

Institute of Ideas conference
HEALTH: AN UNHEALTHY OBSESSION?
Museum of London, 12 February 2005

OPENING PLENARY: HEALTH OBSESSIONS
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What I'm trying to do today is really a sociological enterprise. A couple of months ago I was in Oslo giving a talk on risk and the impact of risk consciousness on illness and perceptions of illness. And the people there said 'Do you want to get involved with a project with us about children?' And I said 'Well, what kind of project?'. And they said 'We're interested in tracking the growth of different diseases and illnesses that children seem to have,' because the point they make is that every month there is a new children's syndrome or a new allergy that children are meant to be suffering from. And they said 'We need a sociologist who can help us to explain why there is this expansive dynamic towards the invention of new illnesses, because you can predict with utmost certainty that if there are 60 children's allergies this year there'll be 75 next year, and 105 by the end of the decade. Why is this happening? Because quite clearly the basis for it couldn't be biological, couldn't be physiological, couldn't be genetic, there's got to be some other reason for it'.

Having joined this programme, I've been trying to think about why is it that we seem to be living in a world where illnesses of all sorts tend to be on the increase. Why is it that it is so much preying upon our imagination? It seems to me that, when you look around the world, and you compare it historically to any other time, you could say that the distinguishing feature of the twenty first century is that health has become a dominant issue both for personal life and public life. It's a highly politicised question that's continually the focus of debate. And it's also becoming more and more an important area for government intervention, and for policymaking. And what I'm particularly concerned with, in terms of my work as a sociologist, is that it's increasingly making a greater and greater claim upon our resources and upon our mental energies. And every year that goes by we spend more and more of our resources and more and more of our time thinking about this issue. I'd like to raise four possible reasons, four possible influences, as to why this is happening, and try to work out some kind of a framework that might explain to us what is really going on. I'd just like to go through them one by one and perhaps we can discuss them later on.

I think there is first of all the imperative of **medicalisation**, something that has been talked about for a very long time. But I think it is important to realise that when the concept of medicalisation was first formulated, in the late 1960s, early 1970s, it actually referred to a far narrower range of phenomena than is the case today. And it very much was linked to the actions of a very small number of professionals rather than having the all pervasive character that it has today.

What medicalisation means essentially is that the problems of every day life are continually reinterpreted as medical ones. So, problems that you could normally define as existential problems, that is, the problems of existence, increasingly require a medical label. And I think we're now coming to a point where I cannot think of any human experience that doesn't come with a health warning, that doesn't have some kind of a medical label attached to it.

So, it's not just simply the experience of pain, or distress, or disappointment or the engagement with adversity that is medicalised, and is seen as being a sign of trauma that will precipitate distress, which in turn will create some kind of a more biologically based disease. I think even human characteristics are becoming more and more medicalised. Take for example something like shyness, I mean it's quite normal to be shy, to be really honest there are many circumstances where I feel quite awkward and shy, you know, you want to stay in the familiar. I'm not the best networker in the world, I think at my age I'm quite entitled to be shy, that's not the end of the world. But am I also someone who is suffering from social phobia? Is that the person that I am that you're seeing in front of you? A social phobic or whatever I might be? Because that then becomes the label, of course the minute you have a label attached to my shyness, like of social phobia, it's only a matter of time, the week after, that a pharmaceutical company will come up with a shyness pill. And will say that if you pop

these pills three times day you're going to be the life of the party. And your illness will be overcome as a result of that.

This whole thing has now become regular and often we can laugh at it but it has become quite a normal part of our lives. One of my hobbies is that I get press releases on a regular basis that inform me of new illnesses. I think it's a very enjoyable thing to do round the breakfast table, 'What's the illness of the week?'. This week I have a press release that I'd just like to read out, I know I shouldn't really read things out but I think it gives a flavour of what we're talking about. It's dated 7 February and it's from Beijing of all places:

'Psychologists say that love sickness is a genuine disease and needs more awareness and diagnosis. Those little actions that are normally seen as the symptoms of the first flush of love; buying presents, waiting by the phone for a call or making a bit of an effort before a date may actually be signs of a deep-rooted problem to come. Many people who suffer from love sickness cannot cope with the intensity of love, and have been destabilised by falling in love or suffer on account of their love being unrequited, according to Dr Frank Tallis a clinical psychologist from London.'

I hope Frank isn't here. He might be here, but anyway, it ends by saying 'Tallis calls for a greater awareness of love sickness, in a report published in *The Psychologist* magazine, the official publication of the British Psychological Society'. Now obviously any passion, any intense passion that we experience with a wide range of phenomena does have an impact upon our body. We know that, you don't have to have a PhD in psychology to come to that conclusion. But when even love, even the passion of love can be reconceived as the anticipation of an illness to come, then what is it about our lives that is illness free? What can we possibly do that isn't going to be associated with some kind of illness? And it seems to me that we have to understand that today medicalisation no longer knows any limits. Its so intrusive that it can impact on virtually any one of our experiences. And therefore what it does is that it creates a situation where illness is increasingly perceived as normal.

This comes to my second point. It seems to me, and this is something that all theories of medicalisation didn't really account for, and never actually conceived of. Illness today is normal, but all theories of medicalisation consider illness to be the exception that was a rare occasion. Today, in the twenty first century, to be ill, is to be normal, that's the normal state. What I want to argue is that today **illness is as normal as health**, possibly even more normal. And the concept that I'm developing is a very ugly concept, it doesn't sound right, it is 'illness in potential'. I'm sure that I will work out a nicer way of saying it but I think illness in potential, means potentially ill is the normal state, the default state that we live under.

The term that I'm describing is most clearly embodied in the concept of 'wellness'. Again, in historic terms, a relatively recent concept. You know, well men's clinic, well woman's clinic, wellness. It's a very indistinct concept which has very rarely been deconstructed sociologically. When you think about it, when you reflect and take a bit of distance from the concept, the concept of wellness presupposes that being well is not a natural state. If being well were natural and normal why would you need to have a wellness clinic? You don't have, you know, a sunshine clinic, you don't have an evening clinic; normal, natural things don't have these sorts of institutions attached to them. Why have a wellness clinic if you're well anyway? That doesn't make any sense whatsoever.

So we have a presupposition that being well is not a natural state. It's something you've got to work on, it's something you have to achieve. That's what being well is really all about. And once you have that kind of concept, that being well is something you've got to achieve, then quite clearly you have a presupposition that not being well or being ill, or potentially ill is a normal state. And that's very much part and parcel of the way our culture perceives its existence. We are not actually well, we are not fine, we are potentially ill. Therefore our job is to make ourselves well. That becomes the project that is assigned to us. That's a very, very important development because it basically suggests that if you do not attempt to project of keeping well, you will revert to or become ill. You really have to make a very clear effort.

That's what explains the phenomenon that when you go to the supermarket, especially in a middle class neighbourhood, buying food becomes like a scientific experiment. As people spend hours looking at how much carbohydrates are in there, is it organic, is it natural, is it holistic. Just think about the amount of time you spend just reading labels to be sure that you are keeping well, you are doing your bit, one way or the other. That, I think, is an important development. Of course if illness, or potentially being ill is so prevalent the its only a matter of time, and I think we've reached that period, when illness becomes part of our identity, who we really are. It's part of the human condition.

Now some of us might not flaunt it. We don't go around saying 'I've got a gum disease.' It doesn't sound very sexy, right? You don't go around saying 'I've got athlete's foot' around the dinner table. But some illnesses you can talk about around the dinner table, its quite a personal identity. I keep quiet about my athlete's foot, but I'm a cancer survivor, or I've got some kind of other disability that I'm flaunting to the table because that's really who I am. And what happens increasingly is that as we normalise illness our identity, in terms of who we are, becomes increasingly and inextricably linked to that. To be normal is to be ill, and to be ill is to be normal.

Illness also changes when it becomes part of our identity. If we've invested so much emotion in an illness, if so much of our life is made sense of through an illness metaphor, we embrace it, and it's very difficult to let go of a part of our identity. Which is why illness tends to become more durable and last longer. Sickness is no longer a temporary episode. Sickness is something that, increasingly, you have for life. You're scarred for life, it leaves this indelible stamp upon your personality. And we define ourselves in those terms. We are cancer survivors, we are survivors of this particular illness. We see ourselves as being in remission. We've got all these metaphors that we use that tell us that all the way in to the indefinite future that episode is still very much part of who we are and defines and shapes our personality.

So increasingly what happens is that as illness becomes part of our identity it also acquires features that aren't negative. I mean, when I was very young, illness was a bad thing. Illness was a very negative thing. These days when you read illness diaries in the *Guardian* for example (the *Guardian* specialises in these. By the way I've written them offering them a diary about my athlete's foot but they weren't interested. They passed on that one), how many times do you read the phrase 'I've learned so much about myself through my illness'? It becomes a pedagogic experience. You know, 'I've just lost my leg, I've lost half my brain cells but I'm learning so much from this extremely unique experience.' It almost becomes like going to university, you're getting all these important insights through the illness that you've had. It becomes something really positive that should be embraced, and the way that we value illness now, and there are millions of books written on this subject that will tell you how to use this experience to their advantage.

What we're doing is not just simply making a virtue out of a necessity, which is actually quite understandable, but we are more consciously valuing it, we are attaching positive connotations to it, which then makes it an even more desirable objective as part of our identity. That's the second important influence, the normalisation of illness, and the increasing tendency towards turning illness in to a default position. From a theoretical point of view, the way I understand it, is that illness is the first order concept, and wellness is the second order concept. It is something that is subordinate, and methodologically subordinate, to the state of being ill.

The third important influence is that, increasingly we live in a world where our cultural script, **the cultural narrative that influences our lives increasingly uses health to make sense of the human experience**. The more problems we have with dealing with uncertainty, the more difficulty we have with making statements of moral purpose. The more ambiguous we feel about values of right and wrong, the more comfortable we feel with using the language of health as a way of making sense of our lives, of gaining meaning about our lives. And therefore in terms of the way we want to regulate our lives. It seems to me that at a time of moral and existential uncertainty, health has become an important idiom through which make sense of life and provide guidance to people.

We do it all the time so that we are no longer aware of it. So for example we no longer tell our teenagers that pre-marital sex is good or bad, we don't make a moral judgement. You know, 'You shouldn't have thirty boyfriends at the same time', or 'You shouldn't be involved in this or that activity'. Its never a question about good or bad, or 'God will not like you', or 'Jesus Christ will hate you for it'. Instead what we say is that pre-marital sex is a health risk. We are far more comfortable with that. And if you get sex education programmes in this country they give you very complicated reasons why you will be emotionally traumatised if you are pressured in to having sex, and all these very good health reasons as to why you should stay at home and watch television, instead of being sexually active.

We have completely lost the capacity to tell our children what is right and what is wrong, but we're very comfortable with giving health reasons which more or less say the same thing. There are no clear moral guidelines, as far as I am aware, most of the time about most of our activity. But we are very good at using health to regulate people's lives in a very intrusive and systematic way.

I don't know if you've noticed this, but even medicine and food are increasingly acquiring moral connotations. I'm learning, because I'm very old fashioned, that antibiotics are evil: you want to stay off that stuff because it's ultimately bad for the environment. So other drugs if they're made with some kind of natural herb are holistic, and they have a morally positive quality attached to them. We're told for example that organic food is good. When we talk about organic food we do not just talk in nutritional terms, it is morally good. It is a good thing, as opposed to junk food which is evil. When you look at the language that is used about junk food you would think that it makes heroin addiction pleasant experience. Being a heroin addict is a socially responsible way of behaving compared to the destructive consequences of eating junk food.

So when you look at the language that we are using in terms of the health strategies, the medicines that we're using, the way we're increasingly looking at obesity and people's body weight in those pathological terms, it isn't just about health: we're making moral statements. A fat person is someone who has real, serious moral problems, as far as their life is concerned, it isn't simply a health problem. That's the third reason, as we become more and more morally illiterate, we actually turn to health to save us from circumstances where we're facing a degree of moral or spiritual disorientation.

The fourth reason, the final reason I want to draw to your attention actually comes out of all these other reasons that I've mentioned. It is this, I think that the cultural conditions that we live under, the cultural influences that prevail over our lives continually invite **the politicisation of health**. Health becomes this focus for incessant political activity. If you're a politician, you haven't got a brain cell in your head, you don't know what to say in public but you know that if you say something about health, people will be responsive to that. Its also an area that obviously is very profitable. You can make a lot of money in it. We have this incredibly complex network from pharmaceutical companies all the way to the alternative health shop down the block, to individual quacks selling their wares, who are all in the business of essentially living of this cultural sentiment that we have.

What governments do that I particularly object to is two things, and that's becoming more important in the twenty first century. They first of all encourage introspection, they basically tell us that unless you, as a man, examine your testicles three times a day, and you examine your cholesterol level and you look in here and there and everywhere, you're not being very responsible. You're letting down your children and your wife and everybody else. So they really encourage you to be continually worried about your health, that's really their main role in life. And actually I've come to the point where I think that public health initiatives have become a threat to public health. And actually I think on balance, the damage that they do outweighs any of the good. Now, it didn't used to be like that. There were some good public health campaigns in the past but I think increasingly today, public health campaigns, when you look at their cumulative effects do more damage than good. And that's one problem.

The second problem with governments is that they promote culturally the value of health seeking. You are being constantly told to seek health, that if you're a responsible person then you will seek health for this condition or that condition. I'm a sociologist and I'm interested in all the rituals of health seeking. Occasionally I call up helplines, and when you call up helplines they usually have one of four formulaic answers that they give you. And the answers never fit your needs because they're usually designed for a person who doesn't exist. So when you've exhausted the four questions on the script they have a fifth answer which they always give you which is 'Here are some more numbers you can call'. And if you have a lonely social life you can spend a whole weekend making a lot of phone calls talking to a lot of people. That's really what health seeking does, it puts you on a treadmill of continually seeking health. That's the second thing that they do. And finally, I would suggest the primary effect of this is just to make us feel more ill.

I just want to end with a prediction. And I'm so convinced about my prediction that I'm prepared to bet my £100 against your £1. What I'm predicting is this: health and healthcare in this country and in Western societies will always be in a crisis. We are not going to overcome the crisis of healthcare; it's outside of the realms of possibility. No matter what government policy is pursued, no matter how much money is thrown at the problem, even if we increase health expenditure, two, three, four times, none of the problems are going to go away. I predict things are going to get worse and worse as we get in to the twenty first century. And it seems to me that as long as the normalisation of illness remains culturally affirmed, more and more of us are likely to identify ourselves as sick and also are going to identify ourselves as sick for a growing amount of time. And it seems to me that the solution to this problem lies not in the area of policymaking, not in the area of medicine, the solution to this problem ultimately lies in the area of culture.