ASDAH Conference 2011—Session IV: Who Gets to Be Healthy? Supporting Wellness, Not “Healthism”

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DEFINING HEALTHISM

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Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. It would be better to live under robber barons than under omnipotent moral busybodies. The robber baron's cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good will torment us without end for they do so with the approval of their own conscience.

- C.S. Lewis
**“Healthism” Defined**

- Term was first coined by a sociologist in 1980 to describe a “preoccupation with personal health as a primary – often the primary – focus for the definition and achievement of well-being.”

- Term has come to include a moral dimension: we have a “moral duty” to be “healthy” (whatever that means), and are found morally wanting if we are “unhealthy.”

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Historical Perspectives

- Link between morality & health behavior is not new – e.g., “gluttony” as one of the “seven deadly sins” of the early Christian Church – but the emphasis was on avoiding being selfish and covetous rather than performance of health promoting activities.

- “The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality.” -- Henry Spencer (19th century English philosopher)

- Religious themes usually equate performance of morality with a reward or consequence of good health in contrast with performance of health as a virtue in and of itself.
“Personal responsibility for health is widely considered the sine qua non of individual autonomy and good citizenship.” Robert Crawford, “Health as a Meaningful Social Practice,” *Health*, 10(4), 401-422, 2006.

“Health has become the new fountain of youth, the promise of “potential perfection,” a new version of the eternal quest for immortality, and a new form of a badge of honor by which we can claim to be responsible and worthy both as citizens and individuals. Thus, in many Western contemporary societies, health approaches sacred status: Healthism is to the fore.” Julianne Cheek, “Healthism, A New Conservatism?”, *Qual. Health Res* 18(7) 974-982, 2008
Healthism as Result of Multiple Influences*

*This is my preliminary list – can we think of other influences?
CAPITALISM & CONSUMERISM

- Protestant work ethic – the project of “improving” oneself
- Bootstrap values – our life situation is a matter of personal responsibility
- Rise of industries that make vast amounts of $ selling us products that purport to make us healthy (and working to expand what constitutes “health”)

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Rise of Surveillance of Bodies & Health

- Increasing government & public surveillance of our bodies and health behavior
  - Establishment & growth of public health movement
  - Personal health behaviors are subject of national debate and public health campaigns (and TV commercials: cf. “Consumerism”)
  - Increasing politicization of health, e.g., Medicare/Medicaid, health care reform, etc.

- Increasing employer surveillance of our bodies and health behavior
  - Employee wellness programs, including reward systems for weight loss (e.g., “biggest loser” contests), are on increase since health care reform of 2009!

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As a result of phenomenal advances of modern medicine and medical research, we have exponentially more information about what causes illness and what promotes health.

We also have more technology (tools) we can apply to the “project” of health.

More info & more tools = more control.

Implicit belief that if we can change/control something, we should change/control something (bootstraps values).
Information about health is increasingly available to the public, and more info creates a “moral imperative” to act.

Spectacle of what is assumed to be “good” and “bad” health behaviors is played out daily on television & the Internet.

Popular culture: “Mirage of health” is seen as the key to all good things (phrase is from Ivan Illich – conveys illusive nature of “health” – it’s always slipping beyond the horizon despite our strivings); “if you don’t have your health, you don’t have anything…”

Change in way we think of health: from a “state” to something we do or perform (cf. “control” offered by biomedical information). Also, health can be experienced as something we consume or purchase (cf. consumerism).
The Size Acceptance & HAES\textsuperscript{SM} Communities

- How does healthism play out in our community?
- Remember that despite our HAES convictions, we all still live in a healthist culture where being fat is seen as *ipso facto* un healthy.
- “Increasingly, the size and shape of the body has come to operate as marker of personal, internal order (or disorder) – as a symbol for the state of the soul.” S. Bordo, “Reading the Slender Body,” in Jacobus, Fox, & Shuttleworth (Eds.) *Body Politics: Women and the Discourse of Science* (1990).

\* *ipso facto* = “the thing speaks for itself”
The “Perfect Fattie”? 

- Some of us succumb to the idea that if one is fat, in order to advocate for size acceptance or HAES, one must be in “perfect” health ... “the perfect fattie”

- This is a *healthist* idea...

- We don’t have a “duty” to be any healthier than anyone else – our fight is based on human rights (size acceptance) and proven research (HAES\textsuperscript{SM} principles) – it doesn’t change if our health changes
DEFINING THE HEALTH IN “HEALTH AT EVERY SIZE®”

- Biomedical definition: “the absence of disease or infirmity”
  - This definition is too limiting – no one really experiences the concept of health as one-dimensionally as this.

- The World Health Organization (1946): “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”
  - This leaves too many out by suggesting that absent perfect (“complete”) well-being, one cannot be deemed healthy. Indeed, reads like a perfect recipe for “heathism”?

- Jon Robison & Karen Carrier in *The Science and Spirit of Holistic Health* (2004): “Health can be redefined as the manner in which we live well despite our inescapable illnesses, disabilities, and trauma” (p. 171).
Many of us would agree that one of our most important undertakings as health professionals and advocates is to find ways to empower people to define and strive for health on their own terms. This project is no less important when we consider our own health (walking our talk...).

Perhaps one of our collective tasks (tomorrow at the “unconference”? On the Listserve? Ongoing?) should be to clarify what we mean by “health” and to discover whether we can find a way to promote HAES℠ ideas without succumbing to healthism.