

# Health prevention viewed in a critical perspective

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# My background, approach and interest

MA in Anthropology

PhD in Sociology

Methodological approach and empirical fields: Qualitative research in the areas of health, social work, marginalization processes

Theoretical approach: Symbolic interactionism, that is, the encounters between individuals

Current interest: The shift from a government approach to the current governanced based approach to the individual citizen and the effects on the encounter (strategies of co-production, engagement with civil society etc. in welfare work)

See also: Mik-Meyer, N. (2017) *The power of citizens and professionals in welfare encounters: the influence of bureaucracy, market and psychology*. Manchester University Press.

# Health prevention and the good life

## – a critical examination

- Health is today a positive concept
- My focus: health prevention initiatives conducted outside medical settings
  - Healthy food in the canteen, pedometers, conversations of lifestyle issues etc.
  - The general wellness of citizens etc.
- Is striving for a healthy life **only** a good and positive undertaking?

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

- Health is no longer only about fighting disease (Kickbush, 2007)
- Aim of health work is not (only) to restore a dysfunctional body; it is to teach the individual to make *right* lifestyle choices
- Aim of health prevention work to teach individuals to lead a healthier, happier and wellness-oriented way of life (Mik-Meyer 2014, 2015)
- But what is wellness and happiness?

The moral base of health prevention

# Linking health with happiness and wellness

- Health, happiness and wellness and the social and historical contexts
- The lack of a clear demarcation between biomedical defined health and socially defined happiness and wellness
- The so-called wellness syndrome (Cederström and Spicer 2015)
- The wellness syndrome's symptoms: anxiety, self-blame, guilt
- Health as a moral imperative: wantologists, wellness-contracts, lifestyle conversations at workplaces etc. etc.
- Wellness initiatives dressed up as health prevention work

# Overweight as a health problem (an example)

- The overweight body an at-risk body (Mik-Meyer 2014, 2015)
- Is the overweight body only a biomedical problem? Or is the negative focus on this body also related to sociologically explanatory factors?
- The overweight person as lazy, morally inferior, a problem parent etc. (Kwan 2009)
- Their 'wrong' bodies equates leading morally 'wrong' lives (Mik-Meyer 2010)
- The legitimacy of approaching these individuals with morally based health prevention work

# Conclusion

- Health prevention work is powerful in today's Western societies
- The biomedically defined healthy life is today synonym with leading a good and happy life
- It is guided by powerful individuals' moral habitus (employers, politicians, public debaters etc.)
- The opinions of these powerful groups are today unarticulated and unchallenged
- The unhealthy (bad) lives are lived by the least educated and lesser paid citizens
- We risk an unintended strengthening of marginalization of the least resourceful citizens

# Work cited

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Kwan S (2009) Framing the fat body: contested meanings between government, activist, and industry, *Sociological Inquiry*, 79: 25-50.

Mik-Meyer N (2010) Putting the right face on a wrong body: an interpretation of fat identities in social work organizations, *Qualitative Social Work*, 9: 385-405.

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Mik-Meyer N (2015) Health in a risk perspective. The case of overweight. In: Bengtsson et. al. (eds) *The Danish Welfare State: a sociological investigation*. Palgrave.

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