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WELLNESS, SOCIAL POLICY AND PUBLIC HEALTH

Bridging Human Flourishing With Equity

ANTONIO MATURO
FRANCESCA SETIFFI

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INVESTOR IN PEOPLE

For Anna

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TABLE OF CONTENTS

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INTRODUCTION

Wellness lies somewhere between a buzzword, a sociological concept, and a goal for political institutions. In its broadest sense, wellness can be viewed as a heterogeneous set of activities designed to increase an individual's physical and mental well-being. These activities include physical activity, mental well-being, a healthy diet, and healthy lifestyles (e.g., not smoking and limiting alcohol use). The pursuit of a wellness-focused lifestyle has been shown to make individuals happier and more productive. In addition, wellness-focused lifestyles also serve as a robust disability prevention tool, reducing obesity and hypertension and thus preventing risk factor-related diseases. Thus, wellness is the best measure to mitigate the growth in health-care spending. However, partly because of digital health technologies, wellness activities are mainly practiced as personal empowerment and self-management of health. It is therefore primarily conceived as an individual practice.

Therefore, from a sociological perspective, wellness has two weaknesses:

- The pursuit of wellness activities is inherently influenced by social and economic factors and social determinants;
- Since well-being is an individual lifestyle, it is not strongly related to community empowerment, as it is the production of social capital and social cohesion.

In our view, this neoliberal view of well-being can be overcome through the capabilities approach proposed by Sen and Nussbaum. The capabilities approach extends the gaze from individuals to the conditions that enable individuals to thrive. The novelty of the proposal is thus related to the sociological basis on which welfare is analyzed, which is viewed as an ecosystem rather than as an activity to be carried out by an individual. To this end, welfare policies and their relationship to welfare activities are described through some examples. In summary, in this book, we aim to show that individual well-being related to wellness activities can only be achieved in the context of a sound welfare infrastructure.

The first chapter analyzes some essential features of contemporary health and society. First, we show how there is a dominant feeling in our society: anxiety. We constantly live in a situation of uncertainty. Our skills soon become obsolete. Moreover, the world seems to run faster and faster. We are trapped in a social and technological acceleration dominated by competition for the best performance. In the performance society, individuals must become their own entrepreneurs, capable of making effective and rational decisions as if they were businesses. People can rely on an impressive array of data to make these decisions. Digital self-tracking allows us to accurately measure our performance and build a remarkable dataset as if our bodies were our own personal research and development laboratory. Moreover, due to the gamification trend prevalent in contemporary society, apps enhance our motivation to achieve human improvement goals. Gamification represents strategies based on behavioral–cognitive psychology that aim to make otherwise serious activities playful.

In a society dominated by acceleration and speed, the burden of anxiety on individuals is also growing. In many cases, anxiety is medicalized, turning human problems into medical disorders. In many cases, it is clear that pharmacological treatments serve more to make an individual functional to the social imperatives of productivity than as an integral part of their recovery.

In the second chapter, we show how society is getting heavier and heavier. Obesity is cited as the number one public enemy from multiple perspectives. Obese people are at increased risk of diabetes, heart attack, stroke, cancer, mental disorders, and domestic accidents. There is evidence that many Western countries' stagnant life expectancy growth is due to obesity. COVID-19 has often been called a syndrome, that is, a viral epidemic that fatally affects people with special risk conditions. In relation to obesity, the effects of COVID-19 have been particularly harmful to obese people. There are many explanations for the growth of obesity, none of which are mutually exclusive.

One biological explanation is based on the idea that we have evolved to store fat efficiently. Now that there are no more famines, storing fat has become more of a burden than an advantage. According to the political economy perspective, on the other hand, food industries make foods increasingly caloric and are increasingly good at advertising them. Many researchers show how the prevalence of obesity increases as socioeconomic status declines. This predominance is because low-income earners often do not have the time or resources to exercise and are forced to eat junk food. In any case, our sedentary lifestyle is the first and most obvious explanation for the spread of obesity.

It is therefore not surprising that popular discourses related to fat people tend to range from larger bodies implying a "moral deficit" to "risky behavior" to "political discrimination," where elements of each discourse shape how fat people's bodies are read within the broader culture. The neoliberal idea that obesity is a chosen lifestyle is further implicit in institutional antiobesity communication. Hence the emphasis on self-responsibility. This view has been complementarily analyzed by Giddens (who emphasizes the idea of the body as project) and Bauman, highlighting the consumerist idea of the body as text. As should be clear, sociology has approached the topic of obesity from different perspectives: political economy theory, social constructivism, social determinants of health, and the stigma perspective.

COVID-19 has not improved the situation. Obesity has increased, especially among children and the lower social classes. As for physical activity, many home fitness practices have spread as gyms and sports activities have closed. It is interesting to analyze the "biopedagogies" of some coaches who have become popular among young people on YouTube (Fullagar et al., 2017). In addition, fitness apps (also stimulated by the closures) are becoming more and more popular, changing the way people exercise (Russo & Bagnini, 2021). However, what is worrying is that, overall, individuals, year after year, are doing less and less physical activity, with likely polarization results in terms of socioeconomic status.

In the third chapter, we address the topic of happiness. Happiness has become a topic of academic study relatively recently. Happiness studies have been strongly influenced by the emergence of Positive Psychology in the 1990s. This proposal has the merit of promoting a positive view of health as well-being and not only as an overall "lack" of illness. On the other hand, this approach has stimulated a tide of often superficial publications on self-building and the power of the mind, which are strongly individualistic. In this chapter, we also present the main theoretical components of the concept of happiness, attempting to anchor them in sociological reflection. In particular, we focus on the constructionist approach to the definition of well-being and the approach based on social comparison. We also mention a recent by-product of Positive Psychology, namely the urgent call to be and live in a "disruptive" way. After deconstructing the way in which the medicalization of sadness is implemented, we show how the concept of well-being, and thus of cognitive evaluation of one's life, can vary in different cultures. To link the notion of quality of the way and that of happiness, we also summarize the various domains of Gross Internal Happiness in Bhutan. There is also an area touched on that is very distant from the neoliberal idea of "Happycracy," being the less glamorous sphere of chronic disease. In an aging society,

disability and frailty are a hallmark of millions of families. However, we believe there is a right to well-being also for the sick and their family caregivers, who are often overwhelmed by the duties they have to carry out. This proposal is far from the requirement of being optimistic at any stage of disease. This unrealistic requirement, also called "the tyranny of optimism," has been successfully analyzed and criticized by Barbara Ehrenreich. This last point allows us to introduce the importance of welfare and the social context in wellness, an aspect explored in Chapter 4.

In Chapter 4, we describe how socioeconomic status and social context strongly condition the possibility of generating well-being in daily life. It is no coincidence that there is a link between obesity, emotional well-being, and healthy lifestyles on the one hand, and social determinants of health (education, income, power, prestige), on the other. In political philosophy, Martha Nussbaum's capacity-building approach contrasts with the abstract utilitarian position of the pursuit of maximum happiness. Human capacity development is based on an institutional framework that counteracts social inequalities and promotes social rights such as health and education. According to the capabilities approach, individual well-being can only be achieved in an equitable society. Simply put, well-being can only be pursued and achieved in a welfare society. Through a concrete example from the Italian city of Rimini, we propose the concept of social scaffolding as the meeting point between wellness and capabilities approach.

This text is based on an earlier publication by Antonio Maturo and Francesca Setiffi, *Gli aspetti sociali del wellness*. The present volume, however, broadens the perspective by delving more deeply into capabilities; moreover, here, we propose updated theories and data. Francesca Setiffi wrote Chapters 1, *The Age of Anxiety: Between Acceleration, Performance and Medicalization*, and 3, *Happiness, Positive Thinking and the Medicalization of Sadness*, and the rest were written by Antonio Maturo, with all contents and analysis discussed, read, reread, and reviewed together.

1

THE AGE OF ANXIETY: BETWEEN ACCELERATION, PERFORMANCE, AND MEDICALIZATION

In this chapter, a description of some sociological theories that have identified some distinctive features of contemporary society presents an original reading analysis of them. Specifically, Hartmut Rosa's theory of acceleration; the systematization proposed by Federico Chicchi and Anna Simone regarding the sociological theories of the performance society; the description of the therapeutic culture provided by Frank Furedi; and Byung-Chul Han's arguments with respect to the social disappearance of pain in contemporary society. These perspectives are necessary to frame and hint at the possible role of wellness in a post-COVID society, a goal we develop in the Conclusion of this volume.

THE AGE OF ANXIETY

There is little doubt that our age is characterized by anxiety. Anxiety, stress, and discomfort are discussed and written about constantly in our society, in varying perspectives – from the broad and generic to the specialized and medical. Anxiety is discussed in connection to work, love, illness, travel, and (certainly in Italy) in relation to one's favorite soccer team. Veined with anxiety are the decisions concerning schools to choose for the child or hospitals to choose for the parents. Every opportunity is suitable to detect anxiety symptoms in our state of mind; as we will see in the following pages, even meditation can cause anxiety. Not to mention social media and TV programs

that are prodigious manufacturers of negative and "anxiety-inducing" news. Nevertheless, why have we ended up in an "age of anxiety"?

Historically, the explanation advanced by sociology focuses on the gradual collapse of ancient points of reference: values, institutional, and therefore cognitive. Of course, the consequences are also emotional because cognitive certainties produce positive feelings of stability and a sense of mastery of events: "Tradition has the hold it does [. . .] because its moral character offers a measure of ontological security to those who adhere to it. Its psychic underpinnings are effective. There are ordinarily deep emotional investments in tradition, although these are indirect rather than direct; they come from the mechanisms of anxiety-control that traditional modes of actions and belief provide" (Giddens, 1994, pp. 65–66).

Since its inception, sociology has identified numerous social phenomena that could potentially create bewilderment and uncertainty for individuals and, part and parcel of this uncertainty, anxiety. In particular, these are the losses of community and traditions. As early as the nineteenth century, Tonnies noted the transition from "community" to "society." Community was based on the feeling of belonging and traditions, typical of the preindustrial era, in which a strong sense of unity among people dominated. In contrast, the society of modern industrial society is based on rationality and exchange, and people are "separated" from each other.

In contrast, Durkheim shows how the transformation of the organization of labor triggers the transition from a simple society characterized by mechanical solidarity, in which people perform similar activities and resemble each other, to a more differentiated society. The specialization of work activities characterizes increasingly complex societies. Here an "organic" type of solidarity legitimized by abstract norms and based on cooperation dominates. However, says Durkheim, it increasingly happens that rapid transformations in the social and economic sphere are not accompanied by equally rapid changes in the collective consciousness and social norms. This lack of coordination generates "anomie" and thus uncertainty and unease in people. Indeed, typical of these times of rapid change is precisely "anomic" suicide.

RISK SOCIETY AND ANXIETY

In recent times, Lyotard highlighted how we enter Postmodernism in the second half of the twentieth century. For Lyotard, Postmodernism is characterized by the loss of trust in the so-called metanarratives: idealism,

enlightenment, Marxism, and religion (Lyotard, 1984). These major structures of guidance for human action are then replaced by contextual and temporary truths.

Recently, Rosa has focused on time-related social changes. Accelerating the pace of life, exhausting as many options as possible, then appearing as the best way to achieve the promise of eternal life. The frustration of modern man, then, stems from the perception that we could be having many more experiences than we are – thus explaining why we anxiously think that life consists of accumulating as many experiences as possible.

It would be evident that conditions have changed dramatically in less than a century or even a few decades. There has been a definite de-standardization of life-trajectories. Today, the choices we make acquire great importance. For these reasons, we run the risk of making mistakes, bearing in mind that not all choices are reversible. Nevertheless, "we have no choice but to choose how to be and how to act," (Giddens, 1994, p. 75). Greater freedom brings greater responsibility.[1] Or as Bauman (1998) puts it, a progressive loss of security (Bauman, 1998). With respect to the consequences of one's decisions, Niklas Luhmann distinguishes between risk and danger (Luhmann, 1993). When negative consequences are the outcome of our decisions, we speak of risk; when, on the other hand, negative consequences result from natural events or factors beyond our control, we speak of danger.

For example, if we decide not to pursue our studies, it is our own fault if we do not get a job. It is we who run the risk of being unemployed. On the other hand, being exposed to an earthquake is a danger since it does not depend on our will or decision. Sometimes the same consequence can be both risk and danger. If the company fires us because it decides to delocalize production, then remaining unemployed is a danger as it does not depend on our will. Put more succinctly, anxiety is the logical outcome of constant decision-making, swift, decisive, and irreversible. At the social level, the dimension of risk is characterized as contingency and excess of possibility (Luhmann, 1993). If the future depends (at least partly) on our decisions and not on God or Fate, then it is normal to be anxious. It could be said that there is a *right* to anxiety.

However, risk is not only related to individual decisions but has now become a defining characteristic of our society and a widely used category of sociological analysis. The concept of risk has only recently entered the field of

1 Clearly, the discourse we are conducting is made in general terms. Social and economic factors have the capacity to drastically limit a person's options, even to the point of wiping them out entirely. Illuminating on this aspect is the use of the concept of structural violence proposed by Paul Farmer (Farmer et al., 2006).

sociology, but it has quickly become a mainstay of sociological theory and empirical studies. According to Anthony Giddens, once we stopped worrying about what nature might do to us and started worrying more about what we did to nature, we moved from a society dominated by dangers to a society dominated by risks (Giddens, 1990). Risks are a product of human ability and concern disasters and harmful phenomena in our natural and social environment. They result from technological and scientific development and cause unforeseen consequences. Our society is dominated by risk because it is future-oriented, so decisions made today will produce effects tomorrow. However, only rarely can these effects be anticipated and predicted; today's world is too complex and interdependent to be studied with a linear forecasting model. For example, financial speculation on mortgages in Florida could lead to pension reform in Italy. In addition, the risks are global: a nuclear disaster in Ukraine could cause an increase in cancer in Lithuania. Moreover, today, (perceived) risks have increased because of the endless array of scientific tools we have to analyze reality. In medicine, for example, sophisticated diagnostic tools make it impossible to consider anyone completely healthy: we are all "at risk" of something. These various phenomenologies of risk act as an anxiety multiplier: "it is commonly assumed that the more we recognize ourselves as 'at risk,' the more vulnerable we become to anxiety" (Wilkinson, 2001, p. 5).

The relationship between anxiety and medicine tightened in the latter half of the twentieth century. In those years, "the development of 'consumer cultures' as diversified lifestyles through consumption stimulated the scientific interest in how emotions and their handling are understood as part of these cultures and how emotions are turned into products that can be consumed or sold," (Schnabel et al., 2013, p. 84). Even according to Horwitz (2013) tranquilizing drugs became part of the fabric of the postwar American way of life: "These drugs became an object of consumerism, promoted in the mainstream and tabloid press, mass-circulation magazines, and the new medium of television," (Horwitz, 2013, pp. 119–120).

Anxiety is a vague concept. If we think, semiotically, of the relationship to one's object, where fears "refer to something definite," as per Kierkegaard, by contrast "anxiety has a quality of indefiniteness and lack of object," as per Freud's analysis (Freud, 1979, p. 325; Kierkegaard, 1980, p. 42). Anxiety is positioned in between a sense of uneasiness and a mild mental disorder. It is the privileged terrain of medicalization of the mental sphere: "The amorphous definitions of anxiety conditions in DSM-I and DSM-II encouraged blurry boundaries between normal and pathological anxiety in epidemiology as well as in clinical practices" (Horwitz, 2013, p. 129). With later versions of the