

Between Choice and Discipline

Exploring the Unexpected Normativity of Healthy Citizenship

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The Normative Ideal of Healthy Citizenship

- Health is a matter of individual responsibility
 - self-checking for symptoms; readiness to seek medical help; general awareness of one's susceptibility
- Health is a “way of life”
 - Not the absence of disease
- The individual – the “healthy citizen”
 - Rational, self-reflexive, autonomous

Ottawa Charter for Health Promotion
First International Conference on Health Promotion
Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,



- > Home
- > Quick Guide to Healthy Living
- >> Personal Health Tools
- > Health A-Z
- > Health News
- > Find Services and Information
- > Popular Requests
- > Español

Home >

Personal Health Tools

Free interactive tools to check your health, get personalized advice, and keep track of your progress.

[Online Checkups](#) | [Activity and Menu Planners](#) | [Health Calculators](#) | [E-cards](#) | [Health Widgets](#) | [Watch and Listen](#)

▶ Online Checkups

How healthy are you? Take a quiz to learn about your health and lifestyle. Find out if you are at risk for a disease or condition.

To get started, select a letter to view an alphabetical list of diseases and conditions:



[^Top](#)

▶ Activity and Menu Planners

Use these tools to track your physical activity and diet goals.

[^Top](#)

myhealthfinder

Find health advice for you or someone you care about.

Who are you trying to help today?

Me Someone Else My Child

Age: Sex: Female Male

Pregnant?

[Get this widget](#) [▶ Get Started](#)

Tools to Try

- Get your target heart rate for exercise. [↗](#)
- Re-mix your favorite recipe to make it healthier.
- Use the SuperTracker to track your food and physical activity.

E-cards
Send to Friends and Family

2012
National Health Observances



You are here: [Home](#) >> [Public health](#) >> [Choosing Health](#)

 [Email this page](#)

Choosing Health

The Choosing Health White Paper sets out the principles for supporting the public to make healthier and more informed choices in regards to their health. This section contains policy information and publications related to, or produced as a result of, the commitments made by the white paper.

About the White Paper

Published in November 2004, the White Paper enabled the public to set the health agenda for the future. The subjects tackled in it emerged from a consultation that sought to hear the views of the public and other interested parties.

- ▶ [Report on the responses to the Choosing Health consultation](#)
- ▶ [Choosing Health: Making healthy choices easier](#)

Communities for Health: learning from the pilots

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Learning case examples and best practice from the pilot areas of Communities for Health. These pilots detail how communities have addressed a wide range of health issues and tackled health inequalities. Rural and urban deprived areas have worked to address obesity, healthy eating, mental health and sexual health.

- ▶ [Communities for Health: learning from the pilots](#)

Health profile of England

The annual Health profile of England provides a collation of national and regional data to provide a baseline against which people can compare data from their own local health profile. In addition, a range of international comparisons are presented.

- ▶ [Health profile of England 2007](#)

Social Marketing

Health-related social marketing is the systematic application of marketing concepts and approaches to achieve behavioural goals relevant to improving health and reducing health inequalities. Choosing Health sets out the importance of using a social marketing approach to encourage positive health behaviour.

- ▶ [Social marketing](#)

Helping people to choose a better diet

Action to encourage people to eat more healthily, and especially to protect children from unhealthy choices, is set out in Choosing Health and Choosing a better diet.

- ▶ [Helping people choose a better diet](#)
- ▶ [Choosing a better diet](#)

Helping people to be more physically active

Choosing Health and Choosing activity see the community as playing a key role in promoting physical activity and tackling health inequalities.

- ▶ [Helping people to be more physically active](#)
- ▶ [Choosing activity: a physical activity action plan](#)

Helping people to be healthier consumers

Is “Biological Responsibility” New?

- **Politico-economic shift**
Cost-effective / expedient; welfare state → neo-liberalism
- **Epidemiological shift**
Changing nature of illness; chronicity
- **Epistemological shift**
Rethinking of disease in terms of risk
- **Technological shift**
Increased production, access to and sharing of biological information (genetic testing, internet, PGD, eHealth, DTC-GT)

Main Assumptions of Healthy Citizenship

1. Individual autonomy / Choice
2. Biological knowledge has an exceptional status
 - “Genes 'R' Us”; “It’s all in the brain”
 - Self-knowledge is biological knowledge
3. Biological knowledge is a source of empowerment
 - Discourse of rights
 - Discourse of emancipation (from arbitrariness of nature / from medical paternalism)

Critique of Healthy Citizenship

- Emphasis on biological knowledge
 - Contributes to medicalization, biological determinism, geneticization
 - Creates new possibilities for state intervention
 - “Empowerment” and “emancipation”
 - Hegemonic discourse that enables transfer of responsibilities
- ➔ Healthy citizens are disciplined and *lack* autonomy

An Implicit Normativity of Healthy Citizenship

- Creativity; resourcefulness; strategic use of health technologies that isn't being accounted for
- An alternative normativity that challenges logic of autonomous choice, biological determinism and discipline

I. (Against) Individual Autonomy

- Genetic/hereditary testing
 - Family, not individual, is main unit of reference (Kenen et al. 2003)
 - Genetic responsibility constrains choice (Hallowell et al. 2003)
 - Non-disclosure as means of escaping “moral calculus of risk” (Arribas-Ayllon et al. 2011)
 - Care/chronic illness
 - People depend on others (people/technologies) for their livelihood (Mol, 2008; Pols 2012)
 - Technological mediation
 - Technologies “interfere” with who we are (Latour, Verbeek)
- ➔ Mediated, interdependent, passive forms of agency

II. (Against) Biological Determinism

- Little evidence of increased stress or anxiety
(McBride et al. 2009; Saukko et al. 2006; Bloss et al. 2011)
 - Majority of laypeople don't hold deterministic views
(Condit 1999, 2009; Bates et al. 2003)
 - Flexible use of biological narratives
 - Neuroscientific concepts combined with other ideas about “where” the locus of identity is (Pickersgill et al. 2011)
 - Integration genetic information + “lay” ideas (Chilibeck et al. 2011)
 - NRTs: biogenetic continuity is emphasized or downplayed in different contexts (Franklin & Lury 2006, Ragone 1994)
- ➔ Resistance to biological exceptionalism; “post-genomic” kind of thinking

III. (Against) Discipline

- Resourcefulness

Internet: crowdsourcing of medical decisions; biocommunities; new forms of solidarity; production of medical knowledge

- Control over interpretation of information

- Appropriation of genetic knowledge that challenges expert discourse (genetic ancestry testing) (Kahn 2005, Parfitt 2005)
- Non-disclosure

- Creative and strategic deployment of the biological

- Selective use in line with personal goals (Condit 2011)
- Negotiation of test results (Nelson 2008)
- Coordinating an “ontological choreography” (Thompson 2005)

➔ The biological is not hegemonic, but a resource that opens up possibilities for subject formation

Conclusion

- An implicit normativity of creativity, resourcefulness, strategic bricolage/tinkering
- That resists both logic of autonomous choice and claims of biological determinism and discipline
- Can shift discussion -- from freedom (its fulfillment or lack of it), to a more practical ethics that remains vigilant to normative assumptions while creating a space for the beneficial and affirmative aspects of practicing healthy citizenship