HEALTH IN THE LIGHT OF A CRITICAL HEALTH PSYCHOLOGY[1]

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Abstract

A critical health psychology requires theoretical reflection on its basic object, health. In this article, I first of all consider health as understood by the phenomenological tradition. Health from this perspective is not an objective quality, but a way of living, of being-in-the-world. Contrasted with being-healthy is standardized health, that is, health defined medically and economically. Standardized health is an objectifiable quality. However, it is also the contemporary way of being healthy, so it is more than simply an objectification. Examined critically, standardized health has two major limitations, counterproductivity and a sacrifice of fantasies of wholeness. The paper concludes with recommendations for a critical health psychology: not to promote standardized health, and to concentrate on the ends or purposes of the pursuit of health.

Key words: health; phenomenology; critical health psychology; counterproductivity; Lacanian psychoanalysis.

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Resumen

Una psicología crítica de la salud necesita una reflexión teórica acerca de su objeto básico, la salud. En este artículo, primero que todo se considera la salud como es entendida por la tradición fenomenológica. Desde esta perspectiva, la salud no es una cualidad objetiva, sino una forma de vivir, de ser en el mundo. En contraste, el estar saludable es una salud estandarizada, es decir, la salud definida económica y médicamente. La salud estandarizada es una cualidad objetificable. Sin embargo, también es la forma contemporánea de estar saludable, de modo que es más que una simple objetivización. Examinada críticamente, la salud estandarizada tiene dos limitaciones principales, la contraproductividad y un sacrificio de fantasías de totalidad. El artículo concluye con recomendaciones para una psicología crítica de la salud: no promocionar la salud estandarizada y concentrarse en los fines o propósitos de la búsqueda de la salud.
Palabras claves: Salud, fenomenología, psicología crítica de la salud, contraproductividad, psicoanálisis lacaniano

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With the growth of health psychology, it is important more than ever to think theoretically about health and illness. It is much too easy and even inevitable that health psychology will take over uncritically biomedical and biopsychosocial formulations of them. While there has been much interesting critical work of illness, there is less on health itself. The purpose of this paper is to further a critical health psychology by exploring the meanings and praxes of health today. In the first part, I will consider health as an existential condition, as a way of being-in-the-world, drawing on contemporary phenomenological thought and classical medicine. Following that, I will explore the meanings of health, when health is defined by medical, political, and economic factors.

Health as a mode of existing

I begin with a brief presentation of health as offered by Hans-Georg Gadamer, one of the leading phenomenological philosophers of the

twentieth century. He takes health to be a mode of existing, "this condition of not noticing, of being unhindered, of being ready for and open to everything" (Gadamer, 1996, p. 73). It is an unmarked state, unmarked (Radley, 1994, p. 6), noticeable primarily in its sense of being alive. In health, my lived body "dis-appears" to use Leder's (1990) term, becomes the means by which I engage the world. In being healthy, I am able to move.

From the Greeks onward, self-movement has defined living beings. Self-movement is a power over oneself, and for the human order, as Gadamer (1996, p. 145) writes, power over one's self is awareness of one's powers. This power that is aware of itself and can act upon itself, especially in thought and recollection, points to a particular kind of unity of existence: "Whatever is 'one' is a 'self,' and it is a self because it relates to itself" (Gadamer, 1996, p. 149). In a fundamental way, health is wholeness. Not only in oneself, for there is no health in this sense unless there are worlds to live in: Hence the relational meaning of health, according to both Illich and Gadamer. As being-in-the-world, health is a way of being-in-the-world that facilitates whatever else I would do. Health does not qualify a world or an environment in some abstract way, but in terms of human dwelling and working. Hippocrates depicted the worldly character of being healthy in *Air, Water, Places*, describing health in terms of the possibilities created for human dwelling. In a fundamental way, for Hippocrates, health is only definable in terms of a particular place and ways of life fitting to that place. The balance that defines health is appropriate only there.

Measures and the appropriate

Gadamer notes that for Plato, there are two kinds of measures. One is used with all things, such as the measurement of length. The other is the measure appropriate to the thing itself. This measure is intrinsic to each thing, the appropriate or the fitting. The nineteenth century's establishment of criteria for the "normal," at once descriptive (statistically normal) and normative (ought statements) broke with this Platonic insight, which is not identical with the notion of "individual differences." The

notion of individual differences presupposes common traits, which can be present in an individual to a greater or lesser degree. The older sense of measure brooked no external norm. The fitting in this sense is outside mimetic desire (Girard, 1977).

Werner Jaeger (1944), writing of Greek medicine, addresses this concept in the same context that Gadamer does: "the real doctor is recognized by his power to estimate what is appropriate for each individual case. . . . There is no standard of weight or measure by which one could fix quantities on a general basis. That must be done wholly by feeling (*aisthêsis*), which is the only thing that can compensate for the lack of a rational standard" (p. 18). Feeling, *aisthêsis*, is sensation, understanding at the level of the particular: One senses what is appropriate in a judgment that is close to the actual. Jaeger points out that Aristotle's analysis of ethical action is guided by Greek medicine, and that the terms he used to judge action are those also used to determine the individual situation in medicine: "excess, deficiency, the mean and the right proportion, aiming, and perception (*aisthêsis*)" (p. 25). A later Greek writer, Diocles, in his *On Regimen in Health*, developed this idea of the suitable (*harmotton*): "That which is suitable is the behaviour dictated by tact and by a delicate perception of the appropriate in every relationship" (Jaeger, 1944, p. 42). While a health regimen is not the same as ethical action, there was in Greek thought an affinity between them, because for the Greeks, as was typical in traditional cultures, the natural order was one with the moral order. In this regard, health as a physical virtue has strong affinities with other physical virtues, especially beauty and strength. The three belong together experientially, and while we also understand the distinctions between them, we also live their unity.

Health and illness

Whereas health often hides itself in our activities, manifested only in that we can act and that we enjoy being active, illness resists us. For the Greeks, illness was a form of *ponos*, work or toil. *Ponos* was also pain, both physical and mental-life become drudgery. Illness is effort against ourselves. Illness strikes us as other, even when it becomes familiar. "The oppressive weight of things" (Gadamer, 1996, p. 75) afflicts us in illness, our very being

becomes a burden, a task, a chore. Illness is like a weight. With illness can come anxiety. Gadamer (1996) indicates that "anxiety is intimately connected with an oppressive sense of constriction, with sudden exposure to the vastness and strangeness of the world" (p. 153). A serious illness especially can "unmake the world" (Good, 1994; Scarry, 1985), leaving us with uncertain futures, uncertain economic status, uncertain sense of how to go on, uncertain prospects of even living.

Fine, a word that has not been expropriated by any profession, as *health* has, announces well-being. *Fine* means more than physical well-being. The fact that we say "fine" in a perfunctory fashion is revelatory of what the word says: to feel fine or well indicates a hidden harmony, which does not show itself. So it is overlooked, passed off, used ironically: "It's fine," said as a brush-off. In health we are fine because we can bear the burdens of existence with ease (Gadamer, 1996, p. 112). When we are fine, there is here a rhythm of lightness and heaviness of being: work and fatigue, enjoyment and suffering. Health, as being fine, indicates a condition of "fulfilled self-realization" (Gadamer, 1996, p. 71), which makes of health only uneasily inferior in a hierarchy of goods. That is, as soon as we would reduce health to a mere bodily quality, we obscure its meaning as fine. Just as illness "proves" dualism, health "proves" truth of psychosomatic unity, such that health is as spiritual as physical. In health and sickness, the ethical and the spiritual refuse to part company with the physical, even as they refuse to be simply identified.

STANDARDIZED HEALTH

Being-healthy, as presented above, drawing on phenomenological and classical considerations, is not the whole story. Health is in our day a profoundly political and economic reality, even as it is a medical and moral reality. Studies that show the link between income level and health, the differences in health standards among the various nations, rich and poor, north and south, developed and developing, point to the social and economic aspects of being healthy in the contemporary world. In this world, the parameters of health are medical parameters. In order to distinguish the phenomenological meaning of health as a

way in which I live with the medical meaning of health as a quality of my anatomically and physiologically defined body, I will call the former "being-healthy" and latter "standardized health." Standardized health is the object of medical and, by extension, political and economic discourses. Standardized health is what medicine seeks to produce as a product of medical inputs of drugs and surgery. Standardized health is what politicians seek to improve in their policies. Low levels of standardized health affect the economy and so become both a cost, measured in demands on health care systems, lost productivity, etc., and a resource for the development of the service sector of the economy. Standardized health is the object of both the political left and the political right.

CRITIQUE OF STANDARDIZED HEALTH

Standardized health, as a property that I have, is clearly a good, and it is our social reality. It defines in many ways how we strive to *be* healthy. My critique centers precisely on the good that results from standards for health, and my aim is to propose that standardized health, despite its benefits cannot be the aim of health psychology. My critique is that standardized health is a technology of the self. It is a technology of the self that corrupts our capacity for being relational.

My critique is related to those of "healthism" defined, first, as situating health care and responsibility on the level of the individual (Crawford, 1980), thus obscuring the social causes of illness. Second, healthism means the medicalization of behavior previously deemed socially or politically problematic (Zola, 1978). Not only have ageing and grieving become medicalized, but so has juvenile violence and, of course, sexual activity. The basis of this form of healthism occurs when health ceases to be a means and becomes an end in itself: Zola (1978) cites the World Health Organization's (WHO) definition of health to support the view that health has become the "very definition of what is the good life" (p. 51). This sense of healthism is the most obvious, in that studies show time and again correlations between behavior patterns and ill-health. Victim-blaming is of course out of the question, but the facts speak for themselves, especially in the rich

nations. Someone who treats all consumables as drugs, someone who takes good care of his or her body, who seeks the services of health-care professionals in a timely and appropriate manner and who minimizes risky behavior, is likely to maximize the life cycle. Standardized health informs you what your self is. Standardized health advocates do not coerce, they promote.

Standardized health is an acid. An acid wash is good, but beyond a certain point, it destroys. Standardized health is an acid wash that precisely in its effectiveness, usefulness and goodness dissolves human being into a form of *homo oeconomicus*. To this end, I will present two critiques of standardized health: First, that its effectiveness has become counterproductive, binding us ever more tightly to economic relations; second, that the underlying commitment to equality in standardized health leaves us polluted and fragmented to the very core. The aim of both these critiques will be to show the limits of standardized health as a technology of the self.

Standardized health is counterproductive

Counterproductivity does not refer to side-effects. By counterproductivity, Illich (1982) means that technological and economic interventions into a cultural activity exceeding a certain limit produce the opposite effects from those intended: "A social indicator that measures a group- or class-specific frustration resulting from the obligatory consumption of a good or service... Counterproductivity is the result of a *radical monopoly of commodities over vernacular values*" (pp. 15-16). For example, beyond a certain point, automotive replacement of walking disables people from moving from place to place; mandatory schooling, beyond a certain point, makes most people incompetent if they have not received a sufficient amount of educational inputs.

Scarcity is a precondition for counterproductivity: Scarcity, one of the certainties of our epoch, is not the same as insufficient supplies. Scarcity "defines the field in which the laws of economics relate (1) *subjects* (possessive, invidious, genderless individuals-personal or corporate, (2) *institutions* (which symbolically foster mimesis), and

(3) *commodities*, within (4) an environment in which the commons have been transformed into *resources*, private or public" (Illich, 1982, p. 19). The field defined by scarcity displaces the field defined by subsistence. Illich argues "that economic value accumulates only as a result of the previous wasting of culture, which can also be considered as the creation of disvalue" (Illich, 1992, p. 76). Within a culture, a person finds himself in the center of the world, and his labor, with locally available means, provides for subsistence. A culture informs the making of use-values, things made not primarily for the market but for everyday living. A culture is a way of being-in the world, that is, of inhabiting the world in a particular way.

> People have a native capacity for healing, consoling, moving, learning, building their houses, and burying their dead... These activities have use-value without having been given exchange-value. ...These basic satisfactions become scarce when the social environment is transformed in such a manner that basic needs can no longer be met by abundant competence. The establishment of a radical monopoly happens when people give up their native ability to do what they can do for themselves and for each other, in exchange for something 'better' that can be done for them only by a major tool. Radical monopoly reflects the industrial institutionalization of values (Illich, 1973, p. 54).

The modern disembedded economy, according to Karl Polanyi (1957), marked a rupture with cultures and their grounding in subsistence living. Subsistence activities cannot be completely displaced, but modern institutions such as education, medicine, transportation, communications and entertainment have increasingly displaced them. Modern economy, dominating and displacing autonomous activity, is ersatz culture, replacing use-values with commodities that render us helpless to subsist in any meaningful way.

The counterproductivity of standardized health is a consequence of the imbalance between subsistent practices of healing, caring, being sick, and staying well and industrialized health care. It shows in the distinctions between legal and illegal drugs, in prescription and licensing laws, in political clamor for increasing services and the right to be

dependent on experts, in the loss of vernacular healing knowledges. Most important, it shows in an increasing loss of liberty to declare effectively that one is well or ill and to pursue healing or not as one sees fit. As health care improves, human neediness and dependence deepens. Every liminal moment, every crisis, every transition has its professionals, good intentioned people, to provide services. As standardized health care progresses, so does its counterproductivity: More helplessness, more dependence, less subsistence. Standardized health becomes sickening.

And it remains a scarce resource. Standardized health exists within a field of scarcity: The need to maintain it, to recover it, to prevent lapses from it requires commodities and professional service. Standardized health is, moreover, a commodity in itself, as is clear from marketing campaigns. There is, in addition, a positive correlation between income level and standardized health. Health care is in principle scarce, hence the political battles over funding and allocation of resources.

The sacrifice for standardized health

Standardized health locates the self under the banner of universality in Rousseau's sense: Particularity is sacrificed for the common good. The sacrifices one makes are for the sake of a greater good, standardized health. For this second critique, I extend an analysis of democracy that the Lacanian theorist Zizek (1992) makes in terms of this Rousseauian sacrifice or, in psychoanalytic terms, the superego. The superego names a type of division and prohibition in our existence that keeps our pleasures within the bounds of the social or symbolic order. It names a kind of discipline we submit to, but it is a peculiar discipline. In Zizek's (1992) terms, "the superego is . . . an agency of the law exempted from its authority: it does what it prohibits us from doing" (p. 159). Standardized health regulates our lives and constitutes a superego. On a superficial level, this superego aspect of health has to do with pronouncements from, for example, the Surgeon General of the United States on what is good and bad for us, with the guilty pleasures of violating the rules, with defiance in not wearing a seat belt or a motorcycle helmet, obsessive counting of calories, with

guilt over worrying about fat while much of the world goes hungry. These are the superficial yet necessary ways of health as a vindictive good.

Standardized health cuts deeper into our being than that, making a kind of ritual scar in existence, dividing us against ourselves, freeing us to enjoy the benefits of standardized health. For the subject of standardized health, like that of democracy, is an abstraction, "the empty punctuality we reach after subtracting all its particular content" (Zizek, 1992, p. 163). Standardized health describes no one's health in particular; it gives statistical averages and physiological norms, calibrated to account for ethnicity, gender, age and life style. Like democracy, standardized health rests upon the notion of equality: the anatomical atlas describes us all, differences being "individual differences" that do not imply preferential treatment. Health in this way is based on equality. Health, like democracy, then, is based on a "formal link" (Zizek, 1992, p. 163) among abstract bodies and personality structures, standardized tests, bureaucratic regulations. We're all pink under the skin, as an anti-racist slogan has it; we all look the same in the CATSCAN and the urine test.

The democratic subject and the subject of standardized health are one and the same, as proponents of public health and critical health psychology know: Only in a democratic system can standardized health be in the grasp of the greatest number (Susser, 1993). More than an analogy exists between democracy and standardized health. First, one of the pressing issues of the day is universal access to health care, to correct an injustice of massive proportions. Second, studies of disease causation have been criticized for not including female and minority subjects. Standardized health will be truly standardized when all are equally represented in objective studies as well as when all are equally treated. Third, advocates of extending the public health model to social questions such as juvenile violent crime are typically proponents of equality in other political issues. Four, Zola (1978), in his critique of healthism, sees in better representation a solution to the problems healthism causes:

> As long as the deliverers of service are markedly different in gender, economic class, and race from those to whom they offer services, as long as accessibility to medical care is a privilege rather than a right, as long as the highest income groups are health care professionals, as long as the most profit-making enterprises include the pharmaceutical and insurance industries, society is left with the uncomfortable phenomenon of a portion of its population, living, and living well, off the sufferings of others and to some extent even unwittingly having a vested interest in the continuing existence of such problems. (p. 66)

Contemporary democracies have accepted the premise that access to health care is a right rather than a privilege, a premise possible only because of the technological developments in health care and biomedicine. The result is an epoch-specific meaning of democracy, precisely what Foucault had in mind with the concept of biopower.

Health, like democracy, requires alienation from organic, ethnic communities, from the idiosyncrasies of personal measures of being alive. Like democracy, standardized health occurs in a *Gesellschaft*, not *Gemeinschaft*. Standardized health is possible only with a split between the public (public health, the health of the population understood as a set of equals with individual differences) and the private (individual health facts which, as private property are protected in principle from employers and others). Within the private realm, there is another division, between what health care providers can measure and what eludes measurement, my subjectivity. So the so-called Cartesian split appears twice in the order of standardized health. From before the moment when I leap in my mother's womb, I exist within this "Cartesian" society of public and private, objectively private and subjectively private sectors. This alienation is not vicious but just. Challenges to the democratic structure of standardized health occur, for example, when the private threatens to be made public, so that employees refuse to use mental health services because they fear it will affect their jobs.

Zizek builds on Freud's analysis of the discontents within civilization, claiming that democracy fuels the superego because the democratic abstraction cannot break ties to particularity: The "one for all and all for one" of democracy has as its remainder the pathologies of the nation-state in nationalism and ethnic tensions, in racism and tribal and inter-family conflict: Those others threaten us. The democratic subject makes a sacrifice, giving up the love of one's own—giving up what the ancients called thymos—for the sake of participating in a larger whole made up of equals under the law—a system of laws, not men, as the slogan has it. What is sacrificed appears as the object of a fantasy, a fantasy about something lost or threatened with loss, something that never existed, namely, the organic community. The "materialized enjoyment" that accumulates in the superego, according to _i_ek, has its socialized outlets, such as the Olympics, and it its pathological forms, such as the militia movements and the Ku Klux Klan in the United States, in street gangs. However, mainly it appears in nostalgia for wholeness, for community, and in the meaner forms of this longing in neighborhood exclusivity, gated communities, in apocalyptic movies that destroy the status quo, and in the petty resentments that the sacrifice entails. It shows up in the "idle talk" (Heidegger's term) about stress as resulting from life moving too fast, from living unnatural lifestyles.

For Zizek (1992), the strength of democracy is that it does not succeed in breaking with ethnic and national particularity, that in fact it cannot (p. 164). Renounced particularity, rootedness in blood and soil, is the repressed of democracy. Thymos feeds upon us in our discontent, this barking dog of piety and pity becoming the dirty secret of hidden superiority. Devotion to the nation, to one's region, to something "we" possess and those others threaten to take from "us," organizes the forbidden enjoyment of dealing with them.

Standardized health, too, has its others, those who drain the health care system. Those who will not or do not take care of themselves are some of the others threatening the delivery of standardized health care. Those who are not entitled to services are its others. Pregnant teenagers, welfare mothers, smokers, drug addicts, the obese, people

who do not wear seatbelts, immigrants, the very old, the very young, the incompetent, the poor, etc. (depending upon point of view) are the others who threaten our health.

The sacrifice that produces standardized health is incomplete, something is left over, and herein lies its sacred character, in Girard's (1977) sense, that is, when order and solidarity are secured by exclusion of the scapegoat.

Just as democracy has its ground in the pleasures of the longing, nostalgia, and hunger for unity, so health has its grounding in something we sacrifice for the sake of standardized health. It is something we love or desire. What do we sacrifice for this health? It is a love that we never fully renounce, indeed that we cannot relinquish, and because of this remainder of what we desire, we can submit to the discipline of standardized health. The *what* that we sacrifice is variable, but it is forgetfulness, a forgetfulness of mortality, which allows heedless enjoyment of the present without regard for the future. "Everything I love is either illegal, immoral or fattening." So runs a cliché, one that contains more truth than a barrelful of statistics. Plato's *Republic* described the drink from Lethe that preceded the fall into the body, for to live a human life one must forget death. This "forgetfulness" is not denial or repression, it is the possibility for celebration of living, an illusion lived joyfully.

This does not seem like a sacrifice. Is not maturity based on an ability to anticipate outcomes, to delay gratifications and to plan? Such maturity does involve sacrifice. Standardized health demands something more than renunciation of the pleasures of the here and now. It requires the assumption of an Apollonian distance, in which the flesh becomes purified in a universal discourse of rationality and, increasingly, of systems thinking (Arney & Bergen, 1983). Standardized health results from a disclosure of mortality. In its purifying revelation, it conceals enjoyment-what Levinas calls "living from . . ." and leisure-in what it looks to it like our stupid enjoyments and wastes of time. For standardized health rests on a bedrock of knowledge, specifically knowledge that Ellul refers to in terms of *la technique*. This knowledge

is effective, saving, improving, prolonging lives. Because it is knowledge and knowledge tied to instrumental power, it requires the sacrifice of *lethe* and leisure.

In other words, we sacrifice wholeness for standardized health: Hence the yearnings for holistic health and the dissatisfaction with biomedicine. This lost state, however, never existed. The fantasy of health is that of wholeness; the recovery of health is the recovery of a lost unity, a "renewing of a lost community" (Goldstein, 1959, p. 186). The pursuit of standardized health seeks this recovery, one that is precisely impossible, especially if I seek it in this standardized way.

We sacrifice a good for a greater good, for the benefits that follow. Tied to this sacrifice is pollution. The more we know about standardized health, the more polluted we become. The scrutiny of health care, the discovery of new risks, and establishment of genetic liabilities expose ever more frailties and defects, in an effort to contain death. Our limitations increase exponentially. The pollution is the loss of unity, wholeness, and oneness that standardized health "alienates" us from. As we assume the identity of people with standardized health, we assume the purity of the point of view that produces that knowledge, either directly or vicariously, in our devotion and dependence upon health care providers. (More and more, it is self-help, as people become more empowered as health care decision makers.) This perspective, this Apollonian distance, views us as the flawed, defective objects that we are. The more we know, the more polluted we become. A clean bill of health, the pleasure of being within normal limits, enjoys the judgment against us. The cleanliness is that of a fragmented existence.

Because we know more-the quantitative aspect is decisiveÑthe more we are flawed. The greater the knowledge and the care, the more we need it. The less can we let nature take its course, since "nature" has been supplemented by expertise. How does the superego aspect of this dynamic show itself? In the demand for more services, in the sense of helplessness when deprived of it, in the delight of hearing about the surgeries and diseases of the rich and the famous, in the

obsession and hypochondria that accompanies standardized health, in the endless vigilance it demands.

In making a real difference in some cases and warding off death, in the vigilance of prevention and check-ups, in managing risks and placing a wider circle of activities under medical auspices, standardized health increases anxiety. Someone with an unknown ailment may be relieved to receive a diagnosis, but it is the relief of a diagnosis. Feeling anxious, people seek out standardized health care. The anxiety keeps us locked in, maintaining the identity of a health-services client. The anxiety signals renunciation and vulnerability, which is answered by the ministrations of health care. Anxiety acts like an engine, increasing demand for services and the reassurances of expertise. In anxiety, we fall (in the Heideggerian sense) upon the abstractions of standardized health.

Standardized health is based on a remainder of forgetfulness and leisure rooted in an imagined primal unity, not in defiant refusal to watch one's health. The love of our own flesh that in our bad habits messes up standardized health, is both enjoyment and punishment for enjoyment. Those others who do not renounce forgetfulness and leisure are the despised ones, those who wallow in pollution. The ancient notion of pollution held that disease comes from the gods or, as Job's friends held, from having done evil. The more we view ourselves in terms of standardized health, the more polluted we become: Our health is "smeared" with the enjoyment of being polluted. Standardized health care does not blame the victimÑsuch thinking is forbiddenÑand that interdiction intensifies the way that standardized health is shadowed with the pleasures of purity. Instead of reciting out loud a litany of our sins and vices, we confess elevated PSA levels, body fat ratio, the number of bypasses we've had. In an age of standardized health, our heroes are those who undergo medical treatment. Fearful and proud, we parade our scars and lab reports, visible evidence of our ordeals and survival.

Finally, as Zizek (1992) writes: "The democratic attitude is always based upon a certain fetishistic split: I know very well (that the

democratic form is just a form spoiled by stains of 'pathological' imbalance), but just the same (I act as if democracy were possible)" (p. 168). Standardized health is possible only with a similar split: I know very well that standardized health is knowledge that pollutes me as it becomes more effective, but at the same time I act as if I will measure up. I know very well that standardized health is based on an abstraction that cuts us off from a fantasized community and wholeness, but at the same time I pursue health as making me whole. The very same abstraction that supports democratic society, its remainder of lost community, supports standardized health.

Without standardized health, there is no democracy: There would be millions for fighter jets and land mines, but not for an ICU in a pediatric unit of a hospital. We cannot do without alienating standardized health. Standardized health is a modern "conscience" or superego: Impartial, beneficial, liberating: It frees us to be ourselves, so long as we submit to the sacrifices it requires.

Standard health, economy and democracy

The first critique connected standardized health with the economy, and the replacement of subsistence by scarcity and the creation of a disembedded *homo oeconomicus*. The second critique connected standardized health with the universal subject of democracy. Scarcity and equality constitute the law upon which standardized health rests. Conforming our lives to these laws promises a measurable well-being, even as it saddles us with an ever larger burden of neediness and pollution. As its knowledge saves our lives, it reveals our infirmities. Even if we can outlive our organs, we succumb in the end to the flat line. Healthism here affirms the friends of Job in their condemnation of the suffering man on the dung heap. The major difference between the friends of Job and the advocates of standardized health is that the neediness and pollution fall upon our own brows, even on the heads of those who administer standardized health care. There is no outside to its system. In scapegoating ourselves collectively, we have the discontents of health, which at least puts a check on the scapegoating of the others.

This analysis blocks any desire for the past. The deepest danger lies not in the alienating effects of standardized health, but rather in the totalitarian impetus in holistic health. A hallmark of totalitarianism is the absence of distinction between private and public. The obvious case occurs when private health information is used against an individual. It is a constant battle around the edges, but the principle has been enunciated. The other case involves health psychology, when the boundary between the so-called objective and the so-called subjective becomes blurred. When my spiritual well-being becomes a factor in my standardized health, or when providers of standardized health must describe and measure such things, then the "Cartesian" boundary has been breeched, and the individual must confess all in the name of health. This undoing of the split happens when health ceases to be a means and becomes an end in itself. Then it is on the road to totalitarianism. Health psychology is particularly dangerous in this regard, insofar as it threatens to extend expertise to the spiritual and inner life of individuals and communities.

Standardized health reveals our condition, concealing it in the process. The lost object, wholeness, is an impossible one. The truth of standardized health is that it recognizes its impossibility even as it incites us to pursue it.

CRITICAL HEALTH PSYCHOLOGY AS A DISCIPLINE

A critical health psychology does not have a privileged position outside the order that constitutes standardized health. However, if it is to be a critical health psychology, it must not lend additional substance, insofar as it is able, to the idle talk about standardized health. The temptation to intensify submission with the law that produces and sustains it, because of the benefits in terms of professional recognition and economic rewards and the sheer pleasure of it, can perhaps be surpassed. Perhaps.

More than better qualitative research methods, critical health psychology could begin by relativizing standardized health. How to do this? Take the WHO definition of health, that cliché of enlightened:

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Begin by saying, No, health is not this at all. At best, standardized health is a means to well-being, but it is also an impediment, since it disables, fragments and increases the burden of pollution. And what is this "well-being," so obviously good? My being is a being-toward-death: How could I learn about that without physical, mental, and social distress and illness? Critical health psychology needs to reflect and debate what the good life might mean, to which end health could be a means. Critical health psychology needs to explore the benefits and virtues of ill-health, so as to free them from the stigma of pollution. Critical health psychology needs to reflect on death as the end of human life, not as something to be eliminated, as in medical fantasies of endless youth and life, but as a positive force.

A critical health psychology must devote itself to ends: to articulating being healthy as a mode of existence, of being-in-the-world prereflectively. And it must devote itself to articulating standardized health in all its implications, not simply those dear to its priesthood. And herein lies the greatest danger. For if we oppose being-healthy and standardized health, we feed the superego, as it were. Being-healthy, when seen as something superior to standardized health, as a higher, more authentic mode of existing, becomes a form of purity more vicious than any measure of health. In tying being-healthy to dwelling, and not surpassing the dialectical opposition between being healthy and standardized health, health psychology would become an instrument of the pleasures of purity.

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