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ANNEMARIE GOLDSTEIN JUTEL. *PUTTING A NAME TO IT: DIAGNOSIS IN CONTEMPORARY SOCIETY. SECOND EDITION.* BALTIMORE: JOHN HOPKINS UNIVERSITY PRESS 2024. 216 P. ISBN: 9781421448923

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> *The verbal act of presenting a patient with a diagnosis is never a simple act of conveying value-neutral biomedical information. It is an act fraught with symbolism.*
> *– Suzanne Fleischman (1999: 10)*

Annemarie Goldstein Jutel's *Putting a name to it* is a far-reaching exploration of the sociology of diagnosis that deconstructs the view of diagnoses as prior ontological entities, revealing them to be 'social categories that organize, direct, explain, and sometimes control our experience of health and illness' (166-67). Jutel's main argument revolves around the idea that diagnoses are not just neutral labels for health conditions but emerge from and are influenced by broader societal contexts, including political, economic, and cultural pressures, technological advancements, medical practices, and shifting social norms.

More than a category, Jutel argues that diagnosis is a *process*, which she seeks to lay bare, beginning with an interrogation of classification practices. As one of medicine's most powerful classification tools, diagnoses help decide 'how the vast expanse of nature can be partitioned into meaningful chunks, stabilizing and structuring what is otherwise disordered' (17). By identifying a certain expression of symptoms or behaviours as disordered, diagnosis serves as 'a cultural expression of what a given society is prepared to accept as normal and what it believes should be treated' (4), which is to say that diagnosis 'must be viewed as a *social product* of consensus rather than a natural one' (41, emphasis mine). To illustrate how diagnoses are socially framed and negotiated, Jutel considers the shifting boundaries of two conditions—overweight and stillbirth—across time and space, considering how societal values and norms concerning appearance and bodily autonomy, for instance, are inscribed into and through medical practice.

At the personal level, Jutel describes how '[t]he pursuit of diagnosis brings patient and doctor together' (66). For the patient, receiving a diagnosis may offer clarity, confer legitimacy to one's illness experience, and help the individual find community among people who share a diagnostic label, yet it can also lead to discrimination, stigmatization, and the devaluing of lived experience. Issuing a diagnosis, on the other hand, 'confers power to the doctor as allocator of resources' (69). Importantly, as the roles of patient and doctor change with the diffusion of informational knowledge through e-scaped medicine and the rise of self-diagnosis, so too do the power dynamics that diagnosis engenders and the medical authority it holds. Where diagnosis takes on a particularly interesting place, is in the case of contested, or

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medically unexplained, diseases such as fibromyalgia, chronic fatigue, and long COVID, which Jutel elaborates on. For many such conditions, lay activism has played an important role in disease recognition.

Jutel further considers the phenomenon of medicalization by presenting diagnosis as an 'engine' that is driven by commercial interests, including but not limited to those of the pharmaceutical industry. She delves into this through a study of the creation and promotion of Female Hypoactive Sexual Desire Disorder (FHSDD), which was 'influenced by a convergence of three factors: pharmaceutical companies, urologists closely associated with this industry, and media-savvy sex therapists operating in the for-profit sector' (108). Jutel reveals similar economic interests to also govern technologies such as medical imaging and genetic testing, which make diseases visible and diagnosis possible, and which present individuals as always-already sick and in need of treatment. However, she is careful not to view technology 'simply as a tool of social control' (141) and creates space for the hope that technological advancement brings.

New to the second edition of this book is a chapter on 'COVID-19 as a sociological phenomenon' (145-56), in which Jutel provides a timely examination of how COVID-19 is 'shaped by the same social forces as any other diagnosis' (145). Her analysis of the emergence of and response to the diagnosis of COVID-19 seeks to show 'us how the seemingly neutral disease label is a rich social phenomenon, dependent on consensus and power, linked to resources and therapeutics, stigmatizing and valorous, and a trigger for myriad social actions' (155-56).

Annemarie Goldstein Jutel's *Putting a name to it*, now in its second edition, is influential in exploring the cultural, social, and medical aspects of diagnosis, but it is not without its criticisms and points of contention. Jutel's book primarily focuses on the Western medical system and may not fully (or even begin to) account for the diversity of diagnostic practices in different cultural or international contexts. A deeper sociological analysis would have considered diagnostic practices across more diverse contexts, including different approaches to health offered by traditional or alternative medicine that do not rely on the Western diagnostic paradigm. Moreover, although Jutel offers an insightful critique of how diagnoses function within society, she doesn't always provide clear or actionable solutions for how to address the issues she raises. That said, she acknowledges that this is not her intention. Rather, Jutel describes her efforts as painting, 'with a broad brush, […] the place of naming in medicine and the tensions naming can engender' (16). Jutel acknowledges that her model for the social understanding of diagnosis is not absolute or complete; that she has herself 'created categories into which [she is] forcing reality' (164) in order to present her ideas in a cohesive and seemingly sound manner.

Notwithstanding these limitations, the book stands as an important contribution to the sociology of diagnosis in Western biomedicine and positions the dynamic social nature of diagnosis and diagnostic practices as an important point of academic reflection and study.

Bibliography

Fleischman, Suzanne 1999. I am…, I have…, I suffer from…: a linguist reflects on the language of illness and disease, *Journal of Medical Humanities* 20/1, 1-31. doi: https://doi.org/10.1023/A:1022918132461