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# Health Initiatives Conducted Outside Hospitals and Other Medical Settings

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## Abstract

The aim of this essay is to critically reflect on the concept of health. 'Health' refers not only to the absence of biomedical diseases and bodily and mental dysfunctionalities; today, the concept is also synonymous with wellness, happiness, and a good life. However, this broad definition of what it means to be healthy nowadays produces a number of problems for citizens who struggle to meet the standards of this changed ideal of health. Consequently, unhealthy citizens, such as overweight individuals, possess not only a biomedically defined unhealthy body or mind; they are also, in a broader sense, believed to lead a lesser work life, family life, love life, etc.

**Keywords:** Health; Health promotion; Overweight; Wellness; Workplace

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## Introduction

Health is today and by most people perceived as a positive concept [1,2]. However, the automatic positive valuation of (any) health initiative clouds the problems associated with especially health initiatives conducted outside a classic medical setting (e.g., hospitals, clinics, etc.). Present day health initiatives are not solely the responsibility of the health sector as securing health has become the joint responsibility of all sectors in society [3]. In Scandinavia, for instance, in which the research of this author has taken place, employees are offered a range of different health activities, such as a pedometer, healthy food in the workplace canteen, conversations about lifestyle issues, and so on [4,5]. Such initiatives are likewise found in organizations throughout the USA and in many (if not most) countries in Europe. As scholars in the USA argue: firms ought to invest more in the health and wellness of their employees (two concepts that are often used synonymously) [6]. Of course, it is hard to disagree that having a healthy lifestyle consisting of a balanced diet, no smoking, little alcohol, exercise, and a positive psychological state of mind is a better way to go through life than living with disease and physical as well as psychological pain. However in this short essay, I will try to contest this exact idea that striving for a healthy life should only be seen as a good and positive undertaking. My argument is shaped by the ways in which health is defined today. Initially, one might think that a healthy individual is defined by his or her physical and psychological state—as measured using the tools of biomedicine. However, when we consider the various so-called health initiatives in a various contexts, then a number of problems for the presumed unhealthy citizen are brought to the surface.

## Health, happiness, and wellness: The same phenomenon?

According to Kickbusch (2007) health initiatives have moved out of the hospital, the clinic, and the general practice and are no longer solely focused on fighting disease. The health work of today also takes place within other social systems such as schools, workplaces, and in offices of alternative medicine [3]. The task of these non-medical systems is not as much to restore a dysfunctional body to its proper (healthy) state as it is to teach the individual how to make the right 'lifestyle choices', which are measured according to 'the tyranny of health' [7]. These newer health initiatives conducted outside the medical settings are often initiatives that, in a broader sense, seek to ensure and establish a general sense of wellness, for, e.g., employees,6 and may therefore involve instructing employees how to make better lifestyle choices and teaching them how to achieve a healthier, happier, and wellness-oriented way of life [4,8]. However, these health initiatives, which do not address strictly biomedical matters, are per definition difficult to define in any clear cut way as what it takes to make a person feel 'well' and 'happy' and make the 'right' choices necessarily will vary from person to person. Therefore, this type of morally based health work requires critical attention; not least because these initiatives may have discriminatory effects [9]. Is it, for instance, possible for a fit, non-smoking, slim manager to imagine that an overweight, unfit, smoking employee is living a happy life? [4,10,11].

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## Linking health with happiness and wellness

This current and somewhat disturbing link between a healthy life and a happy life is not only the construct of health care professionals but is also perpetuated by powerful actors such as researchers, the media, politicians, and—not to forget—ordinary citizens in the role of, for instance, employers who have their own individual understanding of what it means to live a happy life. Therefore, when we address this type of morally grounded health work, we must keep in mind that these initiatives are inseparable from the social and historical contexts in which health, happiness, and wellness are being negotiated [11]. The lack of a clear demarcation between the biomedically defined ‘health’ and socially defined ‘happiness’ and ‘wellness’ leads to a new syndrome of modern societies: a wellness syndrome, as suggested by Cederström and Spicer [12]. The symptoms of this modern syndrome are anxiety, self-blame, and guilt [12] as health (and happiness and wellness) has become ‘a moral demand that is placed on the individual’ in this current ‘age of biomorality’ [12]. Health has, in other words, not only become a moral imperative but also the gateway to a life of happiness and wellness. Even the World Health Organization addresses the topic of wellness by identifying it as the optimal state of health of both individuals and groups. In the eyes of the WHO, wellness thus concerns ‘the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings’ [13]. In order to treat and rid of these symptoms of unease, self-blame and guilt caused by the moral demand to reach one’s ‘fullest potential’ (WHO) and lead a well and happy life, we thus seek out so-called wantologists [12] who help us discover what we want. We sign so-called wellness contracts [12] and we participate in health and lifestyle conversations at our workplaces [14] all in search of a healthier, happier, and more positive way of thinking and living. However, when the object is physical or mental wellbeing then the objectives are, in principle, unobtainable: we can always exercise more, eat healthier, pursue new goals, and we can always become happier. These recent types of wellness initiatives—conducted outside a medical setting and dressed up as health work—may therefore end up leaving us anxious and filled with regret, self-blame, and guilt when we continuously experience that the target of our desire—our overall sense of wellness— has yet again moved further away [12].

## Targeting overweight as a ‘health’ problem

There is no doubt that being overweight is (generally) perceived as a problem. The overweight body symbolizes for most people an at-risk-of-becoming-ill-body that needs to be managed in order to obtain a healthy life [4,15]. However, if we are to understand the enormous interest of today in the ‘health’ situation of overweight individuals, we cannot only address this phenomenon from a biomedical angle; we must also turn to sociologically explanatory factors, the linking of health with happiness and wellness, and which draw our attention to the competing cultural meanings embedded in the overweight body in present day’s Western societies [16]. Overweight individuals do, of course, weigh more than the BMI-calculation recommends; however medically, this is not necessarily a big problem or even an issue [17,18]. Nevertheless, a number of studies has documented how common it is for normal-weight people to regard being overweight as synonymous with being lazy, morally inferior, living problematic lives, and having poor relations to spouse and children [19-23]. The current disturbing association between health and happiness may thus explain why overweight individuals become the apparent targets of many health initiatives outside traditional medical settings such as the doctor’s office, hospitals, or health clinics. When overweight individuals are approached in schools, their places of work, or in other non-medical contexts [8,14,24]. It is most likely because their ‘wrong’ bodies automatically implies a ‘wrong’ way of living as well [24]. By transforming a (questionable) biomedical issue into a problem of happiness and wellness (i.e., the assumption that overweight people lead undesirable lives) it becomes legitimate to want them to change their lifestyle and hence to approach them with so-called health activities outside the traditional health settings.

# Conclusion

This short essay has sought to problematize the dominant role that health holds in today’s Western societies. Health work is no longer conducted exclusively within traditional health settings but is now also practiced in organizations with no previous engagement with health issues. The health agenda can be perceived as very powerful since many people regard a (biomedically defined) healthy life as synonymous with leading a good and happy life. When we consider some of the health activities currently conducted in, for instance, work organizations, these activities are usually targeted employees with a ‘wrong’ kind of lifestyle (regarding diet, alcohol, smoking, and exercise); an employee group who—statistically—also have the least amount of educational and financial resources [4,9]. Presumably with the best of intentions employers wish to help unhealthy employees make healthier lifestyle choices because of the general societal belief that they will then lead better and happier lives. Much of the health work conducted outside the traditional medical settings thus seems to be guided by how employers and other powerful agents perceive and understand the good life; a perception that appears highly unarticulated and unchallenged. It is, in other words, the most resourceful citizens in terms of educational and financial resources—in the case of this article, the employers—who typically get to define how we ought to live our lives. Likewise, the majority of the citizens who habitually make unhealthy lifestyle decisions and consequently may end up suffering from lifestyle diseases belong to the low-skilled and low-paid population groups. Therefore, if one accepts the premise that the healthy life is the good life, then the (morally defined) bad life is consequently that of the least educated and lesser paid citizens.

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