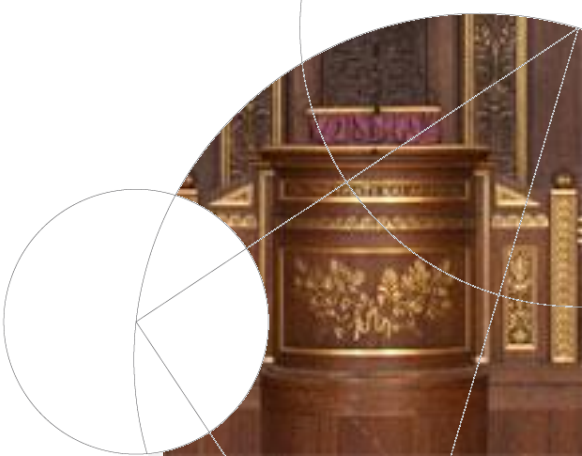
Healthism – a 21st century challenge?

Morten Ebbe Juul Nielsen

Ph.d., Associate Professor, philosophy, Copenhagen University



Sketch of the talk

- 1 Healthism – concept and definitions
- 2 Healthism as a sociological fact
- 3 Healthism – normative concerns
  - Uncertain relation between health and the good life
  - Unjust responsibilization
  - Unforeseen side-consequences
- 4 Implications - conclusion
- 5 Perspective: Could we harness healthism in a productive manner?

Healthism – colloquially speaking

In non-academic usage, ”Healthism” usually means something like ”undue obsession with one’s health”, or it is used as a negative term for policies, trends, etc., that are said to express such an undue obesession with health.

But we need to be more specific in the academic context.

"Healthism" – a short conceptual history

The term "healthism" was probably coined by the American economist Robert Crawford in his 1980 paper ""Healthism and the medicalization of everyday life".

In that paper, Crawford reacts to certain new trends in american/western culture: dieting, (excessive) exercising, "health religions" (yoga etc.) and so on and so forth.

From Crawford (1980)

"Healthism.. is characteristic of the new health consciousness and movements. It can best be understood as a form of *medicalization*, meaning that it still retains key medical notions. Like medicine, healthism situates the problem of health and disease at the *level of the individual*. Solutions are formulated at that level as well. To the extent that healthism shapes popular beliefs, we will continue to have a non-political, and therefore, ultimately ineffective conception and strategy of health promotion.

Further, by elevating *health to a super value*, *a metaphor for all that is good in life*, healthism *reinforces the privatization* of the struggle for generalized well-being" (Crawford 1980, abstract, italics added)

Two key components:

- **Individualization of responsibility (sometimes referred to as "responsibilization")**
- **"Health" as a supervalue – a value that cannot be critizised (or perhaps, rather, "all means justifies the end of health")**

Petr Skrabanek

The Czeck Petr Skrabanek added new dimensions to the concept of healthism. (and in certain ways contradicted Crawford's use.)

His 1994 book *The Death of Humane Medicine and the rise of coercive healthism* does not locate the problem of healthism in individualization, rather

"The pursuit of health is a symptom of unhealth. When this pursuit is no longer a personal yearning but part of state ideology, healthism for short, it becomes a symptom of political sickness"

Petr Skrabanek

Skrabaneks use of “healthism”, then, points rather to the concern that it may be coercive, even totalitarian, when states wants to *promote* health.

However, Crawford and Skrabanek shared the mistrust of health as a supervalue.

Healthism v. 3.0?

Both Crawford and Skrabanek used the term in a pejorative sense – "healthism" is bad.

However, some use the term (or one of its senses, at least) in a more descriptive sense, e.g., the English sociologist Nikolas Rose:

Rose and the rise of "somatic ethics"

Rose defines "somatic ethics as" "…ethics not in the sense of moral principles, but rather as the values for the conduct of a life – that accords a central place to corporeal, bodily existence." Moreover, ""..we are increasingly coming to relate to ourselves as 'somatic' individuals…as beings whose individuality is, in part at least, grounded within our fleshy, corporeal existence…"

This aligns nicely with what Crawford said in 1984:

"Talking about health is a way people give expressions to our culture's notion of well-being or quality of life. Health is a "key word", a generative concept, a value attached to or suggestive of other cardinal values. "Health" provides a means for personal and social evaluation."

Healthism: a suggestion for definitions (1)

*Healthism1 (*the narrow, normative sense) :

a) The coercive intrusion of somatic values and values concerning health into fields that are normally or hitherto not thought of as (primarily) areas of concern for medicine, disease, health and so on. (roughly equal to "medicalization")

b) The individual and/or state obsession or undue emphasis concerning health, elevating "health" to a status as a supervalue beyond criticism.

c) The undue "individualization" of (responbility for) health outcomes

Healthism: a suggestion for definitions (2)

Heathism2 (the broad, descriptive sense)

The sociological observation that health, or, more broadly, somatic values, plays a central, perhaps even dominant, role in the lives of many citizens in 1.world countries, and serve to coordinate or evaluate other values and practices

Healthism – so what?

It may be said: ”So, people in certain affluent countries spend a lot of resources on their own health. And they are supported by their states in that project. Why is that a problem?”

I am not suggesting that healthism(2) is *always* or *necessarily* a problem.

I *do* suggest that, given the predominance of healthism(2), healthism(1) may arise, and that healthism(1) *is* morally problematic (and, perhaps counterintuitively, may be bad *for health* as well.)

My strategy will be to offer some evidence for the predominance of healthism(2) first, and then move on to argue that healthism(1) is a fact, and that it is normatively problematic.

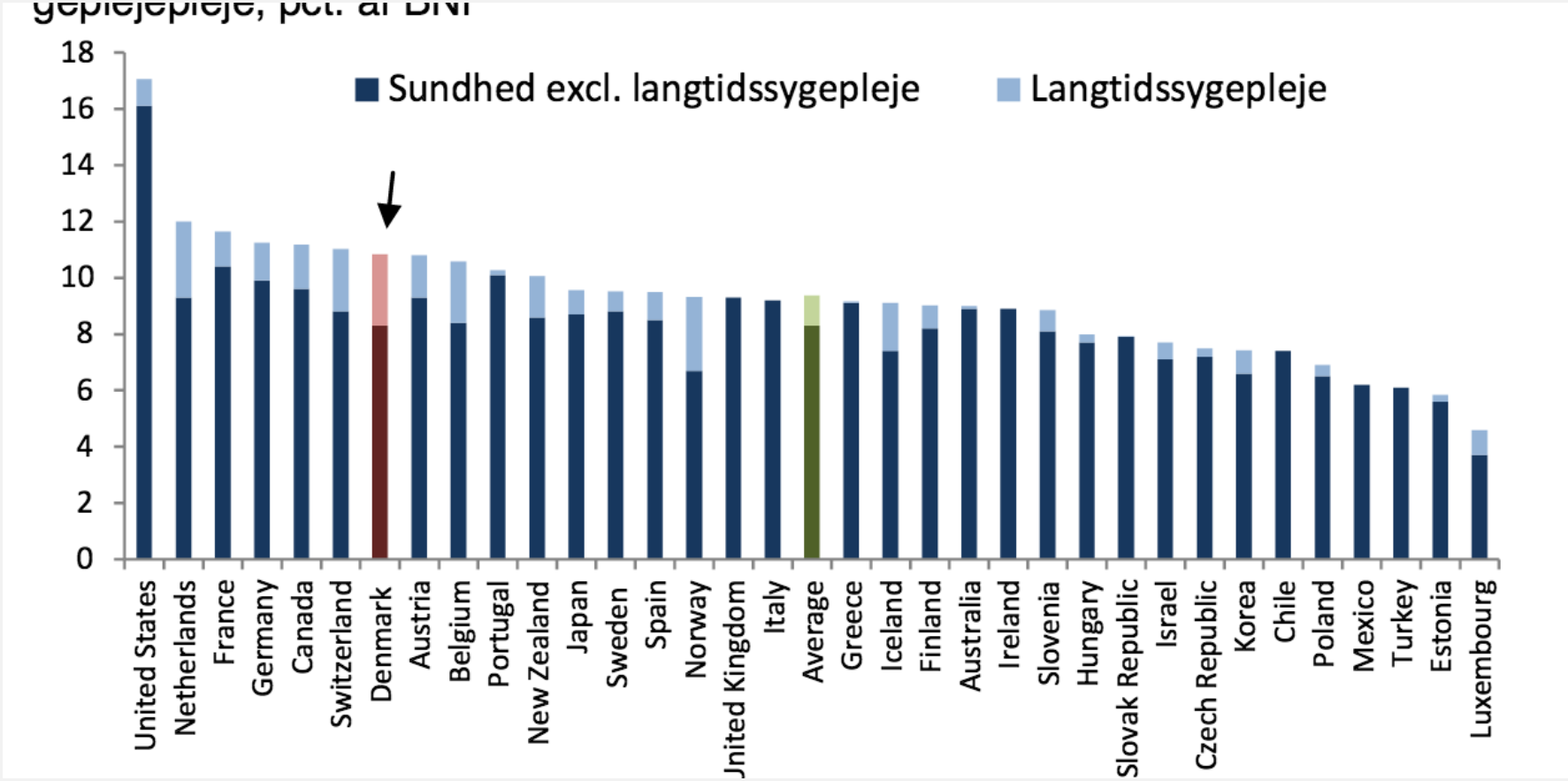
Healthism(2) in a welfare state context – some of its many faces

”Health” is consistently in the top 3 of the danish public’s political concerns

Politically, it’s suicide to be seen to go against this trend.

E.g., A goverment dedicated to ”no new taxes” introduced a tax on fat – and the opposition did not point out this inconsitency!

DK: 7. Place for health spending in the OECD



Media and news (etc.) about health

- **Danish Media are extremely preoccupied with health**
- **For a three month survey period, the 8 major newspapers had 412 stories about health. 62 of them headlining the frontpage. 3 out of 4 days a health related story headlined at least one of the newspapers. (Effector 2012)**
- **For tabloids, there was a raise of 145% for health related stories from 2000 to 2010 (Dagensmedicin.dk); the trend is still rising.**

Denmark has ca. 5.77 million inhabitants

As per 2007, members of offical danish Patient's organizations amounted to 730.000.

In 2011; 853.934. (altinget.dk)

The trend is continuing…

The amount of members of non-official Patient's Organizations and NGO's is unknown.

Social shaming and social pressure

- **Smoking is socially banned (at least comparably speaking)**
- **Alcohol in the workplace is a no-go.**
- **Obesity is stigmatized.**
- **The workplace has become a health forum (meals, fitnessrooms, an expectation that middle managers+ runs marathons, running has become a standard for office parties)**
- **The public fora (community spaces) has been transformed**

”The worry-mongers”

- **There is an ”industry of worry”: doctors, pharmaceutical companies, health gurus, the fitness industry, patient’s NGO’s and so on; they all have huge amounts of capital (in the broad sense) at stake in keeping alive a picture of the population being in bad health**
- **However, danes has never lived longer than now, nor have we ever had more healthy live-years.**
- **Indeed, as concern the latter, we are 3. in europe.**

And so on…

Health App on iPhone – impossible to remove

Danes use + 161 million euros on undocumented ”alternative” medicines.

1 million memberships in health clubs

31% of the adult population call themselves ”runners” – up from 1% in the seventies

A surge of health-oriented foodism and fads.

The age of somatic ethics

Health as a *distinction* (Bourdieu) – what makes a *social* difference

Health: the phenomenon that distinguishes "good" (disciplined, productive) from "bad" (reckless, lazy) citizens.

Health (either as "being" or "effort") as the thing we want to be *recognized* for

In short: "Health" equals status – or at least, "jumping the health band wagon" equals status. (What else could explain the half million unused gym memberships?)

Healthism(1) – some normative concerns

- "The healthy life is the good life."
- Health and the responsibilization of health
- Health promotion and its side effects

WHO's definition of health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

However: Health is not the same as happiness or wellbeing or enjyment or preference satisfaction or flourishing or succes...

And the sources of happiness etc. are manifold – and only a few are connected to health

Health and the good life

Intuitively, there is a connection between health and the good life. However, I shall argue that health is neither a sufficient nor a necessary condition for a good life.

What, then, is the connection?

Theories of the good (life, or life quality) come in three broad categories :

The good life…

1) ..is a life with many pleasant *experiences*

2) …is a life were many/our central *prefererences* are satisfied

3) …is a life of *perfection* (a life where certain projects, such as friendship or knowledge, is realised.)

Health and pleasant experiences

However, many pleasant things don't make us healthy – and many things that do make us healthy are not pleasant.

Health and preferences

Many preferences are not healthy, and much of the healthy stuff we prefer to forgo.

Health and perfection

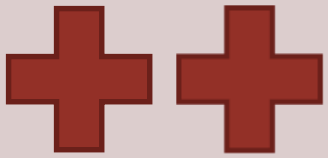
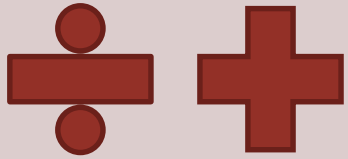
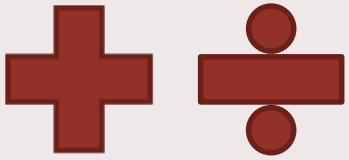
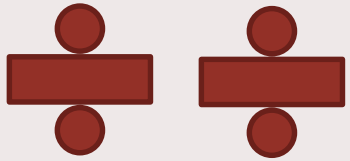
It is dubious that health in itself is a project of perfection, or at least, that it is the perfect life for all.

The simple point:

The connection between health and the good life is much more contentious than many believe.

In particular: the extent to which there is a connection and how *strong* the connection is seems to be an individual question.

It follows from this – or another way to put it – that the trade-off rates between an individual health effort and quality of life is individual and varies a lot.

	Likes a healthy life style	Dislikes a healthy Life style
Benefits from added QOL/more life years (is lucky)		
Does not benefit from added QOL/more life years (is unlucky)		

Health and responsibilization

One of the most hotly debated topics in public health is ”individual responsibility”

To wit, 82% of danes believe that ”it is wholly or predominantly the responsibility of the individual to live a healthy life.”

What's the scope of our responsibility for our health?

In discussion of social justice, an influentail point ofview is as follows: We are responsible for the consequences of our *choices*...

...but not for the consequences of our *circumstances.*

i. Early determinants of health:

1. Early childhood development. Cognitive, emotional, social

2. Schooling – especially interrupted/non-finished

3. Segregation and social/neighborhood conditions

ii.Causes of disease influenced by social position:

4. Income, especially poverty

5. Unemploymeny, esp. Long-term

6. Social vulnerability

7. Physical environment – esp. Air pollution and accidents

8. Workplace environment– ergonomic and psycho-social

9. *Health behaviour*

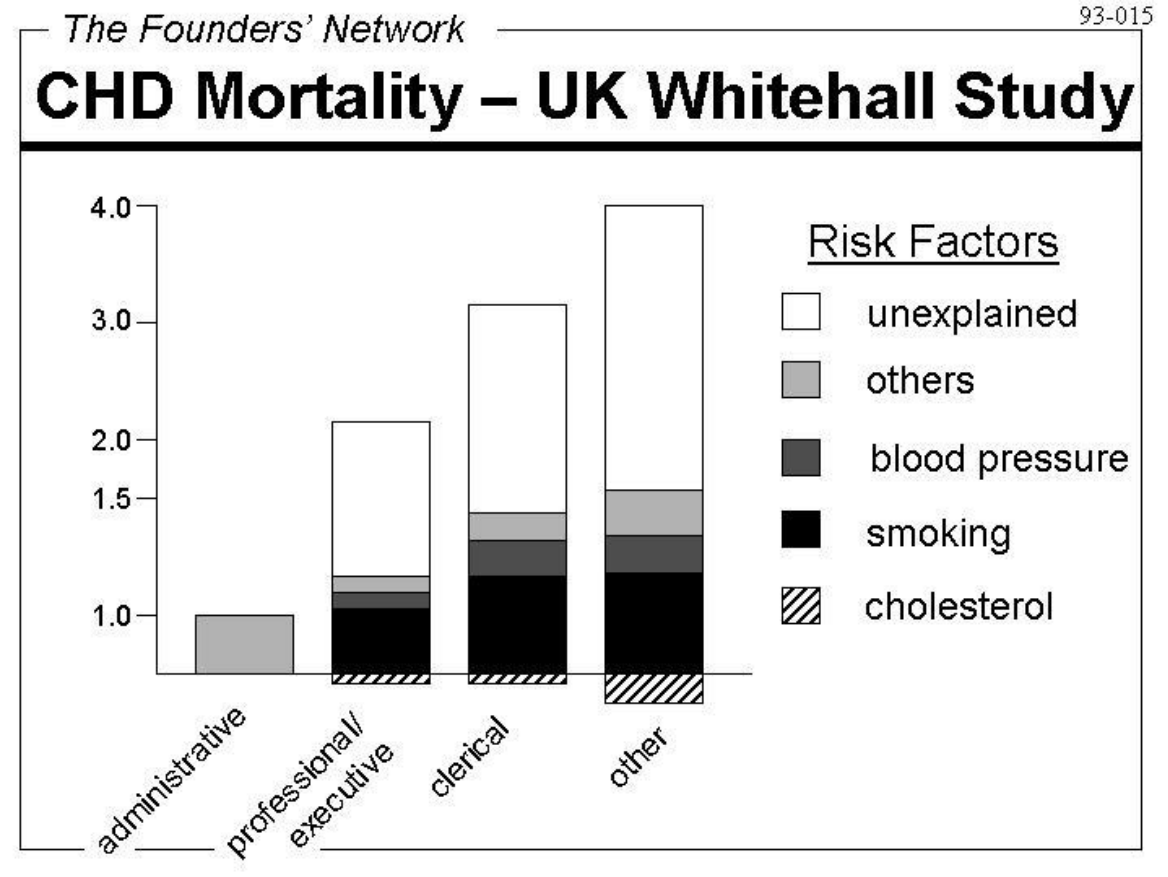
10. Early loss of functional abilities

iii. Determinants that influence consequences of disease

11. The role of hte health sector (e.g., discrimination)

12. Non-inclusive job market

Status, health and SES-inequality: how much does it influence?



Responsibility for health

But there are lots of other determinants:

Genetic (e.g., the FTO-gene)

Epigenetic (e.g. Dutch Famine Study)

Biological (e.g. gut bacteria)

Economical-structural (e.g. food deserts)

Cultural (e.g., patterns of food consumption)

…

The point

Healthism(1) seems to put the burden of health on the individual – it individualizes responsibilities for health outcomes.

However, natural and social circumstances seem to a large degree to *undermine* responsibility for health outcomes.

Whether or not you happen to like ”a healthy life style”, and whether or not you actually benefit from a healthy life style, are matters beyond your control

We may still *hold* people responsible

Even if classic *moral* responsibility is impossible or inapplicable in this context, it does not follow that we cannot hold persons responsible for their actions.

One may for instance claim that it can have good consequences to hold people responsible (think, for instance, about crime and punishment.)

However, apart from some extreme cases, it is a very open question whether it is *efficient* to hold individuals responsible for their own health!

Health promotion as an unconditional good

Many citizens pursue an impossible goal: an eternal life in perfect health.

This is in itself a problem.

But even if we set that aside, problems remain.

To illustrate, let us have a look at four classic problems in public health .

Harm potential 1: Creation of worry/undue concern

<u>Creation of worry</u> is a possible consequence of health promotion. It consists of undue concenrns about health created by a dispoportionate focus on risk factors.

Orthorexia.

”And who of you by being worried can add a single hour to his life?” (Mat. 6:27)

Harm Potential 2:"Diseasification"

<u>Diseasification</u> obtains when persons begin to view themselves as diseased, even when they aren't

Examples:

Hypertension

Obesity

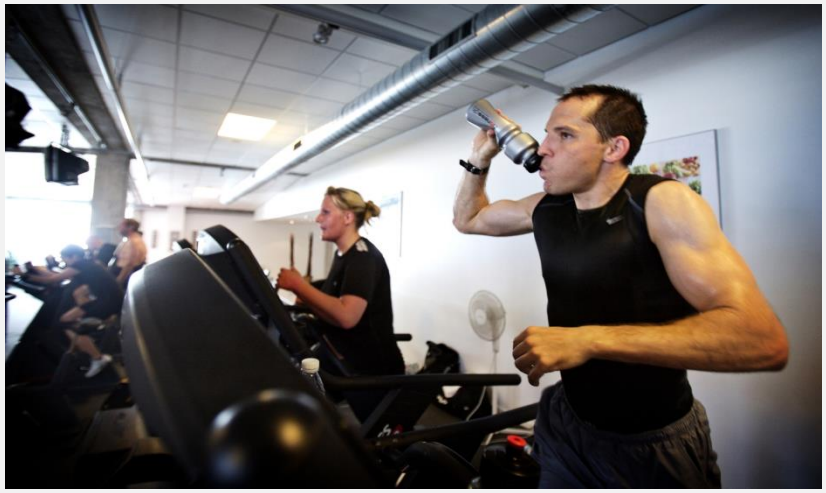
Harm potential 3: Stigmatization

Stigmatization occurs when individuals or gruops comes to be seen as second rate citizens, marginalized, less valuable, for instance because they are seen to behave irrepsonsibly.

Harm potential 4: medicalization and healthism

Medicalization obtains when more and more areas of life comes to be seen as involving health (problems and/or solutions). E.g.: food as a source of (un-)health, not as a social or estethical area. It also occurs when areas of life is reduced to instruments for health – e.g., sports..

"Healthism" is then the radical variant of medicalization: where the point of life is health, rather than health as a precondition or an instrument for life.



To summarize:

- **We live in an age of healthism/the somatic age, but…**
- **The connection between health and the good life is tenuous at best, and individual**
- **Individual responsibility for health outcomes seems to be a fiction**
- **Health Promotion is ripe with potential harms – harms that is most often overlooked when we make policies.**

So,how should we deal with healthism?

- **To answer this qustion, we need to think a bit about the difficult concept *political legitimacy.***
- **I shall assume a fairly standard model of political legitimacy, so-called liberal-democtatic legitimacy:**
- **A law/state institution is legitimate insofar all reasonable citizens have sufficient reason to accept it/no sufficient reason to reject it.**

So, should the state promote health?

1. Since the connection between health and the good life is much more tenuous than is normally assumed, and since different citizens will have different trade-off rates between health and other goals/values, it is highly unlikely that coercive/burdensome health promotion could command the assent/endorsement of all reasonable citizens.

2. Since individuals are not responsible for their health – at least not in the classic moral sense – one cannot appeal to justice as an argument for health promotion.
3. Even *holding* citizens responsible (for consequentialist reasons) is dubiuos, because it is often unlikely that it is efficient, all things considered. (moreover, this often conflicts with other values, e.g., liberty of choice etc.)

4. There may be health promotion initiatives that are *prima facie* legitimate, even in the face of the aforementioned problems.
5. However, when considering whether or not to implement them, the various potentials for harms must be taken into consideration, for an all things considered assesment of their legitimacy.
6. The goal of policies is quality of life (or justice), *never health per se.*

What to do?

The challenge is:

1) To think, communicate and act in ways so that we eliminate or reduce the potential harms/injusticesd – always remembering that we think, communicate and act in a time obsessed with health!

2) don't "push up the bar" – less privileged citizens are unlikely to benefit anyway, and they are the one's with the worst health outcomes.

3) Leave those that won't benefit anyway in peace.

4) To remember that quality of life – not health – is the goal and yardstick.

5) We *can* harness healthism(2) in ways that are productive:

Harnessing healthism(2)

Remember the fourfield table earlier (++/+-/-+/--)

At least for those in the ++ category, providing the *opportunity* for a healthy life style seems morally unproblematic (setting aside side effects for the other groups)

We have ample biomedical evidence that, e.g., half an hour of moderate Physical activity a day has positive health effects.

Providing citizens with the *opportunity* (but not demanding, directly or indirectly) for moderate physical activity may enable us to reap the benefits while not creating unwanted sideeffects.

Thank you for your attention

Morten Ebbe Juul Nielsen, Ph.d., associate professor

Copenhagen University, section of philosophy

mejn@hum.ku.dk