HEALTHISM AND THE MEDICALIZATION OF EVERYDAY LIFE

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This article considers some implications of the new health consciousness and movements—holistic health and self-care—for the definition of and solution to problems related to "health." Healthism represents a particular way of viewing the health problem, and 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.

The social effort to gain control over that part of the human experience captured by the concept of health remains elusive. This paper is a tentative assessment of some such efforts made in the late 1970s in the United States. A new popular health consciousness pervades our culture. The concern with personal health has become a national preoccupation. Ever increasing personal effort, political attention, and consumer dollars are being expended in the name of health. The past few years have witnessed an exercise and running explosion, the emergence of a vocal and often aggressive anti-smoking ethic, the proliferation of popular health magazines, and the appearance with amazing frequency of health themes in newspapers, magazines, and advertisements for even the most remotely related products. Vitamins and other health aids are being consumed more and other items consumed less—all for health reasons. On numerous social occasions, and in spite of much professed rejection of concern or derisive amusement, personal health has become a favorite topic of conversation.

Certainly not for everyone. The health enthusiasts, those proclaiming by example and advocacy a healthy life style, appear to be overwhelmingly middle class. While working class struggles to shorten the work week, abolish child labor, and change working conditions have historically been in part focused on health, and although occupational health and safety has also generated a new interest in recent years, the

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current preoccupation with personal health displays a distinctive—although not exclusive—middle-class stamp. This is particularly true of two new popular health movements which have attained considerable attention and popular participation: holistic health and self-care.

The holistic health movement, from which most of the examples in this paper are drawn, is a remarkably diverse challenge to orthodox medicine (1-6). It includes an array of non-allopathic healers and their clients and an even larger assemblage of adherents who have adopted many of its principles into a health and life philosophy. Some of the healing methods utilized are various stress-reduction therapies such as meditation and biofeedback, polarity therapy (“balancing life energy”), iridology (“interprets the neural-optic reflexes in the sensitive tissue of the iris”), guided imagery, nutritional therapies, movement or dance therapy, rolfing (“a technique for reordering the body”), massage, and various healing methods adopted from naturapathy, homeopathy, and Native American and Eastern traditions (7, 8). Holistic health sees illness and health as not simply a physical matter, but also as emotional, mental, and spiritual. Interested in the whole individual, holistic healers talk of treating the person, not the disease. Oriented toward health promotion or disease prevention, they (1):

... want to know how the people who come to them live and feel, what they eat and smoke and how much they exercise, what kind of stress they have at work and at home, whether they are satisfied with their achievements and their relationships to other people. . . . Much of their therapeutic work consists of helping people to see how their habits, attitudes, and expectations, the way they live and work, think, and feel, are affecting their physical and emotional health, and of assisting them in taking steps not only to prevent disease but to feel better.

In its broader philosophic orientation, holistic health is portrayed as “a way of being,” an interrelation or balance of body, mind, and spirit, a concern with “high-level wellness,” “super health,” or the “joy of life.” Often holistic health incorporates a religious view, and both Western and Eastern religious practitioners and organizations have promoted holistic health services. In all its manifestations, holistic health encourages clients to become active participants in the healing process and to exert self-responsibility. In this last regard, the holistic health movement has much in common with another health movement of the 1970s.

Self-care and self-help, like holistic health, are also kaleidoscopic in their approach to health and illness concerns (9-16). Unlike holistic health, there is little attention to developing alternative healing methods or new professional healers. But like holistic health, these movements often challenge professional medicine. They seek to reduce the reliance of individuals on medical practitioners and substitute individual and group activities aimed at improving health, coping with chronic disease, acquiring diagnostic and therapeutic skills, and adopting disease prevention practices. Self-care is oriented more to the transfer of medical competence to the individual. Ozonoff and Ozonoff (16) describe the medical self-care literature as falling into several categories: “first aid,” “triage,” “doctor substitute,” “self-improvement,” and “consumer guidebooks.” As defined by Levin (17, p. 206), one of its major proponents, self-care is “a process whereby a lay person can function on his/her own behalf in health promotion and
prevention and in disease detection and treatment at the level of the primary health resource in the health care system." Self-help, while doing many of the same things, does them in groups. It evolves more from a tradition of mutual aid and a larger self-help movement. In the case of women's self-help, it is clearly a strategy within the context of a political movement (18). In many concrete examples, however, self-help and self-care become almost indistinguishable.¹

This paper is a discussion of some of the implications of a particular way of viewing the "health" problem. A previous paper (19) analyzing the ideology of individual responsibility for health related that ideology to developments in the political economy of the medical sector and American society at large. It focused on the policy implications and symbolic functions of that ideology in resolving emerging issues in favor of dominant political and economic interests. Without intending to minimize these concerns, the present effort is a more in-depth and broader examination of the structure of that ideology. While the former was aimed more at elaborating the instrumental or functional uses of the ideology, this is an attempt to identify some of the concepts and suppositions of the new health consciousness. As a discussion of ideology, by which I mean a socially and culturally constructed way of seeing, interpreting, and evaluating some aspect of the physical and social world and the relation of self to those worlds, it addresses the following questions: What explains how the problem of "health" is understood at a particular historical moment? What is the process by which cultures define certain activities, individual and collective, as essential for health? Why are other activities excluded or neglected? These are some of the most essential and complex questions for a political analysis of how societies attempt to resolve problems related to the concept of health.

The ideas presented here are exploratory and heuristic. The paper is not a descriptive account of these movements or other concrete manifestations of the new health consciousness. It must be followed by ethnographic research ("the descriptive reconstruction of common-sense knowing in everyday activity and social interaction" [20, p. 446]). Further, even though the following remarks take the form of a critique, I particularly hope they will be considered by the proponents of the new health consciousness and not simply their critics. If, in our enthusiasm for changes oriented toward creating new individual and social capacities freed from domination, we fail to identify aspects which may contradict those objectives, we risk repetitive disembrace. Even the most radical challenges to orthodoxy are at best partial and always contain within their conceptions and structure the very elements against which the challenges are aimed. In the process, dominant ideologies and social structures are reproduced. Whether from external manipulation or internal conception (in some ways a false dichotomization), movements contain ideological contradictions from their inception. After all, they develop within an ideological space which is already constructed. Such contradictions cannot be grounds for dismissal, but neither should they be ignored.

¹The following discussion is more relevant to self-care than to self-help, and more relevant to those aspects of self-care concerned with health promotion or prevention of disease.
HEALTHISM AND THE NEW HEALTH CONSCIOUSNESS

I have chosen the word *healthism* as a way to crystallize some important contradictions in the new health consciousness and movements (for a previous use, see reference 21). Briefly, *healthism* is defined here as the preoccupation with personal health as a primary—often the primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of life styles, with or without therapeutic help. The etiology of disease may be seen as complex, but healthism treats individual behavior, attitudes, and emotions as the relevant symptoms needing attention. Healthists will acknowledge, in other words, that health problems may originate outside the individual, e.g. in the American diet, but since these problems are also behavioral, solutions are seen to lie within the realm of individual choice. Hence, they require above all else the assumption of individual responsibility. For the healthist, solution rests within the individual's determination to resist culture, advertising, institutional and environmental constraints, disease agents, or, simply, lazy or poor personal habits. In essence, then, cause becomes proximate and solution is constructed within the same narrow space.

The new health consciousness is more inclusive than what is described here as healthism. The more general heightened awareness and interest in health often includes environmental and occupational health concerns as well as a concern for personal health enhancement. Environmental awareness has been especially significant for what is sometimes called the natural health movement. One can also find among the health conscious, people with variously developed political understandings of how social forces and processes systematically encourage unhealthy individual behavior, often for private advantage. Tobacco and food-producing agribusiness have been the objects of much adverse attention. The new health consciousness, in other words, is a complex fabric and cannot be reduced to the thread of healthism or anything else. The ways we think about and act upon our anxieties and hopes for health, our understanding of what is to be done to promote or maintain health, and our notions of accountability and responsibility are all in flux. Thus, a focus on personal health and individual life style modifications may co-exist with and even act to stimulate attempts to change social conditions detrimental to everyone's health. As Katz and Levin (22) and Gartner and Riessman (10) point out with respect to self-care and self-help, there are numerous examples of politically activated groups which identify with these movements.

Thus, even though healthism may not completely dominate the ideologies and activities of the gamut of groups and individuals who consider themselves part of this new health consciousness, the argument here is that to some degree this ideological tendency is present in all of them. I will argue that the ideology of healthism fosters a continued depoliticization and therefore undermining of the social effort to improve health and well-being. As an ideology which promotes heightened health awareness, along with personal control and change, it may prove beneficial for those who adopt a more health-promoting life style (23). But it may in the process also serve the illusion that we can as individuals control our own existence, and that taking personal action to improve health will somehow satisfy the longing for a much more
varied complex of needs. As such, healthism functions as dominant ideology, contributing to the protection of the social order from the examination, critique, and restructuring which would threaten those who benefit from the malaise, misery, and deaths of others.

How health is popularly understood is in large part reflected in a society’s therapeutics. In turn, those therapeutics further structure cultural understandings (24). Popular notions about health, in other words, help produce and are partially reproduced by the therapeutic mode. We live in a medical age. American culture has been undergoing a progressive medicalization which partly can be understood by the fact that medicine embodies some of the most fundamental propositions and characteristics of this culture. Unless these propositions are understood, it will be possible to combat medicine as an institution but leave intact (or reinforce) the cultural world it “represents.”

The profound impact of medicine on the beliefs and activities of our society has captured the attention of numerous observers of American social life (25-29). Contrary to claims and first impressions, the new health consciousness (in its healthiest manifestations) entails a further medicalization of our culture, and, in particular, a medicalization of how the problem of health is understood. While modifications of dominant medical paradigms and practices are being adopted, some of the most fundamental and disabling medical and other dominant cultural conceptions have remained untouched.

MEDICALIZATION AS IDEOLOGY

Medicalization, a concept developed by sociologist Irving Zola (30), can be understood as having two broad meanings. The first links an increasing range of social phenomena with the institution of medicine—the profession of medicine, therapeutic practice, and medical diagnosis. In this usage, medicalization is usually described as an expansion of professional power over wider spheres of life, especially deviant behaviors, replacing religious and legal actors and their modes of social control. As medical professionals continually enlarge their jurisdiction, societal resources devoted to activities assumed by physicians also increase and physicians become gatekeepers for an ever-expanding number of social functions—functions which bestow both benefits and penalties, privileges and exclusions (31). Zola argues (21, p. 42) that medicalization in this sense is connected with two attributes of the profession: “their control of their work and their tendency to generalize their expertise beyond technical matters.” Indeed, such is the characteristic, according to Hughes (quoted in 21, p. 42), which describes all professionals:

Not merely do the practitioners, by virtue of gaining admission to the charmed circle of colleagues, individually exercise to do things others do not, but collectively they presume to tell society what is good and right for the individual and for society at large in some aspect of life. Indeed they set the very terms in which people may think about this aspect of life.

The second meaning of medicalization refers to the extension of the range of social phenomena mediated by the concepts of health and illness, often focusing on the
importance of that process for understanding the social control of deviance. As Illich notes (26, p. 118):

By naming the spirit that underlies deviance, authority places the deviant under the control of language and custom and turns him from a threat into a support of the social system. Etiology is socially self-fulfilling.

Social existence is increasingly circumscribed by the medical naming of that spirit. More deviant behavior is defined in terms of sickness, and normalcy in terms of health. Alcoholism, child abuse, opiate addiction, obesity, problems with sexual functioning, and violence have all become matters for medical diagnosis, and the label of illness has been attached to them (32). Also important is that as our society becomes increasingly concerned with disease prevention and health promotion, more social activity is thought about in relation to its effect on health. In other words, prevention of illness becomes a more pervasive standard by which behaviors—drinking, working, leisure activities—are judged.

Of course, the two broad meanings are linked. The health/illness category has been promoted by professionals and either directly or indirectly enhances professional power. That is, medicalization in the first sense fosters medicalization in the second, and vice versa. Freidson captures the essence of the interconnection (25, pp. 253-254):

The medical profession has first claim to jurisdiction over the label of illness and anything to which it may be attached, irrespective of its capacity to deal with it effectively. In such a fashion do we see the rise to social prominence of a social value such as health is inseparable from the rise of a vehicle for the value—an organized body of workers who claim jurisdiction over the value. Once official jurisdiction is gained, the profession is then prone to create its own specialized notions of what it is that shall be called illness. While medicine is hardly independent of the society in which it exists, by becoming a vehicle for society's values it comes to play a major role in the forming and shaping of the social meanings imbued with such value.

A strong case can be made that the new health movements and consciousness may ultimately extend medical jurisdiction, even though they are presently developing in relative autonomy from it (16, 33). This is secondary, however, to my principal theme. Suffice it to say that the power of the medical profession and the extension of professional jurisdiction should be distinguished from the power of a way of thinking which is linked to but also detached from the medical profession—the cultural dissemination of medical perception or ideology. The focus here is on the influence of a medical way of seeing, with the impact of an already medicalized social understanding on the conceptions and practices emerging within self-care, holistic health, and the new health consciousness. The intent is to follow Hughes when he said of the professions that "they set the very terms in which people may think about this aspect of life."

What is being suggested is that in contemporary American culture the notions of health and illness, in whatever context used, in large measure retain a medicalized meaning. It is on the level of daily living, external to medical institutions and relationships, that experiences, activities, and ideologies about health are being elaborated. The impact of medicine must be examined on this level, for there are profound implications for how our society attempts to solve the problems of health and well-being generally. The question of medicalization is important because, like any other mode
of symbolization, medicalized perception sets boundaries on ways of thinking and channels consciousness and behavior. To the extent that the new health movements and consciousness incorporate medical ideology, they risk reproducing many of the social problems engendered by that therapeutic form.

SOME ASPECTS OF MEDICAL PERCEPTION

Medicine as a therapeutic or clinical science locates the problem of disease in the individual body. (Disease locates itself in the individual body and thus creates the need for a healing response to that individual experience. It is this fact which underlies the ideological problems being discussed. See pp. 372-373 and 383-385 below and reference 34, pp. 119-151.) The individual is both the locus of perception and intervention, more firmly so since the end of the 19th century when, as Foucault (35) traces the transformations (the beginning of which he dates to the close of the 18th century), the very foundation of medical knowledge becomes lodged in the "sovereignty of the gaze" fixed on individual signs and symptoms and then in deep anatomical structure. It is through the observation of individual signs and symptoms that it became "possible to designate a pathological state . . . a morbid essence . . . and an immediate cause." (35, p. 90) And with the development of anatomy, the medical understanding of disease turned even more fully toward "the deep, visible, solid, enclosed, but accessible space of the human body." (35, p. 195) Thus, what is known about disease is now a matter of positive knowledge of the individual. What is seen is what is known, and what is known becomes the space for intervention. Locked into a particular way of seeing, an imprisonment reinforced by institutional structures, medicine knows and acts upon disease bounded by an immediacy of perception which is physical (mechanical, biochemical, visual). In escaping from a nosology of morbid essences, it built its science and clinical practice on the closed grounds of what becomes, in principle, an observed occurrence within the individual body.

Notions of causation are compressed as well, limited to the boundaries of the individual in which disease takes on its only meaningful existence. Anything which cannot be shown to interact with the organism to produce a morbid state is increasingly excluded. "The local space of the disease is also, immediately, a causal space." (35, p. 189) Solution to the problem of disease is directed toward breaking the most immediate causal link. Thus, medical perception pushes causal understanding toward the immediate and local, and solution toward the elimination of symptoms and the restoration of normal signs. As Foucault states (35, p. 191), "the space of the disease is, without remainder or shift, the very space of the organism." Medicine has become "a science of the individual." Foucault contrasts medical thought with an epidemiological tradition and perception (35, pp. 22-36) which sees the problem of disease as "a nucleus of circumstances," a "complex set of intersections," in which the only individuality is a "historical individuality."2

A closely linked and much discussed medical notion is that of specific etiology (28, pp. 91-97). It is a reductionistic concept of causation suggesting that disease can be

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2 See also reference 28, pp. 113-143, and reference 36.
understood in terms of pathogenic agents. Specific etiology has worked to reinforce medical individualism, an individualism which has progressively demolished competing explanations grounded in the understanding of a multiplicity of causes. Aided by new research technology, late 19th-century scientists were able to isolate the active microorganisms of infectious diseases. Powerful explanatory models were built on such discoveries. Scientific medicine came of age. Swept aside were vaguer and more metaphysical conceptions, but also discredited were the theories of "social medicine." As proclaimed by one prominent German medical researcher in the late 19th century, "the study of infectious diseases could now be pursued unswervingly without being sidetracked by social considerations and reflections on social policy." (36, p. 34)

Successful laboratory experiments based on the specific etiologic model were mistakenly offered as proof of the supremacy of that particular theory of causation. Scientific medicine had succeeded in throwing a bright light on a key element in the causation of disease, but that light served to concentrate the search for causation where scientific medicine now claimed to be the proper field of investigation.

It has been only recently that the medical approach to health maintenance and promotion has been widely questioned in academic and policy circles (37-39). No one argues that medicine is an unimportant therapeutic tool. It does save lives and it does relieve pain, enable active lives, and perform important "caring" functions (clinical iatrogenesis aside). However, the well-known inability of medicine to find a cure for many of the chronic and degenerative diseases, especially heart disease, stroke, and cancer, combined with the cost crisis in medicine and the accumulation of data which even question the contribution of medicine to the decline of mortality from infectious disease (37, 40), have all pushed policy discussions toward the consideration of more effective strategies of disease prevention.

THE IMPACT OF MEDICAL PRACTICE

Medical concepts are reinforced by a therapeutic practice which isolates the individual from the social context in which disease is acquired. Of course, modes of healing, therapeutic institutions, and practices are intimately connected with dominant notions of precisely what is to be cured. Cross-culturally, they assume radically different forms (41). The impact of institutionalized therapeutic practice is to reinforce dominant ways of seeing. Medical practice in 20th-century America provides a good example.

Reams have been written about the social construction and experience of therapeutic practice. Only a few points need to be stressed here. First, it should be clear from decades of sociological research that the therapeutic encounter is a restructuring or socializing experience, and because of several features of the doctor-patient interaction and the psychological state in which therapy is experienced, an extremely powerful one. As Dewar (42) and McKnight (43) have noted, the person becomes a client and patient in a one-to-one contractual arrangement, requiring of the client-patient, among other things, the presentation of "a condition whose pathology closely
matches the specific quality of the mode of treatment where delivery is being offered.” (42, p. 5) This matching is achieved through a reordering of the patient's understanding of the problem. In the therapeutic relationship, the task of the patient is to understand the signs and symptoms of the problem as the physician reads them and thus to accept the medical definition of both problem and solution. Taussig (44, p. 2) calls this process the creation of a “phantom-objectivity” with regard to disease, a process of “denying the human relations embodied in symptoms, signs, and therapy,” a process by which “we not only mystify social relations, but we also reproduce a political ideology in the guise of a science of (apparently) ‘real things’—biological and physical thinghood.” Following Lukacs, he concludes (44, p. 8):

*Medical practice is a singularly important way of maintaining the denial as to the social facticity of facts. Things thereby take on a life of their own, sundered from the social nexus that really gives them life, and remain locked in their own self-constitution.*

The understandings which are restructured in the medical encounter should not be understood as previously autonomous ones, which are only then manipulated in therapy. Past therapeutic experiences and notions derived from diffused medical ideas, as well as reinforcing ideological premises of the society acquired by other means, pre-structure the encounter. The client is already, in a sense, “professionalized.” In other words, “persons being helped take on as their own some of their helpers’ theories, assumptions, and explanations.” (42, p. 4) These attitudes are perpetually reinforced in a therapeutic setting divorced from family, friends, home, and neighborhood, by hierarchically structured relationships in which non-medical experience and assumptions are either declared illegitimate or effectively ignored. That non-therapeutically derived notions persist, understandings which place the cause of misfortune in concrete social experience, is a remarkable testimony both to the strength of the need for a socially meaningful explanation and to the poverty of a medical practice incapable of providing one.

**In sum, medical practice is an individualized treatment mode, a mode which defines the client as deficient and which reconstructs the individual’s understanding of the problem for which help is being sought. That reconstruction individualizes and compartmentalizes the problem, transforming it into its most immediate property: the biological and physical manifestations of the individual, diseased, human body. The answer to the problem is then logically held to be found in the same professionalized and individualized treatment, not in the reordering of the social, political, and environmental circumstances in which the individual exists. The need for a therapeutic response to individual disease experience, not denied here, thus becomes the field upon which selective explanations are authoritatively communicated and dominant social relations thereby reproduced. The specter of a medicalized and medicated society, where already psychoactive drugs, sleeping aids, and common pain relievers have become the standard response to almost every conceivable malaise, must at least raise questions about the wisdom of such heavy reliance upon medical problem solving. Such questions are, in fact, being asked in the new health movements.**
Holistic health and self-care adherents are critical of and reject many of these medical conceptions and practices. Self-care grounds much of its philosophy in a critique of the disabling qualities of our pan-therapeutic culture. Despite some professionalization of the movement, self-care seeks to reduce dependency on physicians and other professionals and enhance medical self-competence, and, in its self-help forms, to stimulate mutual aid and support. At least in the latter instance, self-help is an important step toward re-integrating the experience of disease into a meaningful social context. In acknowledging the loneliness of pain, disability, and dying, self-help provides a viable alternative to isolating medical experiences.

Similarly, enthusiasm for holistic health can in large part be understood as a response to the alienation experienced in the medical encounter, to the structural inability of medicine to provide satisfactory explanations for the questions “Why me?” and “Why now?” Holism rejects the medical destruction of socially grounded interpretation and offers instead an overtly experiential understanding of disease. It replaces the sterile world of biologic facts with a readily understood moral system: a system of right attitudes and behaviors, in which “the connection between ourselves and our experience” is made explicit. In the process, social meaning is reconstituted. “What is the message of these symptoms?” asks the holistic therapist (46, p. 9); “What is a headache to me?” The emphasis of the new healing, it is argued (46, p. 70), “must be away from the clinical and into the personal.” Holistic healing takes seriously the need of the sufferer to understand his or her suffering in terms of the events and experiences of everyday life.

Nonetheless holistic health appears to be burdened by the ideology of healthism. Even though whole persons and their experience regain a new attention and multiple causation replaces the medical theory of specific etiology, and even though the mind-body dualism is renounced—all significant modifications which may open the way for even broader conceptions—the healthist formulation still situates the problem at the level of the individual mind and body (48, p. 20):

In the emerging holistic perspective, nature is an interactive friend, and disease is a feedback process within the choosing system of the individual, a process which informs the individual that some life process is off-course. The individual is the only person who can discover that feedback message and act upon it, perhaps with the help of providers.

As an ideology which subscribes to the medical definition of the problem of health and illness, in which the individual is the locus of perception and intervention, health-
ism remains locked in a prison of reductionism, despite its apparent broadening. Healthism bends the modifications of medical notions of causality in one direction only: toward psychobiologism, toward host resistance and adaptation. Whether through the concepts of disharmony, unbalance, stress, host-resistance, immunity systems, at-risk behaviors, unfitness, life style, wholeness, "low-level worseness" and "high-level wellness," "ways of being and perceiving," and so on, healthism is an ideology which requires either the self-restructuring of attitudes, emotions, and behaviors, or the intervention of healers to help accomplish the same. "Illness is a message from within," goes the refrain; both cause and cure can be found there. According to one adherent (49, pp. 26, 24):

If we are to help individuals reappraise certain important beliefs about themselves and their self images, then we are coming to the heart of the basic causes of illness.

Different reactions to the same stress factors... are obviously determined by our mental programming. They are a product of how we see the world and how we think we are threatened by it. To me, therefore, it would make far more sense to examine and reverse the negative ways we perceive the world than to spend time and money concocting new pills for the relief of distress. Pills give relief, but they only postpone cure. Cure comes from reversing our perceptions, from discovering how we create our own "realities." (emphasis added)

The point is not that such a focus is unimportant, just as the biomedical model must be appreciated for what it has contributed to healing and prevention. As a therapeutic model, holistic health may prove to be as effective as medicine (and perhaps more effective for many conditions). After all, health and illness, however else they may be viewed, are also individual matters. Whatever the level of social construction to which causality may ultimately be attributed, that construction appears in forms which are uniquely individual. At least they are experienced as such. It is both possible and important to unmask the meaning of health and illness in the most personal terms. Moreover, one can always posit a moment of choice, acts and attitudes of complicity, a level of individual responsibility and control. Ignoring the psychic and behavioral part of health and illness would itself be reductionistic. It would probably also preclude a vast range of preventive and therapeutic possibilities.

But if the "meaning" of health and illness remains divorced from the society in which meaning is constructed, the resolution of the problem must be partial, doomed to ameliorative or adaptive efforts—even though the illusion of autonomy can be more easily nourished. Illustrative is an introduction to a holistic health handbook in which the author counsels (50, p. 19) against the "negativity" of blaming the environment and proclaims that "health and happiness can be ours if we desire; we can create our personal reality, down to the finest detail." When such private efforts become the model for social practice, let alone public policy, they reinforce a medicalization of life which leaves us powerless to control our own fate. They incapacitate precisely because, in both conception and practice, those who adopt such efforts as a model tend to deny or choose to ignore the structural conditions which produce in our society the behaviors, attitudes, and emotions upon which so much attention is now focused.

Also illustrative is a popular self-help guide to overcoming cancer (51).
offering pitifully few remarks on the reality of carcinogens, the authors immediately proceed to a discussion of how few people exposed to carcinogens actually contract cancer. Departing from this observation, the rest of the book is devoted to topics like “personality, stress, and cancer,” “a mind/body model of cancer development,” “participating in your health,” “accepting the responsibility for your health,” “the benefits of illness,” “the value of positive mental images,” “finding your inner guide to health,” and so forth. Only the vaguest references are made to the dominant social and cultural factors which promote the “cancer-prone personality.”

As in the above example, social origins are not entirely denied. In fact, holistic health repudiates “the study of the individual abstracted from the context of other human beings.” But, as Jacoby has written of much of contemporary psychology, the social context is most often reduced to the immediate context of interpersonal relations and “psychological atmospheres.” He notes (34, p. 136):

A social constellation is banalized to an immediate human network. It is forgotten that the relation between “you and me” or “you and the family” is not exhausted in the immediate: all of society seeps in.

Thus, Ardell devotes a chapter in his *High Level Wellness* (52) to “Environmental Sensitivity.” After briefly noting the physical and social aspects of environment, about which he warns “there are severe limits to what most of us can do to change,” he devotes practically the entire chapter to what he calls the “personal” aspects of environment (52, p. 163):

The manner in which you organize your bedroom or work space, the kinds of friendship networks you create and sustain, and the nature of the feedback about yourself which you invite by your actions, are all examples of the personal environment, or spaces you consciously or unknowingly set up for yourself.

In the reduction of “social relations to immediate human ones,” the society in which experience is lodged remains hidden; the part is isolated from the whole.

Central to the holistic health and self-care models is the concept of individual responsibility. This notion appears in virtually everything that has been written on these subjects. Ardell summarizes its importance (52, p. 94):

All dimensions of high level wellness are equally important, but self-responsibility seems more equal than all the rest. It is the philosopher’s stone, the mariner’s compass, and the ring of power to a high level wellness lifestyle. Without an active sense of accountability for your own well-being, you won’t have the necessary motivation to lead a health-enhancing lifestyle.

Self or individual responsibility is the mechanism believed to propel the transition from a medically dominated experience to one more meaningful, autonomous, and effective for health maintenance and promotion. As such, it can be understood as political language. It implores individuals to reclaim the power they have given to physicians. (More cynically, it can also be understood as a convenient device whereby one set of healers captures the clientele of another, while obscuring that primary objective.) In a medicalized and “reified” society in which we experience ourselves as mere objects and the forces which envelop us as active subjects, the decision to take personal responsibility can mean a revitalization of the attempt to control those
forces, to become ourselves active subjects. Moreover, it forces us to examine how we have become complicitous in our own oppression. If we do not believe that we can control our own fate, how can any consciously chosen change take place? Thus, asserting a claim to individual responsibility partially delegitimizes existing authorities and throws open a new political terrain. To the extent that individual responsibility and related terms like self-help are experienced as symbols of empowerment, they may become one of the few ways that people conceive of themselves as actively political at all (10).

However, as political language, individual responsibility is highly problematic. Most obviously, it risks all the myopia of classical individualism which I have been discussing. It risks fostering the illusion that individual responsibility is sufficient. It leaves unexamined the “voluntary” assumption about human behavior, through which it is taken for granted that because individuals can and do choose to act differently, it simply remains for them to make such choices. In other words, it promotes a conception which overlooks the social constraints against “choosing.” Further, it may also exacerbate an already prevalent sense of powerlessness about controlling the forces which impinge on individuals by promoting a concept of control which may be viewed as an alternative to political efficacy: “I can’t change the world, but at least I can change myself.” Faced with an “everything causes cancer” hopelessness, personal protection is offered as the best route to health (53, p. 38):

We have evidence that cancer may be provoked by the air we breathe, the foods we eat, or by the pajamas our children wear to bed. Since it is clearly almost impossible to avoid contact with known cancer causes, the most important questions become: How do we stimulate and strengthen our resistance? How do we activate the immune system?

Moreover, for a generation which experienced the political motion and excitement of the 1960s, the turn inward toward self-cultivation can be partly understood as a reaction to the disappointment and political impotence experienced in the 1970s. Redefining the problem as self-change and preoccupying oneself with keeping healthy is one way to cope with that disillusionment.

In possible acknowledgment of some of these problems, the argument has been made that personal responsibility is the necessary first step toward a more political stage when people will act collectively to change social conditions. “Heightened individual consciousness,” Katz and Levin assert (22, p. 333), “is a precondition for, not an antagonist of, social action.” They offer the hypothesis that “people alert to personal hazards and active in their own self-protection are the people most likely to be concerned with economic and political etiologies”; and that the

... potential for increasing the competence and confidence of citizens in tackling established powers is great; small and local successes will lead to others; coalitions for broader political and social ends will occur ... (22, p. 335).

But if individual responsibility is understood as actions taken on the individual level to enhance or alleviate a particular condition, there is no evidence that a more political conception or behavior will follow. Of course, neither is there evidence for my more skeptical view. There is statistically a positive correlation between an individual’s sense
of personal efficacy, self-confidence, self-esteem, and so forth, and the level of social and political participation (54). But the relationship is far more complex than the stage theory—from individual responsibility to political action—suggests. I am not denying that, for many, a more political conception may coexist or follow (nor am I questioning the value of individual protective measures); I am only questioning the unexamined assumption. After all, individual responsibility as ideology has often functioned historically as a substitute for collective political commitments. Might not such possibilities of mutual exclusion exist in the present case? Given the prevalence of privatized notions of the path to well-being, and the current ideological campaign to place full responsibility for health on the individual (19), a stage theory of politicization is questionable. In fact, the failure to adopt an explicitly political understanding of the health problem amounts to a refusal to confront the massive, ideological depoliticization being promoted. It is practically to guarantee that dominant ideology will prevail.

Finally, as currently employed, the notion of individual responsibility promotes an assumption of individual blame as well. The intersection of morality and blame with illness and health is one of the most complex subjects facing medical sociologists and social historians (24, 25, 27, 44, 55-59). Health and disease have always been moral concepts and cannot be understood independently of the moral principles of the time nor the particular social relations within which they are placed, including the doctor-patient relationship. Ehrenreich and English (60), and others (61), have attempted to show, for example, how patriarchal structures and values are reproduced through the medical structuring of illness as a kind of deviance. What is clear is that the classical Parsonian sick role cannot suffice as an adequate explanation. Parsons (62) believed that the sick role was a social process by which the individual sick person would not be blamed or punished for deviating from normal role obligations so long as he or she did not give in to illness but agreed to work with medical practitioners in order to be able to return as quickly as possible to those obligations. He thought the "exemption" contained within the sick role was an ideal conventional form. In contrast to illness seen primarily as punishment or as evidence of Satanic designs, medicine (while still accomplishing important social control objectives) offers a more benign interpretation. In some respects, the medical doctrine of specific etiology—the identification of an external, natural, biological cause—does promote an apparent de-moralization of disease and illness. It proffers an exemption, even though submerged moral judgments, in both the doctor-patient relationship and within popular culture, persist.

Healthism, however, adopts a more strident moralism. Accompanying the focus on what we can do for ourselves as individuals, blame is brought front-stage. Self-responsibility does not necessarily equal blame. As an ideology, however, which focuses so exclusively on behavior, motivation, and emotional state, and as an ideology of self-improvement which insists that change and health derive from individual choices, poor health is most likely to be seen as deriving from individual failings.

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5 Here, healthism also reflects (and lends additional support to) recent changes in the medical model. The development of psychosomatic medicine has already set the stage, as well as the scientific legitimation, for the new moralism.
"We choose our sickness when, through neglect or ignorance, we allow it to spread within us" (63, p. 116); or "We should not fool ourselves into thinking that disease is caused by an enemy from without. We are responsible for our disease." (63, p. 4) As stress becomes a dominant paradigm, "clients are aided in understanding how they are responsible for the pressures and tensions in their lives." (52, p. 15) Warned against thinking about stress as an "outside pathogen," we are told instead that stress is up to us (49, p. 25):

We talk about the stress produced by our jobs, our home, our family, our business, the weather, the government, world conditions, and so on. Once again, we are led to believe that we are victims of some outside force that is imposing its will on us and causing us distress. . . . We choose our own psychological pathogens of stress by the way we choose to perceive and interpret events in our lives.

And as health becomes a super-value, those who fail to seek it become near pariahs (46, p. 10):

The gift of health is the gift of life, which raises the value of the whole idea exponentially. The gift of health, then, is the gift of happiness, of completeness, of love and of being. To abuse it, or to fail to seek it out with all our power is a denial of the value of self. Anyone who disregards the magnificence of life deserves only pity.

Thus, the failure to maintain health is ascribed to some kind of unwillingness to be well or an unconscious desire to be sick, or simply a failure of will. As stated by Ardell (52, p. 2):

The only tyrant you face is your own inertia and absence of will—your belief that you are too busy to take your own well-being into your own hands and that the pursuit of self-health through a wellness-promotive lifestyle is too hard, complicated, or inconvenient.

Sometimes it is explained by ignorance or the failure to insure immediate social support for individual change.

In other words, the no-fault principle contained in the classical sick role formulation, itself a forgery, is being withdrawn. It is being replaced by a "your fault" dogma. In the words of one adherent (64, p. 72): "As a prerequisite to Wholistic Healing we must stop blaming others for our condition or expecting others to bail us out of trouble." Healthism joins other social forces currently attacking what they see as the "overuse" or "abuse" of illness as an excuse to avoid "obligations," unnecessarily visit a physician, or collect government or negotiated benefits.

Healthists have thus helped to create a potential-sick role through which the obligation to stay healthy is more strongly asserted. In the potential-sick role, societal expectations are imposed on behalf of prevention. As potentially sick, individuals are experiencing more intense social pressures to act in ways to minimize that potential. Failure to act preventively becomes a sign of a social, not just individual, irresponsibility. According to Knowles (65, p. 59):

The idea of individual responsibility has been submerged to individual rights—rights, or demands to be guaranteed by government and delivered by public and private institutions. The cost of sloth, gluttony, alcoholic intemperance, reckless driving, sexual frenzy and smoking is now a national, and not an individual responsibility.
This is justified as individual freedom—but one man's freedom in health is another man's shackle in taxes and insurance premiums. I believe the idea of a "right" to health should be replaced by the idea of an individual moral obligation to preserve one's own health—a public duty if you will.

The notion of deviancy is therefore extended from the sick person to the potentially sick person, from manifest illness to what is considered unhealthy behavior. We all become deviants in our everyday lives—when we light up a cigarette, when we consume eggs at breakfast, and when we are unable to express fully our emotions. Persons who act in such a way as to predispose themselves to sickness are now considered actually to be sick (66, p. 6):

Positive wellness, not just the absence of disease, is the goal. The conventional physician considers a person well if he has no symptoms and falls within the normal range in a series of diagnostic tests. Yet this "well" person might smoke heavily, take no exercise, eat a bland, sweet, starchy diet, and impress all who meet him as glum, antisocial, and emotionally repressed. To a New Medicine practitioner, such a person is quite sick, the carrier of what biologist René Dubos calls "submerged potential illness."

Thus, all behaviors, attitudes, and emotions considered to put the individual "at risk" are medicalized—the labels health and illness become attached to them. Like the sick role, the potential-sick role mandates a moral duty: the obligation to correct unhealthy habits. Conversely, it condemns illness as an individual moral failing. The partial exemption contained within the sick role is further compromised. Notions of good motivation and morality regain explicit status. Illness, again, becomes the individual's fault. In the process, victim-blaming ideology wins a powerful ally in popular culture.

THE ONE-DIMENSIONALIZATION OF WELL-BEING

Wellness is Fun, Romantic and Hip—Sexy and Free
Holistic health T-shirt slogan

In healthism, healthy behavior has become the paradigm for good living. Healthy men and women become model men and women. A kind of reductionism or one-dimensionalization seems to occur among healthists: more and more experiences are collapsed into health experience, more and more values into health values. Health, or its supreme—"super health"—subsumes a panoply of values: "a sense of happiness and purpose," "a high level of self-esteem," "work satisfaction," "ability to engage in creative expression," "capacity to function effectively under stress," "having confidence in the future," "a commitment to living in the world," the ability "to celebrate one's life," or even "cosmic affirmation." "Health is more than the absence of disease . . . ," writes one of the new pulpiteers (49, p. x), "it includes a fully productive, self-realized, expanded life of joy, happiness, and love in and for whatever one is doing." In the "high level wellness" ethic, "health is freedom in the truest sense—freedom from aimlessness, being able to express a range of emotions freely, a zest for living." (67) In short, health has become not only a preoccupation; it has also become a pan-value or standard by which an expanding number of behaviors
and social phenomena are judged. Less a means toward the achievement of other fundamental values, health takes on the quality of an end in itself. Good living is reduced to a health problem, just as health is expanded to include all that is good in life.

In the process of acquiring a health-governed identity, the world is restructured metaphysically and politically. As the symbolic of health expands to include more and more experience, experiences of other kinds, alternative symbolizations by which people define their malaise and goals, along with implied strategies for alleviation or fulfillment, are affected. Other perceptions are reordered in relation to the symbol of health and become subordinate to it. Such perceptions become more remote, less a part of conscious understanding and concern, or alternatively, more immediate but only in relation to the culturally defined notions of what it means to be healthy. More values are incorporated under the rubric of health and thereby lose the clarity of distinctiveness.

Health has periodically been prominent in the utopian imagination. Three decades ago, the World Health Organization adopted a definition of health which stands as a forerunner of the contemporary attachment of meaning to the concept: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” One critic, Daniel Callahan, wrote of the definition (68, pp. 80-81), “it turns the problem of human happiness into one more medical problem, to be dealt with by scientific means. . . . It makes the medical profession the gate-keeper for happiness and social well-being . . . the final magic-healer of human misery.” The problem remains, but now the healers are holistic and the quest for health is an everyday concern. Callahan states the problem clearly in elaborating his objections to the WHO definition (68, pp. 82-83):

Such an ideology has the practical effect of blurring the lines of appropriate responsibility. If all problems—political, economic and social—reduce to matters of “health” then there ceases to be any way to determine who should be responsible for what. . . . For as soon as one treats all human disorders—war, crime, social unrest—as forms of illness, then . . . health is no longer an optional matter, but the golden key to the relief of human misery.

It is here that the medically constructed notion of health as a personal or individual matter—as a problem which arises from factors within or at the boundaries of the individual body—must again be considered. Under such a symbolic, the struggle for generalized well-being, defined as health, becomes more firmly locked into the confines of personal effort. Whereas medicine individualizes “disease,” healthism individualizes “dis-ease.” Either one goes for therapeutic repair or armoring, or one adopts an independent strategy for personal enhancement against the external forces and internal weaknesses which assault well-being. In the healthists’ world, the pursuit of health substitutes for, or may become defined as, doing politics. Where blue-collar workers are likely to talk of speed-ups or long hours, middle-class healthists are more prone to discuss their internal balance, stress, or adaptive mechanisms. Stress is in you; exploitation is in others.

A number of factors contributing to this development can be suggested. As a pan-value, healthism is a form of medicalization. Medical propaganda has been
bombarding our culture with the message that health is the most important of values, offering its magic bullets as the key to longer and disease-free lives. Doctors have offered themselves and are elevated to the status of cultural heroes. Medical commodities inundate the media. It should be no surprise that the failure of medicine to deliver the goods does not diminish the dream. Just the opposite. Health has become even more of an absorption, consuming not only the therapeutic products, activities, and imaginations of an expanding phalanx of new therapists but also the everyday concern and attention of the middle class.

Further, the enhancement and control of personal health finds fertile ground in a middle-class population which in the 1970s was forced to adjust to a world of increased insecurity and uncertainty—in health, in economic life, and in personal relationships. When life is experienced as eluding control, particularly when people begin to wonder whether a standard of living to which they have become accustomed can be sustained, the need for personal control is intensified. Personal health has become one such area into which people can throw their energies and reassert the sense that they can act on their own behalf.

Moreover, as we are increasingly defined as deviant (as potentially sick) in our everyday behaviors, attitudes, and feelings, we come to see ourselves as lacking. Not only do we experience the insecurity of imagined, future illness, the anxiety of worrisome prognosis, but also the insecurity of the deviant, the anxiety of not fitting in. Adopting health as a preoccupying value may act as a sort of prop against that insecurity. The healthist is in essence saying, "See, I am not deviant. I am not lacking. I control my condition. I am in the process of being healthy and whole." What is important is the adoption of a symbol as a personal identity which matches dominant social expectations and stands in opposition to the identity of deviant. Healthism, in other words, becomes self-perpetuating. It extends deviance and then provides an answer to its own problem. Additionally, despite the apparent individualism, by making health a super value and then defining health as a distinct set of behaviors, attitudes, and emotions, a further social structuring of experience is promoted. Healthism may thus be a response not only to its own extension of deviance but also to isolation in a broader sense: "If we're going to be alone, let's at least be alone in the same ways; do the same things, etc." Thus, the individualism of healthism may in fact be a highly elaborated affirmation of belonging.

Ironically, however, the healthist is forced into a deeper contradiction. On the one hand, he adopts as his own the symbol of health. On the other, as he delves more deeply into a limitless definition of health as total well-being, disease becomes more of a conscious everyday experience. Total well-being engenders total dis-ease. Healthism may thus reinforce the individual's experience as a deviant and the anxiety of a sense of lacking for which ever-more compensating behavior is required. It probably extends apprehensiveness about future illness as well. Despite the shared rituals of healthist pursuits, how much is isolation overcome under these circumstances?

More portentously, when good living is defined as eliminating the personal symptoms believed contrary to health, will there emerge a kind of individualistic protectionism in which a steady-state, psychobiological system is believed to be derivative of a steady-state life—in which rocking the boat will produce conflict, upset, and added
stress, all of which are believed to lead to one of the dread diseases forty years hence? What will healthists do, for example, with data (69, p. 81) which suggest "a relation between rapid social change and accompanying personal changes, including disordered situations, leading eventually to disease"? **Will**, at its extreme, alienation and its attendant behaviors become illness (understood as potentially sick) and integration and its attendant behaviors (happy acquiescence) be celebrated on the altar of health? **Will** healthism become the perfect ideology for a depoliticized and cocoon-like culture?^6

Worst fears aside, the **argument here is that healthism serves to mystify and channel discontent, and perhaps deviance itself (71), into forms which are basically nonthreatening to the existing order.** Medicine has always performed this social control function, and now medicalized ideology does the same. If ideological conflict can be thought of as a struggle over symbol systems by which people define their malaise and which imply certain solutions, the symbol of health in the emerging healthist ideology is most compatible with a system of domination based on the therapeutic and personal achievement of well-being. Just as the language of caring or help obscures the unequal power relationships of a growing therapeutic state (72), so the language of self-care, individual responsibility, and holism obscures the power relations underlying the social production of dis-ease and discontent.

**HEALTH AND SUBJECTIVITY**

My thesis has been that the new health consciousness and movements stand in danger of being captured by a symbolic and practice of pure subjectivity. It’s not that social change is completely ignored, only that it is seen as an outcome of subjective practice multiplied. **Change will occur, it is believed, as in the market, when enough people are recognized by power centers as wanting and choosing healthy life styles.** Often a pessimistic appraisal of the opportunity for political change reinforces utopian ideas of long-term change based on individual choices.

Considering the difficulty of changing life styles (e.g. the habit or addiction of smoking, or the investment of time and money necessary to find healthier products), it is remarkable that there is so much interest in doing so. The behavioral focus becomes more understandable, however, in a context in which personal health protection and promotion appears to be the only possible alternative to a health-denying environment which eludes control. Faced with such limited choices, the most difficult, individual adjustments will be attempted. In the absence of a clear societal responsibility for (commitment to) health promotion, individual responsibility comes to be seen as a necessity. As individuals, we all face the same dilemma: we cannot afford to wait for a political solution, so those of us who are able adopt health practices which we believe will reduce our risk. The loss of control over health is "eased by its endless pursuit."

^6"The supreme individualist—opposed in depth to earlier modes of self-salvation: through identification with communal purpose," is in Rieff’s terms (45, p. 5) "psychological man," a new modal personality which holds the conviction that "the new center, which can be held even as communities disintegrate, is the self." The triumph of the therapeutic has meant, for Rieff, the vanquishment of politics. See also Lasch (70).
Those most able to make individual adjustments are more likely to be middle class. Middle-class people not only possess more personal resources for changing life style, doing holistic therapy, and so forth, but also have acquired fundamental notions about themselves as social actors from work situations (and all the supporting socializing patterns) which are individually competitive. They are already predisposed toward seeing their achievements as a result of personal effort alone. A healthist formulation, while still plausible, is less likely to be the response of blue-collar workers and lower-class people who would be more prone to see at least some health problems in "we-they" terms.7

The various health movements have taken vastly different directions. Political activists in the occupational and environmental health movements are most often singular in their focus on factors external to the individual—objective factors, like the corporate production of carcinogens that pose concrete health threats—while healthists in the holistic health and self-care movements are preoccupied with the subjective, behavioral arena. Both take fundamental truths and turn them into half truths through an exclusive attention. One takes the individual as the problem; the other takes the society as the problem. Both fail to understand what Marx understood (quoted in 34, pp. 104-105): "Above all we must avoid postulating 'Society,' again, as an abstraction vis-à-vis the individual. The individual is the social being."

The ideas of Russell Jacoby (34, p. xxii) are germane to this point:

The prevailing subjectivity is no oasis in a barren and dehumanized society; rather it is structured down to its core by the very society it fantasizes it left behind. To accept subjectivity as it exists today, or better, as it does not exist today, is implicitly to accept the social order that mutilates it. The point, however, is not merely to reject subjectivity, . . . it is to delve into subjectivity seriously. This seriousness entails understanding to what extent the prevailing subjectivity is wounded and maimed; such understanding means sinking into subjectivity not so as to praise its depths and profundity, but to appraise the damage; it means searching out the objective social configurations that suppress and oppress the subject. Only in this way can subjectivity ever be realized: by understanding to what extent today it is objectively stunted.

The failure of the occupational and environmental health movements, as well as much of the political left, to develop a critique and practice which take seriously the predicament of the individual (for example, the needs for viable coping options, or for immediate strategies for reducing vulnerability to disease, or for a more viable and meaningful healing mode) undermines the realization of their objectives. At least healthism attempts to respond to these needs. It is manifestly therapeutic.

Pure subjectivity, however, cannot help but to promote a misunderstanding of both the subjective and objective conditions of health and disease. It misses the dialectical essence of social existence. The isolation imposed on the two realms—subjective and objective—is a political and ideological one. It serves the interests of domination. The failure of healthism ideology to treat individual behavior, attitudes, and emotions

7Ehrenreich discusses one sense in which healthism may itself be an expression of a "we-they" mentality. She suggests that healthism has become an important means for the middle class to structure its own class identity. Conspicuous, health-promotion behaviors (e.g. non-smoking) may act as "recognition signals," for purposes of both differentiation and mutual affirmation (73).
as socially constructed reproduces the disablement fostered by medical ideology and the ideology of individualism in general. Instead of approaching the complex inter-relationship of individual characteristics, choices, and larger social structure, healthism promotes a new moralism.

Everyone needs to cope. Faced with seemingly unchangeable or hopeless situations, we invent ways to adapt to them, despite the often disabling consequences of many of the coping mechanisms we "choose." Without such mechanisms, plentifully supplied in the interest of social control, this society would explode with discontent. For those of us seeking political and personal change, patterns of coping pose often overwhelming obstacles. But it would be pure romanticism, as well as elitist moralizing, to insist that we give up our ways of coping, stop adapting, and get on with the business of changing ourselves and the world. Such moralizing will not overturn political quiescence. Most people will make those choices for change in situations in which it makes sense for them to do so.

Healthism is a kind of elitist moralizing about what are believed to be unhealthy coping behaviors. It is ironic that healthists should be such prudes. For even though they oppose one kind of coping, they adopt another kind of coping philosophy which also disables. In its exclusive focus on subjective practice, it reproduces the same dynamic of response as the at-risk behaviors they are criticizing. My critique of healthism is not aimed at questioning whether it has any therapeutic value. Anything that works for the individual cannot be dismissed. Thus, even though healthists advocate behavior changes which, like cessation of smoking or reduction of alcohol consumption, are likely to improve individual health, in the long run, such an exclusive preoccupation is likely to be health denying. It reinforces the illusion that individual coping is enough. Certainly it is possible to cope and change self and society at the same time. But because it further undermines a political conception of the health problem, healthism reinforces the tendency toward wholly private, individual solutions.

An at-risk society will produce at-risk individuals and behaviors. Healthism leaves people at risk. A genuine holistic health demands a holistic society. A movement which hopes to transform human behavior must go beyond coping. An ideology and practice is needed which, unlike healthism, seeks to enhance our social capacity to control the conditions of our existence. Similarly, political movements aiming to change unhealthy social conditions would be more successful if they took seriously individual needs for coping, for finding partial solutions for the self. The ideologically imposed and disabling separation between private, personal, coping actions and political movements designed to change society must be overcome if a viable health strategy and, indeed, a viable society are to be achieved. Healthism disables because human capacity cannot be advanced in the subjective sphere alone.

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