EDITORIAL

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The language of life is exhibiting dynamic changes, from sickness to wellness and medicalization, with implications for programs, professions, markets, and how we feel about ourselves. Sociologists and anthropologists play an important role in chronicling these changes and their institutional dynamics, allowing the ironic perspective that C. Wright Mills advocated for helping to understand the underlying causes of personal troubles.

Susan Sontag, picking up the thread of Thomas Mann's novel, *The Magic Mountain*, wrote about *Illness as Metaphor*, and now we have more on the metaphors of cancer. If I feel deeply sad, am I depressed? What pill shall I take for it? Is pregnancy a natural state or a growing health problem? Perhaps the highly excitated state that precedes pregnancy calls for a tranquillizer too!

Disease seems to be out, while health and wellness are in, except for medicalization; so we see diverging movements. The old German terms, sick-house for hospital, and sickness insurance for health insurance, indicate how much things have changed, though not really. We quip in the U.S. that our insurance companies in fact only want to insure the healthy. Many hospitals have changed their name to "medical center" and more recently to "health centers". Yet ninety percent of their work still involves treating the same kinds of serious medical problems.

Centers for Well-Being are booming – grants pouring in – but what vocabulary is then left for being unwell? A notice on the door of a secretary in England last spring said, "Sarah is unwell and will not be in". Henry James, might say she was "indisposed". But suppose Sarah broke her leg, would she be "very unwell"? And if she had just learned she had cancer, what language of wellness would be available? A sociologist recently complained that a section on the sociology of health did not have people studying death and dying. How unfashionable of her! Hasn't she

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heard – aging and death are options now. Do you want to get older and die? It's up to you.

At the same time, medicalization keeps proliferating in the opposite direction, to indicate that any kind of unwellness can be treated. Mystification and information asymmetry, or rather selective good news and hidden risks, surround medicalization. Do you know that adverse side effects from drugs taken to improve health have become a leading cause of disease and death? Illich vindicated. Even "hidden killers" like menopause or high cholesterol need to be measured, monitored, and treated, though the patient may feel fine. Medical categories, as Antonio Maturo wrote, give sense to non-medical aspects of life. Medicalization is modern theology, a coherent account of beginnings, fallen man, virtue, and divine interventions to those of faith. Believing persons are empowered to make themselves more ideal and well, in ways carefully nurtured by an army of medical journalists, clinical researchers on company grants, leading clinicians on retainer, and medical journals that only take ads pertinent to the practice of medicine, when they should only take ads *not* pertinent to the practice of medicine. From these come accounts, for example, that depression is caused by serotonin, or heart attacks come from arrhythmias, or broken bones come from "bone loss", or your child not getting A's is due to ADHD. But modern medicine has discovered a miracle or an indulgence for each. Feeling blue, having a heart attack, or breaking a bone is optional. Foucault's clinical gaze is now guided by pharmaceutical masters of education and their models of risks, conditions, or pathology. They spent $57 billion in 2004 to "educate" American physicians as well as their patients. Several of these entire models of medicalization have been discredited in the past two years.

One interesting question is raised by Le Fanu's *The Rise and Fall of Medicine*, which concludes that nearly all the major advances of modern medicine had been made by about 1970. Since then, with an occasional exception, new procedures and medicines have been footnotes. The new genetics and new social theories – the reducing health disparities industry – have failed to make a significant difference. Are we medical sociologists then chronicling the engines of medicalization and the commercial construction of patho-realities because those who make a living have to find or create new markets?