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ORIGINAL ARTICLE

Health promotion viewed in a critical perspective

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Abstract
The aim of this paper is to reflect critically on the current health promotion initiatives targeting overweight individuals in Western countries. The paper's methodological approach is to draw on analytical findings from my and other sociologists' empirical work on how the problems of overweight people are being defined in various settings in Denmark, England, Australia and the US. I try to illustrate how health promotion targeting overweight individuals can not only be seen as a project aimed at securing longer lives and fewer illnesses for people carrying excess fat but also a moral project that, in a more general sense, aims to tell people how they ought to live their lives. I link this moral aspect of health promotion to a) the medicalization tendency in current Western society (e.g. a growing pharmaceutical industry and its economic interest in transforming the human condition of being overweight into a treatable disorder) and b) the strong focus on individual risk today. One of the main arguments in the paper is that health in relation to overweight is primarily defined from a biomedical perspective that praises certain physical measurements of the body, as well as dominant societal values such as self-responsibility and self-control, and that a combination of biomedicine and these dominating values can lead to health promotion becoming a problematic moral endeavour.

Key Words: *Biomedicine, health promotion, morality, overweight, risk, societal values*

Introduction

Health is, by definition, a positive concept today [1,2]. To secure healthy lives for citizens in Denmark and other Western societies, a range of health promotion initiatives has been developed [1–3]. These initiatives are not solely the responsibility of the health sector alone; securing health in a country such as Denmark is the responsibility of all sectors of society today. Despite the multi-sector approach, the health concept used in policy agendas and practice in various settings often originates in biomedicine. In the Danish context, health has primarily been promoted through the so-called KRAM-factors (Kost [diet], Rygning [smoking], Alkohol [alcohol] and Motion [exercise]) (see http://www.si-folkesundhed.dk/upload/rapporten_kram_2010.pdf). It is hard to disagree with the fact that a biomedically defined healthy life consisting of the right diet, no smoking, little alcohol and exercise is a better way to live a life than an unhealthy life with disease and pain. However, in this paper, I will try to challenge the idea that striving for a healthy life for citizens should only be seen as a positive and good endeavour. I will try to show that a disturbing link exists between health promotion and the growing number of citizens that, in a more general sense, are assumed to live bad lives by a range of different powerful actors in society, including medical experts, the pharmaceutical industry and the media.

I problematize this way of promoting healthy living by drawing on my own and colleagues' empirical research on health promotion directed at overweight citizens in Western countries [e.g. 4–9]. I discuss health promotion in relation to overweight citizens because a) they are growing in number, with more and more citizens in Western countries becoming

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overweight; b) an increasing number of intervention programs are being developed with the goal of helping overweight individuals lose weight; c) there is overwhelming interest in the lives of overweight individuals in general, not least in the pharmaceutical industry, which has an economic interest in turning overweight citizens' lives into a medical problem that needs a (costly) pharmaceutical solution, and in television shows that focus on overweight individuals as problem persons [10]; and d) there is a strong focus on the risk of being overweight among both lay persons and experts, despite some medically based knowledge showing that it is only obese citizens who have a BMI above 30 and do not exercise who have a higher risk of death [11,12].

I am aware of the extended research displaying that obesity (in particular) is a known risk factor for disease. The goal of this paper is not to simplify an important health area and argue that obesity is not an important area on which to focus in society. On the contrary, the goal of this paper is to broaden our understanding of health initiatives targeting overweight individuals by showing that this work can also be seen as related to powerful actors such as the pharmaceutical industry, the media and the diverse group of moral entrepreneurs operating in the health area. In other words, health promotion targeting overweight individuals is *also* (but not only) about teaching this group of citizens to learn to understand that they ought to live different lives steered by particular values in society. This way of contextualizing health promotion, by including actors such as the pharmaceutical industry and the diverse group of moral entrepreneurs working in the health area today, is termed by some scholars the "Medicalisation of society", or "a process by which nonmedical problems become defined and treated as medical problems, usually in the terms of illness and disorder" [13:4]. The medicalization of society in which strong economic interests are at play has influenced how we evaluate overweight: is it a (potential) disease that needs treatment or a lifestyle some people choose? The choice points towards the fact that competing cultural meanings exist regarding the "overweight" body in Western societies [9,14–16].

Critical reflections on health

In the sociological literature, the growing numbers of people who lack clear-cut symptoms and hence clear-cut diagnoses are labelled at-risk individuals [17:17]. The concept of "at risk" captures well the situation of overweight citizens today: these citizens do weigh more than BMI indicators recommend, but they might not actually show any symptoms of illness. They are "at risk" of becoming ill. Therefore, they are the target of many health promotion initiatives, not only in obvious medical settings such as the pharmaceutical industry, hospitals or clinics but also in schools, at work and in other places [18].

Allowing health promotion to become an issue of importance in several sectors of society, however, produces much more complexity in health work now than in the past. What constitutes a health problem is largely in the eye of the beholder [13], and the beholders are no longer only health professionals such as doctors and nurses (even though these two professions are important "beholders"). The way health problems are defined is also dependent on powerful organizational actors that have particular ideas and values and give particular professions the authority to claim that some human conditions should be defined as medical conditions in need of treatment and others should not.

With strong inspiration from recent Foucauldian-inspired studies, such as Lupton's work on "fat" [19], "risk" [18] and "the imperative of health" [20], my particular interest is on how health has become an economic and moral project, intricately interwoven with ideas about the content of a good life. Imagining that unhealthy living can be a happy way of living, for example, is virtually impossible today [10]. This disturbing link between the healthy and the happy life is made not only by health care professionals, but is also perpetuated by powerful actors such as researchers, the media, politicians, medical experts, etc. When we address this type of health promotion, we therefore need to maintain an awareness of how health and the means to live a good life have become an inseparable pair. We need to be particularly attentive to whose lifestyles are being valued and whose lifestyles are being marginalized in this process of determining the content of lives worth living. When Lupton [20] critically examines the current agenda of health as an imperative in our societies, she directs attention to this precise fact that health has become a powerful, agenda-setting phenomenon that dominates how we can discuss a range of other societal themes.

Health and the overweight body

For reason of space, I will primarily focus on the moral dimension of health work; despite the fact that biomedical explanations that focus on calorie intake compared to energy output are also an important research area in relation to overweight. Evidence from sociological inspired empirical studies of the situation of overweight people shows, however, that another way of explaining excessive weight is to link

the weight "problem" of this group of citizens to imagined negative personality characteristics such as being lazy, being unable to set limits, lacking self-control, having had a difficult childhood, having dysfunctional relationships or simply having a problematic personality [4–9,19,21,22]. These sociological studies clearly show that the overweight body represents more than a body that has a too large calorie intake measured against physical activity; for many, the overweight body has also become equivalent to a container of psychological problems. My own research demonstrates that overweight citizens in the eyes of professionals have a tendency to be "pathetic", that they are not "able to straighten up" and that, as the core of their problem, they "eat with their emotions", among other similar perspectives [7]. Correspondingly, overweight people in this study highlight problems in their childhood, teen or adult social lives and relate these problems directly to their current excess weight [7].

Of course, not everyone explains and sees excess weight in those terms, but empirical anchored studies show that relating excess fat to problematic personality traits is common [e.g., 5–7,21,22]. Because overweight people are being classified as problem people in need of some sort of treatment, we need to look critically at the lines of division, concepts, categories and definitions of problems that have become so taken for granted that the bodies of our fellow citizens with excess weight are "naturally" being transformed into problem bodies in which a complex set of psychological problems is imagined to be contained [5–7,21,22]. A "container" view of the body is a problematic way to make sense of different bodies today. At first glance, our bodies might be seen as biological containers with a fixed set of physical processes, but we are, as reflexive human beings, more than our biology; first and foremost, each of us is a social being whose identity and sense of self are constantly being negotiated individually, through how we imagine that others perceive us and through how we are actually perceived by others [23]. Reading one's own and others' bodies is hence complex identity work that cannot be reduced, for example, to biomedical facts stemming from advanced measurement tools.

Biomedicine and dominating societal values

The social image of "the healthy body" must therefore be understood and interpreted within a range of social contexts. The institutional setting – encompassing power, knowledge, intervention and professional logic – cannot be separated from analyses of how particular individuals (and their bodies) are seen as problems. Analysis of the biomedical perspective is important if we are to understand why particular bodies are being defined as unhealthy and why we have seen an enormous growth in the number of people whose conditions have been classified as needing treatment. From a biomedical perspective, the body is measured according to a range of parameters (e.g. the BMI tool), and as a result of these measurements, doctors can produce evidence-based knowledge that makes treatment possible. The excess weight, with the current treatment possibilities of various types of surgery, pharmaceutical drugs and other options, is a good example of a human condition that has become medicalized, as Conrad [13] argues. Through increased medical knowledge of the overweight body, it has been transformed into a body in need of treatment.

However, the biomedical perspective cannot be separated from dominant values in a society such as the Danish. Other central values in Western societies [24,25] and the Danish society [3] centre on the citizen's capability to take responsibility for his/her own life, show self-control, demonstrate strong will-power, and so on. These values frame the encounters between professionals and citizens that, in this case, have led to a new type of health work. This new health work affects the professionals' manoeuvring room and reconfigures the type of citizen that they are to fabricate [3]. The ideal citizen today is one who acts responsibly, is strong-willed and acknowledges that he/she plays an essential role in solving his/her own health problems. Little imagination is required to see that overweight citizens' excess weight triggers these values. The overweight citizen can be seen as a person who is unable to control his/her intake, acts irresponsibly and shows no willpower because no other reason is evident for why he/she should remain overweight [4,7,8,22]. Promoting health in relation to the overweight individual might not only be seen as work targeting the overweight citizen's physical body as obvious from a medical point of view. The overweight individual's problem might also be understood as a moral problem that challenges dominating norms in society.

By highlighting these two perspectives – in particular, the perspective of societal values – we may approach an understanding of why contemporary health work takes place in a number of organizations not originally designed to solve health problems. Not only doctors in clinics or at hospitals are engaged in the type of health promotion directed towards overweight citizens. The pharmaceutical industry and the media also have an (economic) interest in being engaged in health work. Just like work-related organizations, schools, day-care centres, sports clubs and other organizations are actively engaged in health promotion work targeting overweight individuals for

a number of reasons that are not purely medical. Present-day health promotion takes place in many of the settings where our daily lives unfold. The fact that health seems to have become an important matter to so many different organizations supports research showing that health can be seen as imperative in Western societies [20]. We live in a health society, as Kickbusch [26] has so precisely formulated it.

Risk and the expanded health sector

In the past, health work was primarily about treating diseases that could be detected in the physical body. Today's health work still includes the treatment of physical diseases, of course, but the expansion of the health sector to also strengthen health promotion initiatives has led to a growth of assignments to include the diseases we might suffer from due to unhealthy lifestyles, even if we do not yet suffer from these diseases. Present-day health promotion has led directly to the expansion (and development) of the so-called "at-risk" groups and has hence expanded the number of people in need of treatment – people who, despite a clean bill of health from their doctors, are considered at risk of becoming ill [13,17,18]. Overweight individuals provide an example of an "at-risk" group in our societies whose existence might best be "explained" with reference to policy changes and the growth of the pharmaceutical industry, rather than in reference to the particular characteristics of the group. In other words, at-risk groups in society point towards the role of a political context in determining what constitutes a risk at a particular time [27].

The risk literature focuses, in part, on how diagnostic tools and technological developments frame – in specific ways – the encounter between a health professional and an "at-risk" citizen, for example. The literature also reveals a strong interest in how dominant actors in society and dominating values are extremely influential in determining what we understand as risky behaviour and, hence, which citizens need health initiatives at different times throughout history. Our present health work, following the "at-risk" approach, not only targets diagnosed ill people but also identifies citizens who could potentially become ill targets for health initiatives (e.g. pre-diabetics). Targeted groups are those who desire healthier lives, such as the numerous people who want to lose weight, and those who ought to desire healthier lives, such as the overweight people who have not yet realized their problem. Few citizens are spared; most of us must actively and continuously negotiate the question of whether we are healthy (enough).

Conclusion

I have tried to shed light on an important process related to health promotion work, namely the close inter-relationship between the "public issue" of excess weight and the "private troubles" inherent in being categorized as overweight [28]. As stated in the introduction of this paper, a major focus on health exists in Denmark and in Western societies in general. Research shows that overweight citizens are a group of people who are not simply perceived as persons with weight problems due to excessive calorie intake compared to energy output [5–7,9,10,14–16,19,21,22]. They are not simply perceived as persons who do not exercise enough. Rather, overweight citizens are perceived as people who have a range of psychological problems, as the research cited in this paper has pointed towards. This type of health promotion can be problematic, as research shows it can situate the overweight individuals to be seen as morally inferior people [5–7,10,19,21,22].

In this paper, I have tried to problematize the dominant role health promotion plays in our societies. This dominant role is perhaps a consequence of the growth of the pharmaceutical industry and policy changes, which have succeeded in making health an issue not just for the health sector but also for a number of other societal sectors [2]. Healthy living is promoted as the way of life that all individuals should strive to achieve. Today, the healthy life is primarily defined from a biomedical perspective that praises certain physical measurements of the body, as well as values such as self-responsibility and self-control.

These assumptions frame, in a particular way, the content of health, the content of a good life and – not least – the constitution of citizenship. However, definitions of how to live your life and how to value others' lives are not simple. For some individuals, the good life means making repeated visits to the doctor for assurance that the body shows no sign of disease, exercising daily and eating healthy, organic food. For others, the good life means not knowing the medical condition of their body, not having to perform numerous physical activities, eating fatty foods and perhaps even smoking cigarettes. For those who think it is a great torment to exercise, eat low-fat food, stop smoking and undertake other activities, large costs will be associated with living a healthy life. Many people may prefer not to know what might (and might not) happen in relation to the health condition of their bodies. In other words, a healthy life can most likely also lead to many worries and concerns that are not consistent with the content of a "good life".

Thus, measurements of quality of life can be defined in many different ways, and a biomedical evaluation

combined with values that praise self-control is only one of many possibilities. We also need to keep in mind that the "we" who defines the healthy and good life – the "we" who formulates policies on the health area – is the segment of society with the most economic and educational resources. Overweight citizens – whose lives must be changed because of multiple poor lifestyle choices that lead to lifestyle diseases (or risk of lifestyle diseases) – are primarily the citizens with the lowest education and the lowest economic resources. Following the health equation that the healthy life is the good life, the citizens living these lives not worth living are the least educated and lowest-paid citizens. This fact should lead to critical reflection on whether promoting (biomedical defined) health can always be seen as a positive endeavour. As I have focused upon in the paper, extensive research has highlighted the negative consequences of the current morality-based judgmental work directed towards overweight citizens; this group of citizens is assumed to have more psychological problems, be lazier, and be worse parents and partners than normal-weight people. These negative preconceptions are perhaps an automatic consequence of the fact that health has become an increasingly moral enterprise.

Conflict of interest

The author declares that there is no conflict of interest.

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