rd 2021, digital.

4.1 Introduction

Medicalization is taking place in different areas of life. Studies show a medicalization of deviant behavior, which is often connected with alcohol or drug abuse (Ballard and Elston 2005; Broom and Woodward 1996; Conrad 1975). There is also a medicalization of “regular events” like birth and death (Barker 1998; Bell 1987; Brubaker and Dillaway 2009) or a medicalization of “everyday life” containing certain states of mood (Busfield 2017; Conrad and Leiter 2004; Conrad, Mackie, and Mehrotra 2010). While there are controversies regarding how to best conceptualize and measure medicalization, empirical research has demonstrated the rise of medicalization in many areas of social life (Busfield 2017; Schram 2000b). The media contribute by disseminating these trends in the public sphere and in participating in their development. The media actively influence medicalization trends by e.g., shaping public views, giving stakeholders a voice and setting agendas in general. Qualitative studies have already shown this effect. While Williams et al. (2008) revealed a medical problematization of snoring and insomnia in the media, Anderson et al. (2015) highlighted an ethnic component in the medical portrayal of drug addiction, differentiated by the skin color of the persons involved. Harwood et al. (2017) demonstrated a medicalization of ADHD in newspapers and Iakushevich (2018) has shown how the field of depression is increasingly filled with medical phrases in German newspapers. The way newspapers contribute to certain diagnoses or medical connotations finding their way into society has been exemplified by “orthorexia nervosa” in newspaper articles (Ross Arguedas 2020), showing that the press already adopted diagnoses, even if these have not yet been conclusively established by the medical profession. In addition to these qualitative studies, longitudinal approaches have also shown that a quantitative shift in the proportion of medical articles in the news has taken place and that medicine is becoming more important (Bauer 1998). Demir (2017) proposes that the medicalization of media and the medicalization of medicine go hand in hand. This interdependence is not necessarily driven only by one cause. These predominantly qualitative studies make an

important contribution by showing how medicalization and psychologization proceeds through the choice of language. However, they do not provide sufficient evidence on a fundamental aspect of the medicalization theory. As Conrad puts it: *“Yet if we are going to make claims about the increasing medicalization of society, it is ultimately incumbent on us to at least attempt to quantify the claim.”* (Conrad 2007:117). We address this gap with this article. We raise the question if these assumptions can be quantitatively proven within the discourse on unemployment and childhood. Thus, we approach this study by examining the extent of medical and psychological topics in the period from 1992 to 2019 in German newspapers. Do medical and psychological issues increase in these fields quantitatively and is this shift visible in the longitudinal perspective?

4.2 Medicalization & Psychologization

Medicalization denotes to a process by which a social issue becomes newly or increasingly understood as a medical problem using medical language and transferring this issue from other societal arenas (e.g., the judicial or educational system) to the medical jurisdiction (Broom and Woodward 1996; Busfield 2017; Conrad 1992, 2007). This process is the result of individual and collective action of the medical profession and consumers (Ballard and Elston 2005; Busfield 2010; Conrad 2005) as well as other actors like the welfare state (Olafsdottir 2011; Reibling 2019). Overall, there is an increasing health consciousness in modern societies (healthism), which in general leads to a more prominent role of health and medicine in everyday life (Crawford 1980). Besides the medical profession, psychology is becoming *the* discipline that is called upon to deal with various social conditions representing the psychologists as engineers of the human soul (Rose 1998). We therefore grasp psychologization accordingly to the concept of medicalization as a shift in the interpretation of social issues with psychological language and by psychological actors (Madsen 2018; de Vos 2014). The increasing number of self-help and counselling literature is an important

indication of the growing interest in psychological topics and the associated empowerment of the individual and his or her resilience to external influences. In this study we combine both concepts of medicalization and psychologization. On a theoretical level both concepts of medicalization and psychologization show some differences, but they share a large part of common ground that allows both concepts to be combined and thought together. Medicine is a historically stronger organized profession with its own institutions such as hospitals. Psychology in contrast does not hold the top societal position and power as medicine does. However, what both have in common, is the focus on the individual. The focus is less on structural causes or consequences, but rather on the individual perspective. Furthermore, they share similar approaches in promoting the individual's health. Therefore, in this article, we follow this comprehensive approach.

Medicine and psychology have become increasingly important in the field of social policy. There has been a shift in medicalization research towards analyzing social problems closely related to the welfare state such as unemployment (Buffel et al. 2017; Holmqvist 2009). Similarly, literature on psychologization has highlighted how therapeutic approaches to social problems are linked to the governance in modern welfare democracies (Gill and Orgad 2018). This development is important to medicalization and psychologization research because it draws our attention to social policy. The welfare state controls medical practice and reimbursement for services by the public healthcare system and therefore it can act as a driver of medicalization or psychologization. The design of social policy instruments is under continuous influence by the interpretation of social issues (van Oorschot 2000; Sachweh 2011). What is understood to be a problem, which then would imply a regulation or promote public spending, is the result of social construction (Berger and Luckmann 1967; Schneider and Ingram 1993). This social construction is an ongoing process and always subject to new debates. How actors and mechanisms are part of this social construction and how they are framing certain issues are crucial questions, that are indispensable to be

answered in the research on social policy. We argue that medical and psychological narratives regarding social issues are on the march.

From the social constructionist perspective, medicalization and psychologization entail a reinterpretation of social issues. Individualizing features are important points for both medicalization and psychologization, whereby the individual is given an even stronger role on the psychological side. While medical or psychological interpretations may possibly be found for all problems, medicalization and psychologization imply that these interpretations have become more meaningful over time. This trend can only be assessed by a longitudinal analysis. Thus, in this article we are interested in changes in the number of newspaper articles with specific medical and psychological terms connotated to it. *‘Medicalization still doesn’t occur without social actors doing something to make an entity medical [...]’* (Conrad 2005:12). Many actors have been considered relevant. The media has received comparatively little attention despite its capacity in shaping discourses or setting agendas. The media are one major actor in the public discourse, shaping perspectives or distributing share in the *finite carrying capacities* of public arenas (Hilgartner and Bosk 1988; McCombs and Shaw 1972; Rössler 1997). Newspapers are an important medium in the public sphere although their scope has been decreasing in the last decades (Schneller 2016). Besides shaping discourses among the lay populace, quality newspapers also play an important role in setting agendas for other journalists (Reinemann 2003), professionals in the fields of politics or other key areas (Noelle-Neumann and Mathes 1987). The agenda-setting function of mass media is a well-studied phenomenon in the literature and describes the power of media in shaping discourses (McCombs and Reynolds 2002; McCombs and Shaw 1972). Quantitative analysis of newspaper citations could show this effect, which confirms the newspapers prominent role in placing topics in the public discourse and creating a climate in which governmental actors are forced to participate in (Otten 1992). Therefore “[...] *media have an immense influence on how people see the world.*” (Mechanic 2005:188).

However, not only the media influence the public opinion and the political sphere, but also politicians have an impact on certain media discourses. Existing

studies argue, that “[...] *media are not just a platform for political framing but are also far from being unaffected by changes in political framing*’ (Esmark and Schoop 2017:430), which means, that changes in the political discourse might be directly transferred into the media system. On the other hand, it can be concluded, that public opinion does have an impact on policy making. Soroka (2003) shows evidence for this direction in the U.S. foreign policy making process, which is consistent with findings in the same field from Wanta et al. (2004) and in public policy by Burstein (2003). According, Maier and Rittberger (2008) state, that citizens public attitudes are strongly affected by the exposure to mass media. This is due to the higher salience of issues, when strongly covered in the media and the power of media “[...] *by selectively highlighting certain attributes and down-playing others*” (McCombs and Ghanem 2001:71). In this way the media do not only reflect reality, but also create reality instead (Tang 2012). These findings prove the interdependencies of the three actors media, politics and the society in shaping policies and points out why the media in general and the newspapers in particular are an important subject of analysis.

4.3. Social Issues

In this article we focus on the fields of childhood and unemployment, which are two important issues in the German welfare state. Not only do both areas account for an enormous share of welfare state expenditure (OECD 2021c), they are also part of a highly emotionalized discourse.

4.3.1 Childhood

Childhood is one of the most monitored areas of the life course (Kjørholt 2013; Kjørholt and Qvortrup 2012; Vandenbroeck et al. 2017) and is considered under the premise that it is a cornerstone of later participation in social life (and employment), where it is indispensable to invest in properly (Adamson and Brennan 2014; Case et al. 2005; Hardcastle et al. 2018). A close-knit network of preventive

medical examinations and regular check-ups has formed here, which controls child development qualitatively but also often quantitatively (Horstschräer and Muehler 2014; Kelle, Seehaus, and Bollig 2015; Steinlen 2018). This network consists of members from social professions such as educators and teachers, but above all it is the medical professions, primarily pediatricians, who carry out a (medical) assessment of child development (Führer et al. 2019; Heudorf et al. 2020). This is especially the case in some federal states in Germany, where these examinations have been compulsory since 2008 — in others they are voluntary, but non-participation is reported to the local youth and health offices. This provides indications of a medicalization in childhood development by putting childhood development under the supervision of medical experts. Deviations from a certain normative development may be recognized and interventions initiated. In recent decades, the number of pediatricians and child- and youth psychiatrists in Germany has increased (GBE 2021). The increasing implementation of specific disorders or illnesses like ADHD leads to a medicalization of what might be called a “normal” variation in the development of children to a characterization as a disorder or an illness (Ballard and Elston 2005; Busfield 2017; Conrad 1975; Conrad and Bergey 2014). Hence, not only physical health and development is at focus, but also psychological health is increasingly considered in this field. It has been argued that actors such as pediatricians or psychologists lead to a medicalization and psychologization of childhood with diagnoses and interventions. Language is the essential part here. When medical terms such as “the pandemic of obesity” are introduced, a direct reference to medical categories is made (Alexander and Coveney 2013). A strong branch of research is intensively concerned with (improving) children’s health, moving the *social* towards the *medical* (Brady, Lowe, and Olin Lauritzen 2015), in which social behavior or developments are explained in medical terms. Ultimately, any behavior can theoretically be translated to biological processes with the help of this “neuroculture” (Lowe, Lee, and Macvarish 2015).

4.3.2 Unemployment

Employability it is still considered as the "normal state" and a basic feature of life, both on a purely financial level and in the form of latent functions (Paul and Batinic 2010). These functions can improve the health status of the individual or, through their absence, contribute to a deterioration of health. Unemployment has already been linked to bad health and the development of physical and mental illnesses in a large number of studies e.g. (Buffel, Dereuddre, and Bracke 2015; Kroll et al. 2016; Paul et al. 2016; Tiggemann and Winefield 1984). Further studies show that the design of unemployment insurance can act as a moderator for this association (Renahy et al. 2018). Other important reviews on the unemployment-health nexus can be found in McKee-Ryan et al. (2005) and Paul and Moser (2009). Through the lens of medicalization and psychologization, there are some instances where such processes have already become visible. Holmqvist (2009) describes the medicalization of unemployment in the neglect of social and structural causes towards a personal responsibility of those affected persons. These shift onto the individual's perspectives also reflect the usage of medical care and anti-depressants by unemployed persons or persons in insecure jobs. This has been proven to be partially irrespective of the actual health status, confirming a medicalization and psychologization of unemployment (Buffel, Dereuddre, et al. 2015). In Germany, exemption from the obligation to search for work is a possibility for persons which suffer from long-term sickness. These persons are not able to work regularly due to their impaired health status, but simultaneously do not meet the criteria for the reduced earning capacity pension. The share of those unemployed persons that are released from seeking work has increased from about 10% to about 30% in the last 15 years (Linden and Reibling 2021), showing a clear link between health/illness and unemployment. Hence, the administration of unemployment has become more focused on the health status.

We conclude that both social issues are relevant subjects with high societal interest and that they are also widely studied in the field of social policy research.

In both areas we find a variety of political and economic interests with different perspectives. Therefore, it is most interesting to look at these two social problems, because reinterpretation of social problems is most likely to show dynamics when contested. We assume, that medical and psychological schemes in the fields of unemployment and childhood can be found in the coverage of the quality press in Germany. We expect that the medicalization and psychologization has been pushed by the portrayal in the newspapers. Newspapers as mirrors and drivers of societal developments make these circumstances public. In the next section we will describe the data basis for our study and will also lay out the methods used to analyze the data. After the presentation of results, we will discuss the findings, limitations and implications of our study.

4.4 Material & Methods

4.4.1 Newspapers Selection

The aim of this study is to discover trends in the use of medical and psychological language in leading quality newspapers in Germany. As we illustrated in the previous section the use of specific language and specific terms is an essential feature of medicalization and psychologization processes. The newspaper selection of the *Süddeutsche Zeitung* (SZ) and the *Frankfurter Allgemeine Zeitung* (FAZ) was based on three theoretical considerations. *First* the newspapers should be of societal relevance according to their coverage and circulation in Germany. *Second* it should ensure the quality of the newspaper, wherefore tabloid press like the *BILD-Zeitung* was excluded from the selection, although its coverage is higher than the SZ or the FAZ. And *third*, as the study pursues a longitudinal approach, the time coverage of its archive should be at least 25 years to ensure a valid conclusion about the changes in language use over time. The SZ Archive dates back to 1992 and the FAZ Archive dates back to 1950. For the matter of comparability between both newspapers, we set the time span to 1992-2019. To

isolate the COVID-19 pre-pandemic period, the data analysis was confined to the years up to 2019, despite both journals providing more recent information.

4.4.2 Newspaper Characteristics

As quality newspapers with a high journalistic level (Staab 1991), both *SZ* and *FAZ* are involved in setting agendas discussed in Germany. Among journalists, both newspapers belong to the most frequently used sources of information (Reinemann 2003) and thus provide topics and trends for news coverage. Furthermore, important decision-makers and elites in state and economy are regular readers (Puhe and Würzberg 1989). *SZ* and *FAZ* thus function as guiding media, not only shaping the entire media system beyond the circle of their respective readership (Noelle-Neumann and Mathes 1987), but also having an influence on socially relevant decision-makers.

In contrast, only five percent of the German population regularly read a socio-politically relevant daily newspaper (Jandura and Brosius 2011). The proportion of quality newspaper readers in the group with a high level of education has increased significantly, while it has declined in the group with a medium level of education. Therefore, both newspapers are read above average in milieus which, regardless of their value orientation, can be classified as upper class or upper middle class in terms of their social situation. Both *SZ* and *FAZ* had to struggle with circulation losses in recent years. This development has not prevented the increasing circulation of the respective online services (Weidenbach 2019a, 2019b). Nevertheless, with a paid circulation of around 326,600 copies in the third quarter of 2019, the *SZ* is the second strongest and the *FAZ* with around 226,700 copies the third-strongest newspaper in comparison with the paid circulation of national daily newspapers in Germany. Only the tabloid press newspaper *BILD-Zeitung* could reach a higher circulation. Both newspapers consider themselves as party-politically and ideologically independent but cover different ideological milieus. The *SZ* characterizes its task “[...] to contribute to the information and free formation of opinion of the individual and to promote a liberal and

tolerant basic attitude.” (Süddeutscher Verlag 2019:1). In contrast, the *FAZ* considers itself as a “[...] *liberal-conservative voice of the German elite in business, politics and culture.*” (Frankfurter Allgemeine Zeitung 2015:9). Beyond self-assessment, the *FAZ* represents “[...] *liberal to liberalist economic positions and [...] is conservative with regard to social values*”, whereas the *SZ* is considered “[...] *liberal with regard to value issues, welfare-state oriented with regard to economic positions*” (Gerhards, Neidhardt, and Rucht 1998:191). On a left-right continuum of 1 to 3, where 1 stands for the left pole and 3 for the right pole, the *SZ* occupies a rather central position with 1.8 and the *FAZ* a rather conservative position with 2.3 (Eilders 2002).

4.4.3 Search Terms

Conceptual medicalization and psychologization builds on the use of medical and psychological language in the debate on social problems. In this study, we focus on the number of articles using medical and psychological terms in connotation to the fields of unemployment or childhood.

Table 6: Search Terms in three categories with English translation

Original Search Term	English Translation
Medicalization Search Terms	
medizin*	medici*
medika*	medica*
arzt*/ärzt*	practitioner/doctor*
Search Terms that can be assigned to both concepts	
gesund*	health*
krank*	sick*/ill*
behand*	treat*
therap*	therap *
Psychologization Search Terms	
psych*	psych*

Notes: * means the truncated word stem and serves as a multi search term for example: kind* = kind, kindliche, kindheit (child* = child, childish, childhood); behand*= behandeln, Behandlung, behandelt (treat* = treat, treatment, treated)

The operationalization of medicalization and psychologization is therefore crucial for the robustness of our study. Accordingly, our search terms are fundamental ones, that definitely represent medical and psychological discourses and let us clearly identify a medical or psychological connotation to our fields of interest unemployment or childhood. Table 6 provides a summary of the search terms used in this study. We distinguish between search terms, that can clearly be assigned to medicalization or to psychologization and search terms that can be assigned to both concepts. All German search terms in combination with “arbeitslos* (unemploy*)” or “kind* (child*)” were searched separately for each year in each newspaper with the Boolean operator “AND”. With this the original number of articles was captured.

The upcoming results are presented for single search terms, but we build a medicalization & psychologization index. Building an index is necessary because single search terms have low numbers in many years, which in some cases provides statistical insignificance. Also, on a theoretical point of view the combination of medicalization and psychologization search terms is valid, as some search terms cannot be clearly assigned to one concept or the other and both concepts share common ground.

4.4.4 Data Adjustment

To establish a trend, we cannot rely on the absolute number of articles found through our analyses, because a) the number of articles published in both newspapers varies from year to year and b) the social issues we chose (unemployment and childhood) could have been more or less present in the media discourse in a given year. Therefore, we used a double-adjustment for our analysis building on Nafstad et al. (2009). First, we adjusted for the trend in articles overall by dividing the original number of articles by the total number of articles in the particular year and multiplying by the mean number of articles throughout the entire time span following:

$$\frac{\text{orig. No. of articles}}{\text{total No. of articles}} \times \text{mean No. of articles} = \text{adj. No. of articles}$$

In a second step we extended this method in additionally adjusting for the year-to-year variations of the single search terms *arbeitslos** (unemployed) and *kind** (child) to eliminate trends in the unemployment or child discourse. This adjustment was carried out with the same method as above starting with the adjusted numbers calculated with the first formula.

$$\frac{\text{adj. No. of articles}}{\text{adj. total No. of articles}} \times \text{mean adj. No. of articles} = \text{double adj. No. of articles}$$

This double adjustment strategy ensures the robustness of the data towards the overall newspaper output and to the specific coverage on unemployment and childhood. We therefore assess the “real trend” in the usage of the medicalizing and psychologizing language in the newspaper discourse on unemployment and childhood.

In a third step, we carried out a z-transformation of the number of articles. This is helpful for comparing the trends between the topics and the newspapers. So, in this step all double adjusted numbers of articles per year were transformed to a z-score using the following formula.

$$z = \frac{x - \mu}{\sigma}$$

4.4.5 Analysis methods

Following Nafstad et al. (2009) we calculated a series of quantitative measures to establish a trend in the adjusted number of articles per year: a percent increase/decrease between the first year and the last year of coverage, a correlation with linear time, a mean annual percentage change (MAPC) and an estimated

mean annual change (EMAC). The EMAC is based on the slope of the linear regression line which then is divided by the average number of articles per year and then multiplied by 100. This measurement should improve the comparability as the MAPC is much more prone to short-term variations. As a second step, we present a graphical trend with Lowess curves to illustrate the medicalization and psychologization trends of unemployment and childhood in both newspapers.

4.5 Results

In this section, we provide results for the longitudinal analysis we carried out for both newspapers in the time span of 1992 to 2019. This long-time coverage of a quarter of a century allows to estimate trends.

Table 7: Overall Unemployment and Childhood Discourse in SZ and FAZ

	1992	2000	2010	2019
Unemployment				
SZ	2184	2117	1752	1037
FAZ	1828	1474	1950	1312
Childhood				
SZ	10185	11922	9914	10667
FAZ	5839	6490	7938	9064

Note: selected timepoints

We start first with inspections to the newspapers in general without any search terms. What can be outlined for the *SZ* is the overall increasing trend in the number of articles between 1992 and 2008 and the overall decreasing trend between 2009 and 2019 ending up even lower than in the first year of its archive in 1992. This might be explained by the introduction of the online service of the newspaper beginning in 2008. We found a similar trend in the data for the *FAZ*, where it is also increasing from 1992 until 2001 and then decreasing until 2019. The *FAZ*'s *online* service starts in the year 2000, wherefore the decreasing trend in the last

two decades might also be explained by this circumstance. The overall trend for unemployment is decreasing in the *SZ*. In the *FAZ* it is first decreasing in the 1990s, then increasing in the 2000s and decreasing again in the 2010s (see table 7). The childhood discourse is stable over time in the *SZ* and increasing over time in the *FAZ*.

Overall, the childhood discourse is at a higher level in absolute numbers (around 5 to 6 times stronger) than it is the case for the unemployment discourse. We can derive from that numbers, that the childhood discourse receives a lot more attention in both newspapers than the field of unemployment does.

In table 8 we present a series of quantitative measures for the adjusted number of articles referring to our search terms. We found that in the *SZ* the medicalization and psychologization of the unemployment discourse is strongly increasing from 550 articles in 1992 to 745 articles in 2019, which shows an increase of about 35.5% from 1992 to 2019. The correlation with linear time is highly significant and the EMAC is at 1.33%, which also underlines its steady increase over time. In the *FAZ* we observe a similar trend. We can see a clear medicalization and psychologization trend in the data starting with 508 articles in 1992 to 633 articles in 2019 with medical or psychological themes. This is a percentage increase of 25.5% from 1992 to 2019 which is also highly significant with linear time. The EMAC in the *FAZ* is somewhat lower at 0.57%.

The childhood discourse evolves less straightforward. In the *SZ* we find a relatively stable trend over time with only a slight increase from 3,469 articles in 1992 to 3,693 articles in 2019, which is a percentage increase of 6.5% and a highly significant correlation with linear time. The EMAC is around 0,45%. However, this small but apparently consistent trend can only be partially confirmed by graphical inspection of the data. In the *FAZ*, the results indicate no trend. There are 2,740 articles in 1992 and 2,748 in 2019. The percentage increase is 0.3% and not significantly correlated with linear time. The EMAC is at 0,13%.

Table 8: Medicalization and Psychologization in SZ and FAZ

	Adjusted No. of articles 1992	Adjusted No. of articles 2019	Percent in- crease/decrease	Correlation with linear time	Estimated mean annual change (EMAC)	Mean annual percentage change (MAPC)
Unemployment SZ						
Medicalization/Psychologization	550	745	35.52%	0.8771 ***	1.33%	1.09%
Unemployment FAZ						
Medicalization/Psychologization	508	633	25.54%	0.5083 **	0.57%	0.79%
Childhood SZ						
Medicalization/Psychologization	3,469	3,693	6.45%	0.6563 ***	0.45%	0.22%
Childhood FAZ						
Medicalization/Psychologization	2,740	2,748	0.29%	0.3157 ns	0.13%	0.07%

*** = $p < 0.001$; ** = $p < 0.01$; * = $p < 0.05$; ns = not significant;

Figures 10 and 11 show the individual data points for the medicalization/psychologization index plotted and a non-parametric estimation of the trend through a Lowess curve. As the number of articles are adjusted and z-standardized we can compare trends for unemployment and childhood in both newspapers. Figure 10 shows that unemployment is more often combined with medical and psychological language in the same article in the *SZ*. The trend is steady from 1992 to 2019 with one clear positive outlier in 2003.

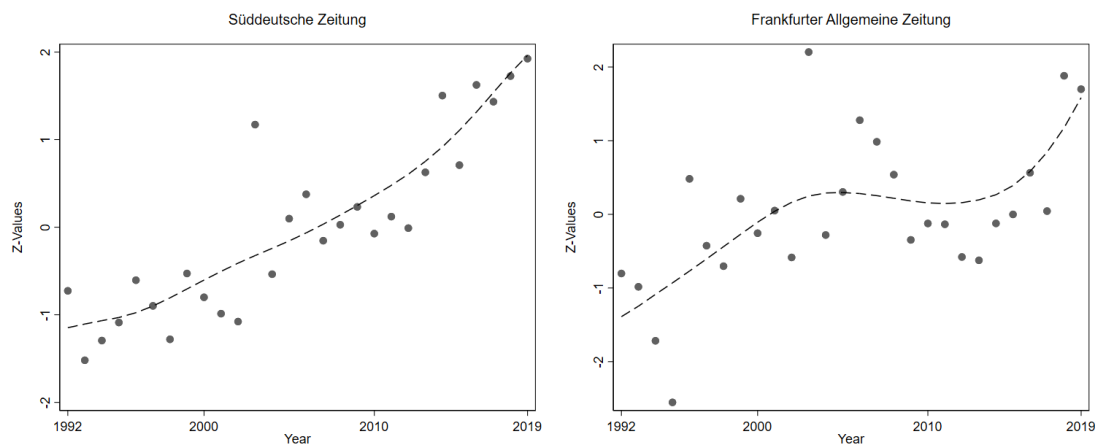


Figure 10: Medicalization and psychologization of unemployment

In the *FAZ* we found an increasing trend but not as steady as it is in the *SZ*. We first observe an increase between the 1990s and the early 2000s, reaching a plateau until an increase from the mid-2010s to 2019. Generally seen there is an increasing trend from 1992 to 2019 regarding medical and psychological issues in the unemployment discourse with a few outliers throughout the time span. Therefore, we argue, that a medicalizing respectively psychologizing trend reveals in the *FAZ*.

In the childhood discourse the picture is less clear than in the unemployment discourse. As figure 11 shows, there is a decreasing trend in the *SZ* from 1992 until the early 2000s and then an increasing trend until the late 2010s and stability in the recent years. While the overall trend in the *FAZ* is relatively stable from 1992 to 2010, the measured values scatter to a large extent around the trend

line. The trend is increasing in the last decade and the medicalizing and psychologizing discourse picks up speed in the last years.

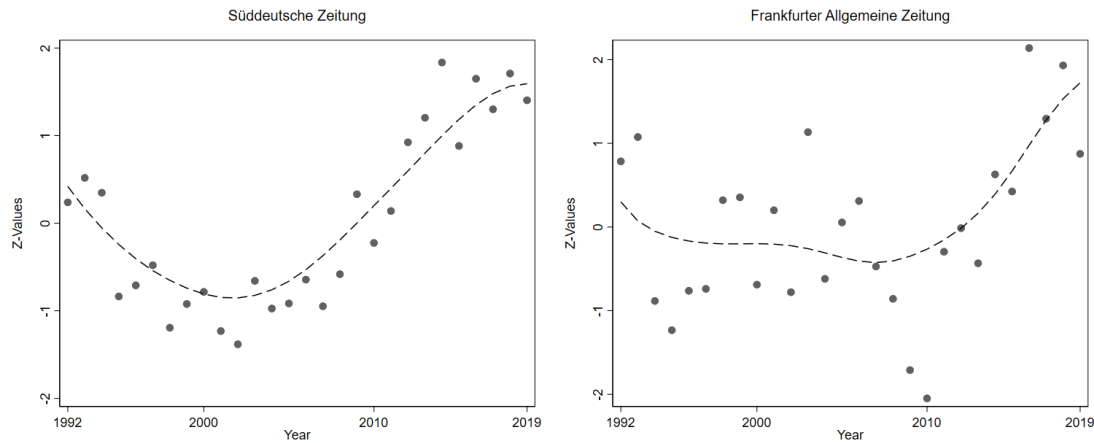


Figure 11: Medicalization and psychologization of childhood

Drawing on the individual search terms, we find the following characteristics: In the area of unemployment, we notice big differences between the newspapers. In the *FAZ*, for example, many single search terms are not significantly correlated with linear time, meaning that they scatter very strongly over time. At the same time, the term “arzt*/ärzt*” (practitioner/doctor*) is decreasing in the *FAZ*, while it is increasing in the *SZ*. In terms of the number of articles, it is primarily the terms “medika*” (medici*), “arzt*/ärzt*” (practitioner/doctor*), “psych*” (psych*), “gesund*/krank*” (health*/sick*/ill*) and “behand*” (treat*) that are strongly prevalent. In the area of childhood, the same terms account for most of the number of articles. However, at the same time, we also see differences in the trends in the newspapers. It is interesting to notice that the term “medika*” (medici*) is decreasing in the *SZ*. The full table is enclosed in the Appendix.

4.6 Discussion

In this research paper, we used a quantitative media analysis to examine medicalization and psychologization trends in the national German daily newspapers

Süddeutsche Zeitung (SZ) and Frankfurter Allgemeine Zeitung (FAZ). While the overall numbers of articles decreased over time, this is also the case for the unemployment discourse, while the childhood discourse is stable respectively increases over time.

In the field of unemployment, we found evidence that medicalization and psychologization trends exist. Both the *SZ* and the *FAZ* showed that the number of health-related and psychological articles on unemployment has increased over time. This is particularly interesting as the general trend in the unemployment discourse is decreasing and the general visibility is diminishing over time. The area of childhood discourse is somewhat more complex. While the medicalization and psychologization trend in the *SZ* is initially downward, it has been rising steadily since the 2000s and reaches its peak at the end of the data. In the *FAZ*, an increase can only be seen in the period since the 2010s and also reaches its peak at the end of the data. Overall, the childhood discourse is at a much higher level compared to unemployment, regarding the number of articles. The *FAZ* varies stronger in the number of articles than the *SZ*. In Germany, due to the increase in sick leave in the unemployment system (Linden and Reibling 2021), it was to be expected that this trend would also be reflected in the media. However, a causal effect cannot be conclusively established, since the media, as mentioned earlier, function both as a multiplier and distributor as well as an actual driving actor. In the area of childhood, the effect has become visible especially in recent years. Further research is needed to find out where the confounding effects can be located. The readership of the two selected newspapers reaches into the political sphere, wherefore it is important for the political discourse how these newspaper present different topics. A dissemination of directions in specific discourses might be expected. In addition to institutionalizing functions, language can also contribute to both stigmatization and destigmatization of affected persons by seeking responsibility in the individual or by reducing the "blame" of the individual by means of medical categories.

However, it is important for further research as well as for political practice that both trends (in different strengths) could be made visible through

quantitative media analysis. Medicalization and Psychologization by language, is taking place and forms an essential building block in this process. The article is in line with further quantitative studies on medicalization (Buffel et al. 2017; Buffel, Dereuddre, et al. 2015; Wong 2016). Furthermore, the study was able to show how, in addition to qualitative studies, how longitudinal quantitative data can be used for the analysis of medicalization and psychologization trends, thus confirming the literature regarding the use of (quantitative) language. The long time period of the data is a very important indicator for such trends and is less prone to short-term variations in shorter time spans. A few limitations of our study must be highlighted. *First*, due to the long-time range and the huge number of articles relating thereto, we could not treat single articles as a unit of analysis, but instead only refer to the (adjusted) numbers of articles. This high level of abstraction provides advantages, but also certain drawbacks. With this approach we were able to model the trend in both discourses and to compare trends over topics and newspapers but could not identify detailed content or sentiment of the articles themselves. However, we argue that our approach is crucial in first understanding and identifying medicalizing and psychologizing trends in general and so, the long time-range outweighs the possible vagueness. *Second*, we only focused on two German newspapers and therefore cannot give an overall conclusion of the German newspaper landscape or an international perspective. However, the selection of the *SZ* and the *FAZ* was based on profound assumptions about daily circulation and impact power of the newspapers in Germany, wherefore we argue that the discourse in the *SZ* and *FAZ* is substantial and important for the public discourse in Germany.

Concluding both newspapers, we can argue that an increasing medicalization and psychologization trend referring unemployment and children is present in two leading German quality newspaper which has important implications for research as well as politics.

5 Mental Health in Children during COVID-19 Pandemic

Krayter, S. (2023). News Coverage of Mental Health in Children During the COVID-19 Pandemic—An Analysis of the German Press Landscape. *Journal of Social Policy Research*, 69(2), 119-142. ¹⁰

Abstract:

The COVID-19 pandemic led to fundamental changes in all aspects of public life. Non-pharmaceutical interventions (NPIs) have had a significant impact on children given their early developmental stage and the smaller number of coping strategies and resources they possess to counter such stressors. Since the discourse on the effectiveness and side effects of interventions plays an important role in legitimizing these interventions, the present article seeks to determine both who talks about children's mental health in the news media and which aspects are addressed. The results of a quantitative discourse analysis of three German daily and weekly newspapers during the first two lockdowns in Germany reveal that political actors speak most often in the discourse, though health professionals are playing an increasingly prominent role. Thematically, mental health among children is becoming significantly more important in the discourse, which will likely lead to future political action.

¹⁰ This article was published in single authorship. The results were presented at the Spring Congress of the Workgroup Sociology of Health and Medical Sociology of the DGMS & the Section Medical Sociology and Sociology of Health of the DGS, April 28th 2022, digital

5.1 Introduction

The COVID-19 pandemic has led to fundamental and global changes to all aspects of public life. As a vulnerable group, children show increased sensitivity when routines and structures of daily life are severely affected (Langmeyer et al. 2020). Non-pharmacological interventions (NPIs) – which include contact restrictions and changes to daily routines in terms of daycare and school attendance – have had a significant impact on children since they have fewer coping strategies and resources at their disposal than adults for countering these stressors (Magson et al. 2021). Families with lower socioeconomic backgrounds are less able to compensate for such constraints, thereby leaving children from these families doubly disadvantaged and with potential negative effects on their mental health. However, children usually lack the necessary resources to make their voices heard or to assure that their interests are defended in the public arena. Moreover, parents have only a marginal public voice and must therefore rely on the support and advocacy of professional groups (Ciboci 2019). If this advocacy is not forthcoming, children's vulnerability in both above-described senses can lead their interests and needs being marginalized in public.

Simultaneously, the pandemic has revealed how strongly medical issues can become embedded in society and that almost all aspects of everyday life in the public sphere during the pandemic can be shaped by medical issues such as infection rates or intensive care unit capacities. Indeed, medical issues have widely affected the regulation of leisure activities and work life. In the wake of high infection rates, the fear of disease and death has also influenced the daily lives of many people (Troisi 2020). It is thus clear that mental health has played an important role in decision-making during the pandemic.

In addition to the epidemiological aspects of the pandemic, social changes and restrictions have also had a significant impact on everyday life (Deinlein et al. 2020; Willems et al. 2020). Political decision-makers have been challenged to implement measures that make the pandemic bearable for society, the healthcare system and the economy alike (Deutscher Ethikrat 2020). The trade-

off between differing perspectives and interests is always at the core of political considerations (Hart et al. 2021). While measures must be strong enough to achieve the desired epidemiological effect, they should also be appropriate and specifically designed to interfere as little as possible in the lives of the public and to not trigger negative side effects. In the case of children, in particular, it is important to ensure that interventions are reasonable because a disruption to child development may – under certain circumstances – have far-reaching effects in later life. This balancing act is complicated because epidemiological metrics – such as the rise or fall of infection rates or intensive care unit capacities – are directly measurable, whereas the social and psychological consequences of societal constraints are more latent and observable only after a greater time lag (Hsiang et al. 2020).

Political and public discourses have long debated the effectiveness of NPIs, whose (un)intended economic and societal consequences play an important role in legitimizing the interventions (Brosius and Peter 2021; Dierken 2021). Policy-makers at federal and state levels need to justify the measures and societal constraints that they select for containing the coronavirus. Discourses also offer representatives of social groups or professions the opportunity to participate in the public debate and thus to influence policy (Ojo et al. 2021). In this way, certain topics can be set and discussed. Indeed, the pandemic can be seen as a driving force behind getting certain issues on the agenda. Media discourses have a strong impact on politics because they act as a form of regulation and can also introduce new content and perspectives to society (Cohen, Tsfat, and Sheafer 2008; Min-trom and O'Connor 2020; Robinson 1999).

Therefore, the following three research questions guided the present study: (1) Has there been an increase in German newspaper articles on children's mental health since the beginning of the pandemic? (2) What actors are involved in the discourse on children's mental health, and (3) what themes are addressed by which actors?

The present article focuses on the mental health of children and adolescents and analyzes newspaper coverage of school closures during the first and second

lockdowns in Germany (spring to summer 2020 and winter 2020 to spring 2021). The function and influence of public discourses are described, and actors who deal with childhood and adolescence from a mental health perspective are identified.

The following, theoretical section is dedicated to the characteristics of children's health, to the dangers of external influences, and to the importance and interpretive power of public discourses. Subsequently, the data and methods used in the discourse analysis are described. In the final section, results are presented and situated within the context of existing research, and scientific as well as societal implications are discussed.

5.2 Framing the issue

5.2.1 Political interventions

Non-pharmaceutical interventions (NPIs) form an essential element of strategies designed to combat the SARS-CoV-2 pandemic in Germany. The measures include regulations for social contacts as well as partial closures or lockdowns of subsectors of public life, such as restaurants as well as cultural and leisure programs (Blum et al. 2021). At the same time, access to educational institutions, nursing and retirement homes, and hospitals has also been significantly restricted (Bundesregierung 2020a, 2020b). At times, public life in the Federal Republic of Germany has been reduced to a minimum (Bundesministerium für Gesundheit 2022; Mitteldeutscher Rundfunk 2022). Different interventions have demonstrated varying degrees of effectiveness at containing the spread of the virus but have together contributed to achieving the intended epidemiological goals (i.e., containing the virus, preventing the congestion of hospitals/intensive care units) (Hale et al. 2021; Haug et al. 2020; Hsiang et al. 2020; Sharma et al. 2021).

One intervention that has primarily affected children is school closures or mandated homeschooling. Studies suggest that school closures alone have had only a moderate effect on the spread of the pandemic compared with other interventions that have tended to address the general population (Sharma et al. 2021; Walger et al. 2021). At the same time, such structural constraints on children's daily lives seem to have had strong social and (both physical and mental) health consequences (Ravens-Sieberer et al. 2021; Schlack et al. 2020). Some studies have found that these constraints have led to an increase in emotional disturbance, depression, low mood and signs of post-traumatic stress disorder (Esteban-Gonzalo et al. 2020; Hahlweg et al. 2020). In this context, the pandemic can be viewed as an external shock in which potentially toxic stressors for the population are combined with policies imposed to contain the pandemic (Brakemeier et al. 2020). Esteban-Gonzalo et al. (2020), for example, state that "[i]n a context in which education centers, stores and businesses are closed, and most economic activities have been canceled, the social drama has reached incalculable limits" (Esteban-Gonzalo et al. 2020:2). The overall concerns as well as the overload of information about the pandemic may have led to declining mental health (Lades et al. 2020). At the same time, many families have also managed to adequately mitigate the side effects of the NPIs and have benefited from the NPI's positive effects, which include the ability to spend more quantitative and qualitative time with the family (Hahlweg et al. 2020).

5.2.2 Childhood as a vulnerable developmental period

Children and adolescents are particularly at risk of developing psychosocial disorders due to the pandemic constraints because their developmental stage renders them more vulnerable to external influences than adults (Orben, Tomova, and Blakemore 2020; Panchal et al. 2021). On the one hand, children and adolescents have been less able to develop coping strategies for dealing with stressors in their lives thus far, and on the other hand, they are more dependent on peers for emotional and social bonding (Magson et al. 2021). These social ties are

fundamental to adequate cognitive and emotional development (Gruber et al. 2021) since childhood and adolescence are characterized by higher levels of social sensitivity (Magson et al. 2021). Due to this sensitivity coupled with the high degree of biological changes and development that occur during this stage of life (McArthur et al. 2021), the loss of these social structures is particularly dangerous for children and can foster the development of clinical psychosocial disorders. In addition to physiological issues, including being overweight or underweight as well as being in worse physical health in general (Vogel et al. 2021), effects on mental health are measurable (Ravens-Sieberer et al. 2021; Schlack et al. 2020). Children have experienced significant disruptions to their lives due to school closures, separation from friends and increased family stress (McArthur et al. 2021). They have shown increased levels of depression and anxiety caused by these social disruptions compared with before the lockdowns (Bignardi et al. 2020; Panchal et al. 2021; Rosen et al. 2021). These circumstances can result in signs of post-traumatic stress disorder (Margaritis et al. 2020). These forms of psychological distress are primarily caused by the fear of both missing out on social interaction and losing connection with peer groups rather than by the fear of infection with the coronavirus itself (Magson et al. 2021). Social deprivation in childhood and early adolescence has an impact not only during this stage of life, but also into adulthood. Indeed, social deprivation significantly affects neurobiological architecture and can negatively influence the later formation of personality (Bzdok and Dunbar 2020). Increased stress in the relationship between parents and children can occur when parents are burdened by taking on the additional role of teachers during school closures (Lades et al. 2020). Thus, family ties also act as a moderator of the potential negative effects of interventions on children's mental health (McArthur et al. 2021).

Due to irregular school attendance requirements, the educational trajectories of children from lower socio-economic backgrounds, in particular, have also suffered (Espinosa Castro 2020). These children are more vulnerable to mental health issues due to less social support in their social network and the moderating effect of family ties is thus weaker (Gruber et al. 2021). In family situations

in which parents are less educated and are thus unable to compensate for the absent school curriculum by offering support, the pressure on children increases (Abele and Liebau 1998).

These findings indicate that children and adolescents have a greater risk of experiencing health-related issues than adults. However, they are not able to address these aspects adequately in the public and media discourse because they lack the power and resources to do so (Schröder 2021). The interests and perspectives of children and adolescents thus run the risk of not being heard at all or of being heard only to a limited extent. In contrast, actors in various occupational groups as well as in the economic sector can voice their interests in a predominantly self-organized way because they have better structures, such as trade unions or other associations. This leads to the hypothesis that other actors who talk about children and adolescents are more often represented in the media than are the children and adolescents themselves.

5.2.3 Public Discourses

At the beginning of the pandemic, physical health came under the strong focus of public actors, especially with regard to disease progression, contagion pathways, and risk groups. Throughout the further course of the pandemic and in the discussion about the proportionality of the measures taken (including possible side effects), the topic of mental health grew in importance in the public sphere. In terms of public perception and especially with the increasing volume of scientific expertise, psychological issues began to enter the political discourse alongside medical issues. NPIs and their side effects began to become increasingly often discussed in terms of mental health aspects (Ravens-Sieberer et al. 2022; Schlack et al. 2020). This strengthening of psychological topics in the discourse is tantamount to a form of psychologization. In addition to its focus on mental health issues, this discourse involves a variety of actors who shape it in a specific direction. One potentially positive aspect associated with the increased visibility of mental health in public discourse is the fact that this greater visibility

could lead to children's interests receiving greater public attention and consideration due to the greater potential for the mental health of these children to be affected. This increased public attention on children's mental health could help to significantly improve the situation for children in various areas.

"The media activity can lead to a change of perspective and attitude towards the most vulnerable members of society, especially the children, and it can also trigger serious debates that can be followed by changes of laws and regulations in the states." (Vlad 2017:117)

The media have an important role in shaping public opinion. Not only do they depict topics of public interest, they are also involved in defining and evaluating those topics. In doing so, media create public and political realities (Greiffenhagen 1980) and partly set a tone within the political debate and public negotiation takes place. Brand (2012) identifies several dynamics that are important in this reciprocal relationship, such as the legitimation and delegitimation of policies and political realities or a process of democratic and social participation. The power of public discourse is based on its ability to frame issues and provide a voice for specific perspectives (Völker 2017). As a result, the media – in its role as gatekeeper of certain actors and topics – has a major impact on what and how certain topics are discussed in public (Ciboci 2019; Waldherr 2008). Due to their selection of specific topics, the media in general and newspapers in particular are major actors in the public discourse that can promote or neglect certain aspects of children's mental health status during the pandemic. At the same time, mass media is considered capable of generating public opinion (Eilders et al. 2004) and is thus particularly powerful both as a regulating authority in politics and as an agenda-setter for politics. As a result of this function, the media represent a public corrective of political reality and reveal their significant importance in society.

Due to the close interaction between the media and the political sphere, political actors can be assumed to account for a large share of media coverage (Van der Groot, Van der Meer, and Vliegenhart 2021). However, due to the growing number of scientific studies that deal with physical as well as mental health in

children, scientific actors as well as health professionals speaking on health topics can also be assumed to be covered more heavily by newspapers. This assumption should become visible over time with the increasing duration of the pandemic.

5.3 Data and Methods

5.3.1 Observation period and unit of analysis

The study period for collecting newspaper articles was limited to the first two lockdowns / school closures and home-schooling periods in Germany. This timespan allowed for chronologically distinguishing between the varying foci of the newspaper articles. The time periods were divided as follows: first lockdown: 22 March 2020 – 3 July 2020; second lockdown: 16 December 2020 – 6 May 2021 (Bujard et al. 2021).

The data used in the analyses stem from three German daily and weekly newspapers that were surveyed using the NEXIS newspaper database (LexisNexis 2022). The focus was placed both on national newspapers with a high reach and distinct political orientation on the one hand and on important newspapers in terms of their number of articles on the topic on the other hand. The selection of individual newspapers was limited by developing a TOP 20 list in the NEXIS database. The NEXIS database provides a filter for single newspapers in descending order in terms of their number of articles. Regional and topic specific as well as Austrian and Swiss newspapers were excluded and focus was placed on a broad political dimension. After reviewing which newspapers were represented among these TOP 20 across both timespans, the *taz*, *WELT Online*, and *ZEIT Online* were selected. The mix of printed versions and online services is justified by the number of articles which is in part significantly higher in the online services than in their printed versions, except in the case of the *taz* (whose online service was not

included in the top 20 at all). For additional information and transparency, the TOP 20 list is provided in the Appendix of this article.

The *taz* considers itself to be a newspaper that is committed to a critical public. It claims to be independent toward “the powerful,” to stand up for minorities, and to be against any form of discrimination and stereotypes (taz 2008) as well as to have a left-wing political orientation on social issues (Eilders 2004; Neidhardt, Eilders, and Pfetsch 2004). On the other hand, *Die Welt* is consistently more right-wing conservative in its social positions (Eilders 2004). Its target group tends to be middle-aged males with a higher level of education and a higher income (Media Impact 2021). Finally, *Die Zeit* considers itself to be Germany’s leading opinion-forming weekly newspaper and claims to provide readers with all the information they need to form an opinion without outside “disturbances” (Die ZEIT 2007). *Die Zeit* boasts a readership that includes individuals with a higher level of education and a higher income as well as influential people whose opinions are heard in public (IQ Media 2022) and is considered to be liberal in their political orientation (Eurotopics 2023). Thus, this selection of newspapers represents a broad spectrum of political positions.

5.3.2 Search terms and exclusion of non-relevant articles

All articles were checked for their relevance to the research topic using search terms. These search terms were composed of four blocks, each of which covered a substantial content area: (1) pandemic terms, which included the pandemic as such; (2) health terms related to mental health; (3) demographic terms, which focused on children and adolescents as well as school students; and (4) terms dealing with interventions, such as lockdowns, school closures and cancelled classes (Table 9). All search terms were connected both within blocks with the Boolean operator “OR” and between blocks with the Boolean operator “AND” and were abbreviated to their word stem. This measure ensured that all variants of the term were included.

Table 9: Overview of German search terms

Pandemic Terms

corona* OR covid* OR pandem* OR SARS-CoV-2

Mental Health

mental* OR psych* OR seel* (mental*)

Demographic Terms

kind* (child*) OR jugend* (youth*) OR heranwachs* (adolesc*) OR schüler* (student*)

Interventionslockdown* OR shutdown* OR schulschließ* (school closure) OR un-
terrichtsausf* (cancelled lessons)

Note: English translation in parentheses, if different

In the next step, all collected articles were manually checked for relevance. An article was classified as not relevant if it exhibited at least one of the following seven exclusion criteria: (1) Single search terms were found in an article but they had no connection to one another in terms of content (e.g., because the whole article dealt with several individual topics), (2) terms were used in a context with different content (e.g., “student” was used differently than in the school sense, e.g., to refer to driving students, or “mental” was used in the context of mental stress in competitive sports), (3) the article dealt with the situation in countries other than Germany, (4) the terms “children”/“childhood” referred to biographical experiences/narratives, but the focus of the article was on people who were currently adults, (5) the article exclusively contained news content or was a news ticker without further analysis (e.g., “schools will remain closed until ...”), (6) the article dealt with fictional stories, literature, or movies, or (7) the article was a duplicate (duplicates were generally directly excluded by a filter, but several duplicate articles were nevertheless included in the initial sample). After excluding non-relevant articles, 31% of the original articles remained in the sample for the first lockdown, and 34% remained for the second lockdown (Table 10).

Table 10: Number of articles in *taz*, *WELT Online*, and *ZEIT Online*

	Length	Before exclusion process	After exclusion process
First Lockdown			
22 March 2020 – 3 July 2020	103 days	198 articles	62 articles
Second Lockdown			
16 December 2020 – 6 May 2021	141 days	406 articles	144 articles

5.3.3 Analytical strategy

The analysis was carried out in a two-stage process. First, a quantitative examination was used to determine which actors and topics were represented in the discourse and how their distribution changed from the first lockdown to the second lockdown. In this way, it was possible to determine whether certain actors had shaped the discourse in comparison with others and whether content aspects had changed from the first to the second lockdown. In the second step, the actors were analyzed in terms of their content – that is, an examination was performed concerning which topics the actors had discussed or which actors had been particularly interested in mental health. For this purpose, code overlaps in the newspaper articles were filtered. Using a quantitative discourse analysis ensures that information and results over a long period of time (both lockdowns have a total duration of 244 days) and a large number of newspaper articles from different newspapers can be considered. This helps to make generalizable assumptions that are not subject to short-term changes.

5.3.4 Codebook

The analysis included a discourse analysis, which was divided into (1) actors (“Who speaks in the article?”) and (2) topics (“What is discussed in the article?”). This approach deductively applied codes to the data but allowed for inductive forms of coding, thus providing “vigilance for significant data” (Strauss and

Corbin 1996:156). The codes used in this analysis are described in the following section. MAXQDA 2022 software was used for the analyses.

The codebook contained criteria that were used to classify and analyze the newspaper articles based on the two areas of actors and topics. On the actor level, an examination was used to determine which actors from which fields had participated in the discourse, while on the topic level, an analysis was performed regarding the content on which the article focused.

At the actor level, some individuals spoke for a specific profession or industry, but some associations, societies, and other groups also communicated as institutions themselves. Different professional groups were summarized into parent codes. At the thematic level, various individual aspects were also grouped into parent codes that assessed, for example, whether these aspects specifically involved physical health (e.g., infection) or whether they included elements such as social participation and addressed, for example, the loss of children's social contacts. Categories were established both deductively based on existing literature and inductively based on the data.

Same individual subcodes within the respective parent codes in the actor section were only assigned once per article, even if, for example, different politicians or several physicians had had their say in the article. This means that articles of different lengths and articles with a special focus that listed many individuals (e.g., a report of a political debate in the Bundestag with different politicians) were not automatically given more weight in the discourse. At the same time, however, different subcodes of the same parent code (e.g., one for physicians and one for nurses within the parent code of health professionals) could be included in one article individually since they represented different perspectives within a parent code. Moreover, parent codes were not coded separately; instead, they were formed from the sum of the subcodes.

5.3.4.1 Actors – Who speaks in the article (as individuals or associations)?

Actors were subsumed into different actor groups: (1) educational professions (including educators and teachers), (2) health professionals (including

physicians and medical professionals, health insurance companies, nurses, midwives, medical assistants, psychiatrists, and psychologists), (3) public actors (including journalists, public figures, religious actors, and sports clubs and associations), (4) people of interest (including parents, children, and adolescents), (5) political actors (including parties, politicians, policy advisers, and institutions close to politics), (6) social actors (including actors from child and youth work, youth welfare offices and governmental agencies, child and youth organizations, pastoral counsellors and counselling centers, and social associations and unions), and (7) science and research (including researchers and physicians with scientific functions).

5.3.4.2 Topics: What is discussed in the article?

Topics were subsumed into different topic groups: (1) Education covered all areas of early childhood or school education, such as language education for bilingual children who only spoke German at daycare or school, educational disadvantages due to a lack of technical equipment and money, or a lack of learning opportunities due to the cancellation of classes, (2) Child endangerment, abuse and domestic violence covered various facets of physical and mental maltreatment in families, (3) Physical health covered COVID-19 infections and their consequences as well as consequences that had occurred due to the lockdown and to the lack of school or sports activities, such as obesity, (4) Mental health covered any effects that the lockdowns and school closures had had on children's psyches, such as anxiety, loneliness or increased stress from school tasks, (5) Social participation covered how the children's social interactions had been affected by the measures, such as their lack of contact with friends and classmates or the loss of club activities.

5.4 Results

5.4.1 Article numbers

For the two time points under investigation, there were 62 newspaper articles from the first lockdown and 144 newspaper articles from the second lockdown. As the second lockdown (141 days) was longer than the first lockdown (103 days), the number of articles from the second lockdown was weighted by a factor of $103 \div 141 = 0.73$ in order to ensure an adequate comparison. According to these numbers, media interest in children's mental health was more than 1.5 times greater in the second lockdown than in the first lockdown (105 articles vs. 62 articles). Thus, as a first indication, the topic appeared to have been more publicly relevant during the second lockdown.

5.4.2 Actors – Who speaks?

Figure 12 displays the change in the shares of different actors in the newspaper articles. The respective percentages indicate the number of newspaper articles to which the code of the corresponding actor group was assigned. In the first lockdown, political actors were represented in 44.9% of all articles, which comprised the largest share. The following actor groups were found in just under one-quarter of all articles (24.5%): health professionals, social actors, and science and research. Education professionals were found in 20.4% of all articles, and people of interest (who were generally the subject of the newspaper articles – children and families) were represented in 16.3% of all articles. Public actors played a minor role in the discourse and were represented in 4.1% of all articles.

In the second lockdown, the results were slightly different. Political actors were found in 37.7% of all articles. In second place, with an increased share of 30.3%, health professionals gained in importance. Actors from science and research were represented in 22.1% of all articles, while people of interest slightly increased their share to 18%. Education professionals were represented in 17.2%

of all articles, while the share of social actors dropped to 13.1%. Public actors doubled their share, but with less than 10%, they were still only marginally involved in the discourse.

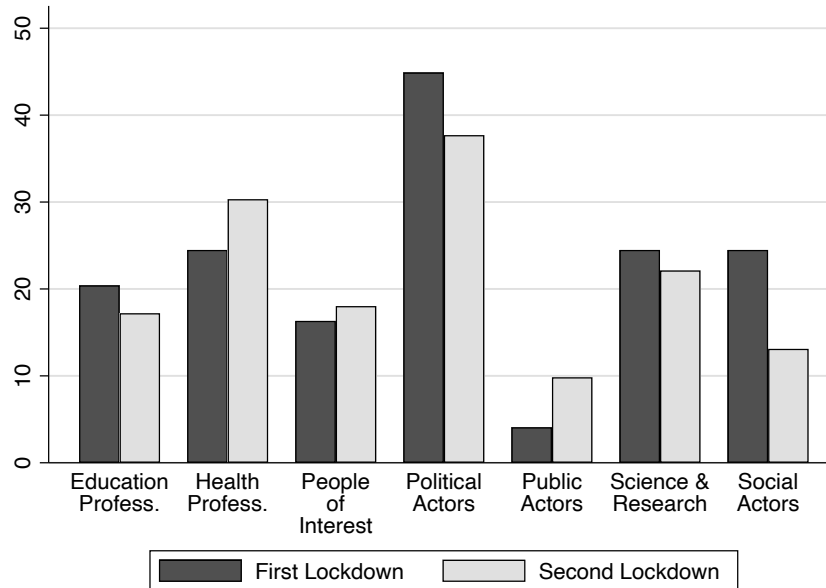


Figure 12: Share of actors in the first and the second lockdown

The frequency of the occurrence of different actor groups in the articles indicates that political actors were the most represented group across both lockdowns. At the same time, other actors also grew in importance. Health professionals played a larger role in the second lockdown compared with the first lockdown and in contrast to social actors, who were significantly more represented in the first lockdown than in the second lockdown. Whether or not a stronger interest in health topics was present – which can be assumed based on the strengthening of actors from this field – is revealed in the following section, which specifically deals with content-related aspects of the newspaper articles.

5.4.3 Topics – What is discussed?

Figure 13 displays the distribution of topics in the articles. In the first lockdown, mental health was the most important topic and was represented in 62.3% of all

articles. Other important topics in the first lockdown that could be linked to mental health in children were social participation and education, which were represented in 42.6% and 41% of all articles, respectively. Physical health played a role in 21.3% of all articles, while the area of child endangerment had a share of 18%.

In the second lockdown, the share of mental health increased strongly and was represented in 82.5% of all articles. The proportion of education and social participation – which were represented in 39.2% and 34.4% of all articles, respectively – decreased minimally, while physical health increased to 31.5%. Similar to the first lockdown, the topic of child endangerment was marginally represented in the second lockdown, with 11.9%.

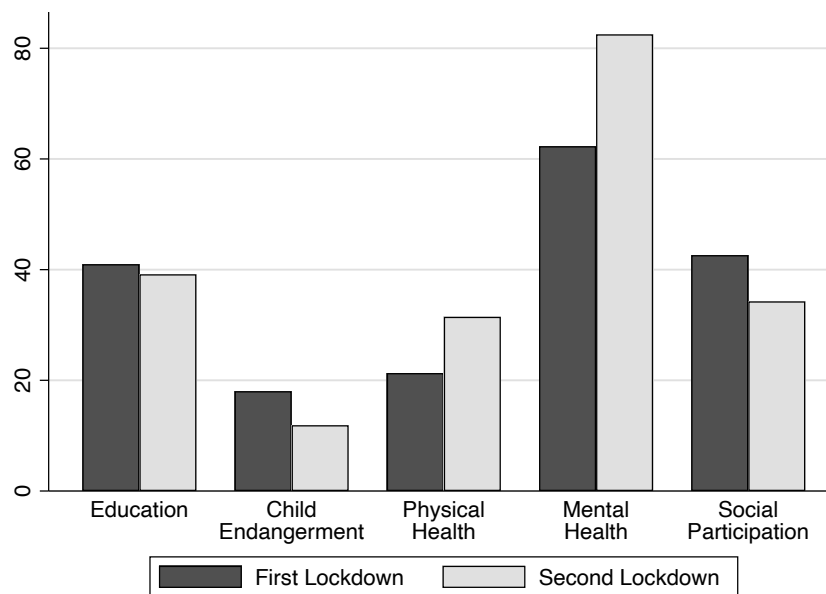


Figure 13: Topics in the first and the second lockdown

It is evident that mental health became more important in newspapers across the two time periods, as demonstrated by the sharp increase in articles in the sample between the first and the second lockdown and by the increase in the content category mental health. Moreover, while social and educational topics were also important during the first lockdown, interest in these topics dropped somewhat in the second lockdown. Physical health remained quite low in the

first lockdown, whereas in the second lockdown, it was addressed by about one-third of all articles.

5.4.4 Who speaks on what topic?

This section describes the relationship between the actors and the topics of the newspaper articles. The matches in which actors and topics appeared simultaneously in a newspaper article were counted, and a distinction was found between the first lockdown (Table 11) and the second lockdown (Table 12). The color within each topic (column) indicates which actors were particularly strongly represented.

In the first lockdown, the topic of education was primarily addressed by political actors (35.1%). Since school closures and homeschooling measures were decided from the political sphere, these actors were the first to discuss the topic. In second place were the education professionals themselves (21.6%). Children and families participated in the education discourse with a similar frequency to that of health professionals (16.2% and 13.5%, respectively). Social actors (35.3%) primarily addressed the area of child endangerment, while all other actor groups were only represented to a small extent in comparison. Physical health was mainly addressed by health professionals (38.1%) as well as by social actors (14.3%), while mental health was mainly addressed by political actors (30.2%) as well as by health professionals (22.6%). Social participation also played a role for both health professionals and political actors (28.1% each) and was most prevalent among these two groups.

Children and families (as people of interest) also had their say in the overall discourse, but only on the topic of education. In the area of mental health, however, they were not directly heard, but the topic was taken up significantly by other actors.

Table 11: Code overlaps of actors and topics in the first lockdown

First Lockdown	Education	Child Endan- germent	Physical Health	Mental Health	Social Par- ticipation
Education Professionals	21.6%	0.0%	9.5%	9.4%	3.1%
Health Professionals	13.5%	17.6%	38.1%	22.6%	28.1%
Public Actors	0.0%	5.9%	0.0%	1.9%	0.0%
People of Interest	16.2%	5.9%	4.8%	5.7%	12.5%
Political Actors	35.1%	17.6%	19.0%	30.2%	28.1%
Social Actors	5.4%	35.3%	14.3%	15.1%	12.5%
Science and Research	8.1%	17.6%	14.3%	15.1%	15.6%

Table 12: Code overlaps of actors and topics in the second lockdown

Second Lockdown	Education	Child Endan- germent	Physical Health	Mental Health	Social Par- ticipation
Education Professionals	18.2%	0.0%	11.1%	9.7%	14.7%
Health Professionals	19.3%	43.5%	30.6%	29.0%	26.5%
Public Actors	3.4%	0.0%	5.6%	5.1%	2.9%
People of Interest	13.6%	8.7%	9.7%	10.2%	7.4%
Political Actors	31.8%	4.3%	25.0%	24.4%	22.1%
Social Actors	5.7%	26.1%	1.4%	7.4%	8.8%
Science and Research	8.0%	17.4%	16.7%	14.2%	17.6%

The second lockdown displayed the following pattern: Education was again mainly covered by political actors (31.8%), with education professionals (18.2%) and health professionals (19.3%) being the other important actors. People of interest also participated in the discourse (13.6%). In the area of child endangerment, health professionals became the strongest actors (43.5%), and political actors hardly played any role (4.3%), which indicates a strengthening of health aspects. Physical as well as mental health were most strongly addressed by health professionals (30.6% and 29%, respectively), followed by political actors (25% and 24.4%, respectively). Political actors grew in strength, especially in the area of physical health. In terms of social participation, health professionals (26.5%) as well as political actors (22.1%) were clearly the most important groups. Thus, in the second lockdown, health professionals comprised the majority of the codes in all thematic areas except for the area of education. The health professions thereby reinforced and perpetuated their positions in the discourse.

5.4.5 Socioeconomic Background

An additional quantitative and qualitative analysis on how socioeconomic background matter was carried out. This was done by analyzing overlaps between the codes “social participation” and “mental health” on the one hand and a check for specific references to socioeconomic aspects in the code “social participation”. Viewed quantitatively, a code overlap between “social participation” and “mental health” is found in 56 of 206 articles (27.2%). Viewed qualitatively, 22 of 76 articles (28.9%) coded with “social participation” contain a direct reference to socioeconomic aspects. These articles indicate that lower socioeconomic background leads to educational inequalities becoming even more apparent, because families lack the resources to compensate for what is lost due to school closures. This in turn leads to higher pressure for the children and thus the psychological burden increases. Further, children from socially disadvantaged backgrounds are said to be less able to cope with the social conditions they live in during the lockdowns, because they no longer have the opportunity to escape from their stressful everyday lives through the closed schools.

5.5 Discussion

This paper examined how children’s mental health was addressed in the media during the two major lockdowns in Germany that took place between spring and summer 2020 and between winter 2020 and spring 2021. For this purpose, a quantitative discourse analysis was conducted using three major German daily and weekly newspapers (*taz*, *WELT Online*, *Zeit Online*) or their corresponding online services. In all articles dealing with children’s mental health according to the selected search terms, the paper examined which actors were given a voice in each case and which aspects of mental health were addressed in the articles. For this purpose, both lockdown periods were analyzed in terms of whether a change in the discourse could be observed.

The analysis revealed that political actors comprised the largest share of actors, especially in the area of physical health. This was the case over both time periods and was not surprising because journalists naturally follow the trail of power (Bennett 1996) and decision-makers are therefore given more extensive coverage *per se*. Moreover, the traditional proximity and sometimes personal contact between the media and politicians helps to reinforce the importance of politics in news coverage (Van der Groot et al. 2021). The news media thus also contributes to a persistent hierarchical structure that is somewhat dependent on politics (Vos 2014).

However, it is also clear that health professionals gained importance between the first and the second lockdowns. This finding means that these professions discussed children's mental health and that the topic was not primarily reserved only for political actors as decision-makers. People of interest (i.e., the people who served as the primary subjects of the articles) – namely children and families – also participated in the discourse but only slightly increased their share from the first to the second lockdown. However, these people were only marginal actors in their own discourse.

This finding is consistent with the analysis of the thematic orientation of the newspaper articles. Across the topics, both mental and physical health increased significantly in terms of their representation in the newspaper articles. These topics were the only ones that increased their share from the first to the second lockdown and were particularly often addressed by political actors and health professionals. In Germany, the COPSYP study is particularly noteworthy as it shed light on the health status of children in the pandemic with detailed research and received a strong public reception (Ravens-Sieberer et al. 2022). This public reception was also evident among political actors, who increasingly often addressed physical health in the second lockdown. Overall, a more persistent interest in mental and physical health appears to have remained in the discourse, and mental health appears to have been linked to social participation to some extent as the additional qualitative analysis in terms of socioeconomic background provides hints to. These results can be interpreted in relation to

medicalization and psychologization concepts (Conrad 1992, 2007; Rose 1998) as it proves an increasing interest and interrelation of social circumstances with medical and psychological issues. This was not addressed adequately in the early stages of specific NPI's. This study showed that there is a possible shift, or at least an expansion of the discourse on NPI's, and thus that the social situation of children is increasingly considered from a medical and psychological perspective. In this case, school closures additionally involved both a medical and a psychological component. The growing interest in mental health and the influence of social conditions on mental health might be considered an important component for its improvement as it becomes visible in public (media) debates. In this line, it can be argued that the media show their power in the public and political discourse, as an expansion of the discourse on children's mental health from the first to the second lockdown can be shown. Concluding this proves the hypotheses that were built in section 5.2.

The following limitations of the present work should be considered. *Limitation 1:* There is bias between the case selection criterion of mental health and the content category mental health. The rise of this content category might be obvious due to the case selection of newspaper articles on mental health. However, it was not suitable to either exclude the content category mental health, since this might be represented by the case selection in the first place, or to exclude the articles that had not been coded with the code mental health but remained in the sample. The fact that the focus was not on mental health in all newspaper articles stems, for example, from the fact that psychologists discussed other topics in the articles, even though the topic could be considered significant for the sample due to the participation of psychologists in the discourse. So, the comparison of topics with one another was only possible with the bias of mental health. However, the main goals of the present article were 1) to examine a possible trend to a stronger focus on mental health from the first to the second lockdown, 2) to identify actors who spoke on mental health and 3) on topics that are directly affected by mental health, which the data and methods ensured. *Limitation 2:* The sample of newspapers only represented a selection of the broad

German newspaper landscape, and a different sample might have provided different results. However, the three newspapers selected for this study represent a wide range of political dimensions and economic perspectives and also enjoy widespread reception in society and politics. *Limitation 3:* This study did not distinguish whether members of the government or the opposition were mentioned in the articles. Since NPI's were established through a constant process of negotiation between the federal and state governments over the course of the pandemic, it could not be clearly distinguished whether the political actors were speaking for their party at the federal or state level or even with a personal opinion. Thus, a party could be in government and opposition at the same time on different levels, which did not allow for a consistent differentiation. However, this might be of interest for further studies on this topic.

Despite these limitations, the present work revealed that social issues can include a psychological or mental health perspective that is clearly visible in the public debate through the representation of the corresponding actors and topics involved. It is therefore necessary for politics to also deal with the side effects of NPIs, which should not be conceived in purely medical or psychological terms. Instead, political actors should address social and structural problems by equally distributing possibilities and opportunities among the public, regardless of any individual's socioeconomic status. It became clear that children from lower socioeconomic backgrounds were more at risk than were their better-off counterparts. With a stronger socioeconomic background, measures and restrictions on people's daily lives could be better addressed, whether they primarily are concerned with gaps in education or the lower ability to cope with their more vulnerable social conditions.

As the pandemic progressed, it also became clear that priorities in NPIs were changing. The shift toward keeping schools open as long as possible revealed that policymakers were becoming aware of the negative (physical and psychological) health effects of school closures. Furthermore, the discussion about children from families with lower socioeconomic background gained importance. Thus, efforts to counteract the spread of the coronavirus became more nuanced.

As a result, increased effort was made to balance infection control and general health protection through more lenient interventions and better testing services, which were becoming available for the first time (Dyson 2022). It is thus reasonable to suspect that changing news coverage was also involved in critically assessing the interventions and that mental health of children and adolescents became a higher priority for the public, thereby increasing pressure on policy-makers to consider the side effects of their proposed measures. Public coverage can consequently be concluded to initiate debates (Vlad 2017). Indeed, the media's influence on politics and the shaping of the public agenda has been confirmed by existing studies (Casero-Ripollés and López-Rabadán 2014) and highlights the importance of public media in terms of influencing politics (Strömbäck 2011; Walgrave 2008). Nevertheless, while analyzing traditional media in this article, future studies should also address social media output, as this allows a distinct view on society through different glasses. However, it has still been possible to demonstrate how important public discourses are for society and how these discourses are shaped by different groups of actors. A shift away from discussing merely social problems and toward discussing aspects of mental health can thus also be perceived as an opportunity to direct focus both to the social realities of the acute dangers that certain measures pose for mental health and to resources that combat these dangers.

6 Conclusion

6.1 Research questions and main contributions

In this section, I summarize the main contributions that the single publications were able to gather with their specific focus. The results of the contributions are abstracted and highlighted in terms of their importance for scientific research as well as policy implications and practice.

The theoretical section has clearly shown that medicine and psychology are becoming increasingly important in society and that these disciplines have an eminent power of interpretation within social issues (Ballard and Elston 2005; Conrad 1992, 2007; Mulvale and Teo 2020; Rose 1998; de Vos 2014). It is not only the actors from these domains who possess a high level of professional authority and are thus able to exert a strong influence on public perception. The integration of medical and psychological language into political and media discourse has led to a shift in how social topics are discussed, expanding the discourse to include these scientific perspectives. This phenomenon reflects a broader cultural trend where medicine and psychology has gained an independent presence beyond its traditional confines, influencing public policy and political debates (Halfmann 2012).

However, this global perception requires specific evaluation before one can draw specific conclusions about the areas in which this medicalization and psychologization is occurring and which actors are specifically involved in it. This dissertation pursued the approach of identifying medicalization and psychologization tendencies in scientific and public discourses in the fields of poverty, unemployment and child development. As elaborated in the theoretical part, these three areas contain essential core elements of social policy and at the same time form a triangle in which they exemplify interdependencies to one another. Unemployment, or the absence of wage labor as a source of income, is one major determinant of poverty (Saunders 2002). As a result of poverty itself being an intergenerational issue, the growing up of children in poverty entails a variety of risks in relation to their social participation, up to and including an increased risk of unemployment as a result of poorer educational opportunities (Ferguson

et al. 2007). It was therefore indispensable to consider these three areas in conjunction with one another.

Throughout the dissertation, this complex of topics has been addressed on a discursive level through the analysis of scientific and public discourses. Despite the fact that politics and practice decide how social policy measures are to be implemented, it is the various discourses that fill the political and public spaces with content and topics and their discursive power (Kangas, Niemelä, and Varjonen 2014). It is therefore the pre-political space in the sense of the debate that they represent. Due to this importance, this dissertation was designed in a way that, on the one hand, the three areas of poverty, unemployment and child development were summarized and analyzed together and on the other hand, the focus was placed on scientific and public discourses.

The research gap that this dissertation fills consists primarily in the fact that previous research has not sufficiently linked medicalization and psychologization to the three mentioned social issues as a joint domain. At the same time there has been used too little quantitative data to make a valid statement about medicalization and psychologization tendencies in these contexts (Conrad 2007). Therefore, in this dissertation I raised the following research questions:

- ◆ P1: Which disciplines determine the scientific discourse on poverty and which transformations have emerged over time?
- ◆ P2: (1) Has the share of health-related and psychological research areas in the TOP 50 most-cited articles in the scientific discourse on poverty increased and which topics are covered in these publications? (2) Which medical and psychological ideas were implemented during the early 2000s and 2016 in the political debates and institutional reforms that led to the provision of minimum-income-replacement benefits?
- ◆ P3: Do medical and psychological issues increase in the field of unemployment and childhood in the period from 1992 to 2019 in German newspapers quantitatively?

- ◆ P4: (1) Has there been an increase in German newspaper articles on children's mental health since the beginning of the COVID-19 Pandemic? (2) What actors are involved in the discourse on children's mental health and (3) what themes are addressed by which actors?

Referring to these research questions in the single publications, the overall research questions in this dissertation were:

- ◆ Does medicalization and psychologization take place in scientific and public discourses on social issues?
- ◆ Which actors are involved in this process and what implications can be drawn from these findings?

These research questions have been addressed by a variety of methodological approaches mainly on a quantitatively basis. This was necessary in addressing the essence of this dissertation, which is a long-term evaluation of medicalizing and psychologizing trends. So, the main contribution of this dissertation is providing robust results in order to exemplify medicalizing and psychologizing trends in social policy background and to better understand, how powerful discourses are (social constructivism) in framing social entities.

6.2 Main findings and answers to research questions

Paper 1 examines the scientific discourse on poverty from 1956-2017 and investigates whether medicalization and psychologization trends are evident in the discourse. The analyses reveal significant findings. In the beginning, economic and legal disciplines were by far the most prominent scientific disciplines dealing with poverty in terms of publications. Although economic disciplines have remained relevant over time, they have been surpassed by health sciences and Psychology. These findings reveal an essential and fundamental change in the discourse on poverty. Scientific actors from the field of health research (public health as well as psychology) are increasing their share in the discourse. This

demonstrates that poverty has become more complex, and that the poverty discourse expanded into other scientific disciplines. Thus, a medicalization and psychologization does not only occur in society, but also in scientific research in the last 30-40 years. In this context, it can be assumed that there is a tight coupling between science and the public and thus a mutual influence exists (Weingart 1998; Weingart et al. 2009).

These findings are confirmed in the further analysis of the scientific discourse on poverty if, in addition to the pure presence of various disciplines and their share of publications, their impact in the number of citations is considered as well.

Paper 2 demonstrates that not only the mere distribution of different scientific disciplines in the poverty discourse has changed, but also the impact of health science disciplines has become more pronounced. The share of health-related and psychological research areas in the TOP 50 most-cited articles on poverty has increased successively since 1960 and has already exceeded two-thirds in the 2010s. This demonstrates that research from the health sciences and psychology is not only represented more strongly in the discourse, but also has an increasingly prominent role in the perception of poverty.

In the theory section of this dissertation, I indicated that the translation of scientific findings into the public domain is usually not stringent and linear, but often selective (Weingart 1998). This could be demonstrated in Paper 2 with the results of two analyses of parliamentary debates on minimum-income-replacement benefits in Germany at two time points (after the introduction of a new minimum-benefit scheme via the Hartz reforms in 2002/2003 and after the changes made to this benefit scheme in 2016). These results show that medicalizing and psychologizing trends can only partly be found in the political sphere.

In Paper 3, I was able to show that the social issues of unemployment and childhood development are increasingly covered in German daily newspapers with a medical and psychological focus. The *Süddeutsche Zeitung* (SZ) as well as the *Frankfurter Allgemeine Zeitung* (FAZ) showed relevant tendencies for both fields in the period 1992-2019. These results highlight the prominence of

medical and psychological explanatory patterns and connotations for both domains and provide further quantitative and longitudinal evidence for a medicalization and psychologization of social issues.

Lastly, in Paper 4, I considered the relationship of external influences by the COVID-19 pandemic on children's mental health reporting in German national newspapers. It was evident that the appearance of health professionals and health-related issues increased over time (between the first and second lockdowns), and that the continuation of the pandemic reinforced this fact. Herein, it became apparent that both political actors and health professionals contributed to an overall medicalization and psychologization. At the same time, it has also become evident that a solidification of health issues and the corresponding health actors also leads to its way into politics – a fact that could not yet be proven clearly and linearly in the previous three papers.

6.2 Discussion and theoretical implications

Overall, the results indicate that a medicalization and psychologization of social issues takes place in scientific and public discourses, but that this is nuanced differently depending on the discourse and the social issue itself. It also became clear that a translation into the political sphere is not always given, but an interaction can be assumed. Especially in acutely urgent public issues such as the COVID-19 pandemic, a stronger association appears to be present. Furthermore, it became clear that different actors are involved in these processes of medicalization and psychologization and that this is by no means always intentional. However, it is apparent that such processes change the public's view of social issues and alter the conditions for the people involved.

In this dissertation I made valuable contributions to the scientific debate on various grounds. On the one hand, I showed how medical and psychological explanations can have an influence on socio-political topics and that they are explanations for social conditions and are used as legitimacy for social benefits on

the other hand – a fact has been empirically proven in the context of unemployment benefits (Linden et al. 2018). However, this is not necessarily with the full knowledge of "side effects", as is shown here. By linking poverty, unemployment and child development as a socio-political triad and mutually interdependent fields, I demonstrated that such medicalization and psychologization tendencies can manifest themselves in the field of social policy. It becomes clear that medicine and psychology are important explanatory patterns in a society and that, contrary to earlier scientific literature, medicalization and psychologization are no longer exclusively carried out by actors from the aforementioned professions (as the medical dominance is diminishing over time), but that a variety of actors are involved (Coburn 2006; Kelleher, Gabe, and Williams 2013). On the one hand, there are researchers from disciplines related to medicine, political decision-makers, and also media representatives, who in part reflect sentiments from the society as multipliers, but also set topics themselves.

I also added to the further development of methodological approaches in scientific research. Through the methodological innovation of a specific form of scientometric analysis, foundations have been laid here that will advance further social policy research. In enhancing the scientific practice, the joint analysis of three social issues and the focus on quantitative long-term data across different discourses also provides an additional value, as it was possible to prove that medicalization and psychologization can not only be monitored over a long period of time but can also be revealed in different discourses.

I was able to demonstrate how medicalization and psychologization take place and work in various discourses. This enables a better understanding of social issues in society, to the extent that the perspective on social issues needs to be broadened. Social issues are no longer conceived in purely social terms but are expanded and adapted to include medical and psychological aspects. As a result, other legal conditions may prevail and other resources within social policy may be deployed for this purpose. Hence, this dissertation provides a better understanding of the functioning of medicalization and psychologization, which contributes to understanding transformations in society. Medicalization and

psychologization are a growing phenomenon in society and there is a shift from social and structural explanations to individualized medical and psychological perspectives to some extent, which can lead to a risk of responsibilities being shifted away from political actors to focusing on resource development within the individuals (Holmqvist 2009).

Although this dissertation provides important results, that are relevant to the scientific community as well as the (political) public, there are some limitations that have to be mentioned at this point. These regard mainly to the field of a qualitative approach, that was not the main methodological focus in this dissertation. While qualitative methods serve to gain detailed knowledge on cross-sectional data, my approach rather was on key statements that could only be made via longitudinal data and quantitative methods. In this regard, the particular advantages of this dissertation reside in its ability to go beyond momentary snapshots but to make long-term developments visible. However further research might still add value information about these medicalization and psychologization processes with qualitative approaches to enfold them in a broader context. Future research might also consider further social issues that are associated with medicalization and psychologization tendencies and that were not the subject of this study. In principle, the focus can be extended to a variety of social realities and the method of discourse analysis applied here can provide important insights that should be of interest to every modern society.

6.4 Overall conclusion

In this dissertation, I was able to illustrate that medicalization and psychologization trends on the social issues of poverty, unemployment and childhood development are evident in scientific and public discourses and that these trends are intensifying over time. This is not only due to the fact that medical and psychological actors are pushing this process forward, but that medicalization and psychologization are also driven by other actors. I also contributed by focusing

on discourses at different levels in order to make these tendencies visible in their entirety. This identifies a new quality insofar as it is no longer only medical and psychological actors who are using their power of discourse with regard to their professional status, but that these topics are gaining broad acceptance in society. This could become potentially problematic if social issues are no longer perceived as purely social and as something that needs to be addressed structurally, but rather if individualized approaches lay more responsibility on the individuals. I therefore conclude as following:

It must be borne in mind that shifting social issues to medicine and psychology can lead to a perpetuation of problems if social problems are no longer addressed at their own root – the social – but are transformed towards a symptom treatment. Although medical or psychological diagnoses can be beneficial for claiming benefits and initiating legal proceedings, the side effects always need to be considered, including the potential stigmatization and perpetuation of problems for those affected.

7 References

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Appendix

A Medicalization and Psychologization of Unemployment in the “Süddeutsche Allgemeine Zeitung” (SZ) and the “Frankfurter Allgemeine Zeitung” (FAZ) from 1992 – 2019

	Adjusted No. of ar- ticles 1992	Adjusted No. of ar- ticles 2019	Percent in- crease/de crease	Correlation with linear time	Estimated mean annual change (EMAC)	Mean annual percentage change (MAPC)
SZ						
Medicalization Search Terms						
medizin*	60	109	81.70%	0.6705 ***	2.01%	2.16%
medika*	27	33	25.23%	0.5521 **	2.14%	0.81%
arzt*/ärzt*	129	148	14.28%	0.7309 ***	1.94%	0.48%
Psychologization Search Terms						
psych*	110	173	57.05%	0.5716 **	1.18%	1.63%
Search Terms in both concepts						
gesund*	193	229	18.85%	0.7147 ***	1.52%	0.62%
krank*	264	368	39.43%	0.6895 ***	1.22%	1.19%
behand*	89	142	60.31%	0.7650 ***	2.16%	1.70%
therap*	17	33	95.67%	0.5362 ***	1.45%	2.43%
FAZ						
Medicalization Search Terms						
medizin*	66	71	8.12%	0.3292 ns	0.79%	0.28%
medika*	22	22	0.02%	0.1181 ns	0.51%	0.00%
arzt*/ärzt*	92	78	-15.54%	0.4661 *	1.12%	-0.60%
Psychologization Search Terms						
psych*	96	91	-4.98%	0.1504 ns	0.32%	-0.18%
Search Terms in both concepts						
gesund*	162	212	31.15%	0.4594 *	0.91%	0.97%
krank*	206	242	17.59%	0.1444 ns	0.24%	0.58%
behand*	102	102	-0.76%	-0.1951 ns	-0.45%	-0.03%
therap*	18	11	-40.61%	-0.1286 ns	-0.30%	-1.84%

*** = $p < 0.001$; ** = $p < 0.01$; * = $p < 0.05$; ns = not significant;

B Medicalization and Psychologization of Childhood in the “Süddeutsche Allgemeine Zeitung” (SZ) and the “Frankfurter Allgemeine Zeitung” (FAZ) from 1992 – 2019

	Adjusted No. of ar- ticles 1992	Adjusted No. of ar- ticles 2019	Percent in- crease/de crease	Correlation with linear time	Estimated mean annual change (EMAC)	Mean annual percentage change (MAPC)
SZ						
Medicalization Search Terms						
medizin*	597	592	-0.87%	0.3973 *	0.56%	-0.03%
medika*	235	215	-8.18%	0.4519 *	0.94%	-0.30%
arzt*/ärzt*	984	1.082	10.03%	0.6199 ***	0.69%	0.34%
Psychologization Search Terms						
psych*	867	1.080	24.52%	0.6257 ***	0.70%	0.79%
Search Terms in both concepts						
gesund*	1031	1.150	11.48%	0.6550 ***	0.70%	0.39%
krank*	1464	1.608	9.82%	0.6302 ***	0.62%	0.34%
behand*	672	693	3.11%	0.5464 **	0.59%	0.11%
therap*	258	358	38.65%	0.4430 *	0.55%	1.17%
FAZ						
Medicalization Search Terms						
medizin*	665	747	12.34%	0.5855 **	1.29%	0.42%
medika*	173	177	2.06%	0.3829 *	0.72%	0.07%
arzt*/ärzt*	838	924	10.21%	0.5918 ***	1.19%	0.35%
Psychologization Search Terms						
psych*	670	675	0.61%	0.1639 ns	0.12%	0.02%
Search Terms in both concepts						
gesund*	632	723	14.37%	0.7308 ***	0.88%	0.48%
krank*	1065	952	-10.60%	0.0568 ns	0.04%	-0.40%
behand*	528	477	-9.70%	-0.3120 ns	-0.34%	-0.36%
therap*	148	182	22.69%	0.5219 **	0.90%	0.73%

*** = $p < 0.001$; ** = $p < 0.01$; * = $p < 0.05$; ns = not significant;

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... what a journey...

Declaration on oath

I hereby declare in lieu of oath that I have prepared the present work without the unauthorized assistance of third parties and without the use of other resources that have not been indicated. The data and concepts taken directly or indirectly from other sources are marked with an indication of the source.

This work has not been submitted to any other examining board to date. I am aware that a false declaration will have legal consequences.

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Siegen, January 19, 2025

Stephan Krayter