

Self-Care

Embodiment, personal
autonomy and the shaping
of health consciousness

Christopher Ziguras

Routledge Advances in Sociology

 Routledge
Taylor & Francis Group

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Embodiment, Personal Autonomy
and the Shaping of Health
Consciousness

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First published 2004 by Routledge
11 New Fetter Lane, London EC4P 4EE

Simultaneously published in the USA and Canada
by Routledge
29 West 35th Street, New York, NY 10001
Routledge is an imprint of the Taylor & Francis Group

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Typeset in Baskerville by Taylor & Francis Ltd
Printed and bound in Great Britain by Biddles, Guildford & King's Lynn

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British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging in Publication Data

ISBN 0-415-30058-4

Self-care

Individuals' relationships to their own bodies have been radically transformed by the proliferation of health information and advice. The dominance of mediated, commodified and rationalized health advice has cultivated a sense of personal responsibility for health, and intensified both the desire for better health and anxieties concerning the health consequences of everyday actions.

This book explores the development of abstract forms of self-care promotion, which have come to overlay and reconstitute older ways of caring for one's self that are more deeply embedded in local cultures and traditions.

The first half of this book provides a history of the increasing promotion of self-care in various fields, including publishing, clinical practice and advertising. This provides an empirical and historical basis for the discussion of political implications in the second half of the book. These first chapters also highlight the similarities between these recent health-care modalities, which are rarely acknowledged in the literature. The second half of the book analyses the major competing approaches to explaining the proliferation of self-care promotion, and its cumulative political implications. This approach provides a bridge between technocratic health promotion literature and recent sociological work on the politics of embodiment.

Self-Care will be of essential interest to students and academics working within the fields of sociology, health and social welfare.

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Acknowledgements

I would like to express my deep gratitude to Paul James, who had a profound influence on the writing of this book. Over a ten-year period, his ideas, advice, support, encouragement and feedback have guided me like a lighthouse out to sea and back to shore. I would not have been able to write this book without Ilana Werba, whose support and encouragement during this long period of research and writing kept me going and kept me focused on the important things. Many thanks also to Zygmunt Bauman, Mike Featherstone and Lucas Walsh, for their valuable comments on an earlier draft of the book, and to all the staff of the Globalism Institute at RMIT, who fill my working hours with joy and inspiration.

An earlier version of Chapter 7 was published as 'Narcissism and self-care; Your Personal Guide to Self-Care and Preventing Illness, Sydney: Addison-Wesley, with permission from Penguin Books Australia Ltd.

Table 1.1 is reproduced from Richard Telford (1993) 'Take Care of Yourself: Your Personal Guide to Self-Care and Preventing Illness, Sydney: Addison-Wesley, with permission from Penguin Books Australia Ltd.

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1 Introduction

You are your own saviour and your own worst enemy

At last someone has brought together in one book all the information necessary to lead a life of ever increasing happiness. Michael speaks to you about all the most vital questions of life as well as the fulfilment of desires, the power of the mind and spiritual knowledge. *ABSOLUTE HAPPINESS* will help you get ahead in just about any area. [...] *ABSOLUTE HAPPINESS* is a stunning revelation of how you create all the events and circumstances of your life. It will show you the way to becoming happier and happier each day, as well as how to easily achieve your desires. It is filled with techniques, methods and processes, as well as inspiring stories.

Advertisement for Michael Rowland, *Absolute Happiness* (1993)

According to the covers of self-help books, people have the power to transform themselves into whatever they desire. Once they have the tools, they are free to rewrite themselves, to be reborn, to make themselves anew. Such sentiments are reminiscent of the famous opening lines of the late 1970s television series *The Six Million Dollar Man*, in which the protagonist, Steve Austin, is severely injured in a plane crash while working as a test pilot: 'We *have* the technology. We *can* rebuild him.' Steve Austin the cyborg was rebuilt better and stronger than he had ever been before. The same promise is contained in the self-improvement rhetoric of contemporary Western societies – through the application of the most recent self-care techniques, one's most intimate practices can be pulled apart and reconstructed to make us healthier, smarter, happier and wealthier.

Only a small minority act fully on the call to make the pursuit of perfect health their central activity in life. For the seminar junkies, the compulsive body-builders, obsessive dieters and the health-food puritans, the ethic of self-improvement has become an obsession. However, everyone is subject to the effects of the proliferation of health advice. No matter whether the mass of self-care advice is acted upon or not, its cumulative effect is to overlay and reconstitute more deeply culturally embedded understandings about the responsibility that the conscious actor bears for their own health. We cannot escape being told that we are free, that we are responsible for our health and that we are therefore potentially to blame for our lack of well-being. The belief that we are autonomously responsible for our own health is both more widespread and deeper than ever before. To use rather unfashionable terminology, it is a dominant ideology of our times.

In many late modern societies, the 1970s saw the rise of a new health consciousness. This surge in interest in health encompassed a broad range of health-related issues and movements, including vegetarianism, the natural health movement, occupational health, the women's health movement, community health, consumerism in health, critiques of medical practice, and so on. Among these are a number of streams which seek to reduce the dependency of people on professional health-care services and institutions, and to provide them instead with tools to undertake their own self-care. Since the 1970s, Western societies have witnessed both a vast increase in the number of actors promoting self-care strategies and a dramatic increase in the range of self-care techniques on offer. As time goes on, self-care strategies are developed and promoted for ever more varied and intimate aspects of one's body, mind and relationships.

The cumulative effect of such widespread self-care promotion has been to fuel a sense of personal responsibility for health that often overstates both the behavioural determinants of health and the autonomy of the individual. By the late 1980s, many of the movements which had begun in the 1970s had become major fields of cultural and economic activity rather than fringe obsessions. Americans in 1987 spent US\$74 billion on diet foods, US\$5 billion on health clubs, US\$2.7 billion on vitamins and US\$738 million on exercise equipment (Glassner 1989). Central to the new health consciousness was a widespread faith in the attainment of better health through improved self-care. The Better Health Commission (1986) found in 1985 that three-quarters of Australians believed that their health could be improved by changes to their lifestyle. By this date, the belief in personal responsibility and the corresponding health consumerism became an entrenched and accepted feature of the market, the global mediascape and governments' thinking.

Most people experience symptoms of ill health most of the time, and most of these niggling complaints are never dealt with by the formal health-care system. While professionals only see the tip of the illness iceberg, the vast majority of health issues are dealt with by people acting for themselves, drawing on advice and using products provided by an ever-increasing array of corporations, governments and interest groups. Throughout the twentieth century, and especially during the last thirty years, the informal cultural reproduction of self-care through ongoing face-to-face relationships had been overlaid and reconstituted by health-care professionals, the food, pharmaceutical, publishing and health industries, and the state. The proliferation of mediated self-care promotion and the commodification of self-care have intensified both the desire for better health and the anxieties concerning the health consequences of everyday actions.

Although the proliferation of self-care advice is a pervasive feature of late modern or postmodern societies, it remains under-theorized. This book seeks to provide a bridge between technocratic health promotion literature and recent sociological work on the politics of embodiment by bringing together two distinct ways of approaching self-care behaviour. On the one hand, health psychology, health communication and health promotion have shared an instrumental interest in health behaviour since the 1960s. On the other hand, over

the same time frame, sociology and cultural studies have come to acknowledge the embodied nature of human action and social relations. This book aims to contribute to both the positivist and interpretive approaches by providing an empirically informed contribution to the social theory of the body.

What is self-care?

In all societies, individuals must learn a large range of 'techniques of the body', that is, ways of using, managing and presenting their body. These techniques of the body form an integral part of a shared culture and can be thought of as the corporeal dimension of socialization, encompassing grooming, posture, adornment, gesturing, eating, swimming, walking, sleeping, and so on (Mauss 1973, 1979a, 1979b). One must learn how to sit, how to throw, what to do with one's eyes when speaking, how to reflect one's social status in one's posture, how to pick one's nose politely, and thousands of other very significant but mundane techniques of the body.

'Self-care' refers to the active process of recovering, maintaining and improving one's health. Some self-care practices concern physical techniques of the body such as keeping one's teeth clean, eating well and avoiding physical injury. Others are not so much techniques of the body as 'techniques of the self' aimed at sustaining mental health by managing one's self-identity, self-perceptions, feelings and relationships (Martin *et al.* 1988; Giddens 1991). Perhaps the most useful definition of self-care comes from the World Health Organization, which defines self-care as

the activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals.

(WHO 1983)

Most of the relevant literature in the health field relates to what I will call 'reactive' self-care, that is, the range of individual responses to symptoms of ill health. It includes recognizing and evaluating one's health complaints, deciding whether to act on symptoms, treating the condition, for example by eating differently or taking over-the-counter medicines, and consulting with others for advice on further treatment, such as family members, friends, books and websites (Dean 1986: 276). Most minor episodes of illness are dealt with in this way, with only a small proportion of cases progressing to the next step of seeking professional care (A. Rogers *et al.* 1999). Even after people have consulted a professional, they continue to engage in a range of self-care activities, some of which stem from professional advice and some from other sources of information. There is now a rapidly growing body of literature dealing with reactive self-care, as health-care

practitioners come to realize that most symptoms are dealt with in this way and as health-care services seek to mobilize the individual's capacity for self-care more intensively and systematically (Orem 1991; Dill *et al.* 1995; Söderhamn 2000).

This book focuses more on proactive self-care, by which I mean all those everyday practices in which people engage to maintain or improve their own health. In practice, there is never a clear-cut distinction between reactive and proactive self-care, just as there is no clear-cut distinction between being healthy and being ill. At any one point, most people are both trying to stay healthy (proactively) and dealing with minor symptoms by themselves (reactively), and preventing illness is often a matter of treating minor symptoms before they begin to impact seriously on one's life. Proactive self-care is often referred to as 'health behaviour' in the sociological literature (Alonzo 1993) and is contrasted with 'risk behaviours' that are likely to lead to ill health. Proactive self-care includes *preventive* action aimed at lowering the risk of specific illnesses, but also a much wider range of *health-enhancing* activities, such as eating well and exercising, and avoiding others that are thought to be health risks, such as drink-driving, smoking or unsafe sex, to name some of the most obvious.

Delineating the scope of reactive self-care is not *overly* problematic, since restoring one's health is usually understood relatively unproblematically as overcoming the symptoms one considers unpleasant. Such practices are usually quite self-conscious and deliberate. However, proactive self-care practices are much more *diffuse* and widespread, and become incorporated in routine, mundane habitual practices. In contemporary Western societies, health no longer means merely the absence of illness, and the self-care practices in which we see people engaging are aimed not simply at the prevention of illness but also at the improvement of their state of well-being. In the past, health was usually understood as the *normal* state of affairs, and taken for granted as feature of life largely beyond the control of the person or the society. The proliferation of *reflexive* techniques which promise actually to *improve* one's health has transformed the very meaning of the term 'health'. The advent of such an immense range of popular 'health-enhancement' or 'self-improvement' techniques has meant that health is now seen more as a positive goal to be achieved rather than the normal state of a person without illness. Most people believe that they could improve their health if they were to try harder; health is no longer a normal state but has rather become an aspiration. The proliferation of commodified and mediated health advice has fuelled this conception of health as an ideal state which is able to be attained through reflexive action. The extent to which health is shaped by conscious actions is played up, and the extent to which health is the result of biological, environmental, social and psychological factors beyond the individual's immediate control is played down.

This popular notion of health is similar to that expressed in the preamble of the World Health Organization's Constitution, where health is defined as 'a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity'. This broad understanding of health is appealing in that

it is all-inclusive and posits health as a positive state to which we all aspire. What this would mean for our definition of proactive self-care, though, is that all practices individuals engage in to maintain or further their own physical, mental or social well-being would be considered self-care practices. Such an understanding of health-related behaviour would seem to be so broad as to be meaningless. Indeed, the World Health Organization has more recently embraced the broader term life-skills to describe proactive self-care. Life skills are

abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life.... Life skills consist of personal, inter-personal, cognitive and physical skills which enable people to control and direct their lives, and to develop the capacity to live with and produce change in their environment.

(Nutbeam 1998: 15)

Both in health promotion literature and in popular culture, 'health' has come to mean 'a good life'. Self-care, then, is any behaviour by which the person seeks to improve their quality of life. Because health is such an all-inclusive concept, the range of practices which are considered to be health-related in our society is huge, and still growing. Robert Crawford, and many others after him, has labelled this tendency 'healthism' and criticized the resulting medicalization and individualization of a wide range of interpersonal, social and political issues that influence quality of life (Crawford 1980). The individualized pursuit of personal well-being through self-care seems to have everywhere superseded the cooperative pursuit of the good society.

The most expansive understandings of 'health' are to be found in New Age or 'holistic' self-care advice. The producers of such advice tend to encourage rather ambitious aspirations, directed much more at personal fulfilment than disease prevention. Lou Coffey-Lewis's self-help book *Be Restored to Health* provides a clear illustration of the extent of such aspirations grouped together under the label 'health':

Ultimate health means to find your purpose in life and have the ability to fulfil it. It means to be able to know what you need in life and be able to get it. [...] You are meant to be happy, healthy and able to enjoy your life. You are not meant to suffer. It is your right as a person to be fulfilled and to function in a healthy manner at your highest level of potential.

(Coffey-Lewis 1982: 18)

The therapeutic systems associated with this subculture usually claim to have equally far-reaching beneficial effects. Consider the case of aromatherapy, the use of essential oils extracted from plants and used in baths, inhaled or applied directly to the skin to enhance health and well-being. Manufacturers' descriptions of the properties of oils and their claimed effects give some sense of the breadth and

borderlessness of notions of health, seeming, as they do, to promise to enhance or improve virtually every aspect of one's life:

CYPRESS works primarily on the circulatory system, and is often referred to as a tonic, because of its cleansing effect on both the mind and body. Cypress aids the elimination of body fluids, making it a useful oil for cellulite treatments.

(精油) 迷迭香

ROSEMARY provides a burst of freshness, which stimulates the mind, improving memory and aiding concentration – great for students and office workers. Applied externally via a massage or compress, Rosemary can provide temporary relief from muscular aches and pains – a good oil for the sportsperson.

Ylang

YLANGYLANG has an exotic and sweet aroma, which provides an exquisite touch to many blends of essential oils. It is a calming and soothing oil, with a traditional reputation as an aphrodisiac. Ylang Ylang helps to balance the emotions, strengthening and supporting the feminine qualities.

玫瑰露酒

Such advice and products promise the satisfaction of a vast array of wants – be they bodily, emotional or spiritual – and the determined seeker can buy solutions to every problem one is likely to encounter in the pursuit of happiness. Earlier approaches to attaining well-being are seen as partial and reductionist, whereas the holistic approach claims a new awareness that the body, the mind and the spirit must all be worked upon simultaneously by the person in order for the improvements in any sphere to be maintained and for such work to have dramatic effects on realizing one's potential for health and happiness.

Self-care advice emanating from a biomedical approach is usually more narrowly focused on the less ambitious goal of avoiding disease rather than a utopian state of perfect health. It generally aims to educate the public in the rudimentary aspects of medical thinking, governed by the assumption that by being better informed the readers will be able to avoid or delay the onset of preventable illnesses, make better use of medical services, and in the process become more self-reliant and less inclined to blame doctors or the health-care system for their problems. Although the content of the self-care advice differs greatly from holistic and New Age texts, a similar individualism runs through much biomedical self-care promotion. Consider as an example the following extract from the preface to the Australian edition of a popular American self-help book which sold over seven million copies in North America:

Don't you think it's time we concentrated more on our own health and complained less about the insufficient number of hospital beds, unethical practices by doctors and the high costs of healthcare? If more Australians took responsibility for their own health there is no doubt that we would have enough resources to take care of our ageing population and those people

who inevitably become ill or injured for reasons other than their personal negligence. This book is designed to help you do exactly that. Our basic premise is that you the reader have primary responsibility for your own health. You must take the initiative to improve your lifestyle, make well-informed decisions about if and when you should see a doctor and know how to use the medical services most efficiently.

(Telford 1993: v–vi)

The message is that the maintenance of one's state of health is purely in the hands of the individual. Biomedical advice tends to be quite specific in its instructions and relatively restrained in its promises. Because of the primacy of curative medicine in shaping biomedical approaches to health, doctors tend to be primarily interested in the adequacy of reactive self-care practices in response to a specific disease state. When medically trained writers do engage in proactive self-care advice, they usually focus on specific behavioural risk factors associated with common diseases. See Table 1.1, from the same text quoted above, does this very economically by linking categories of behaviour with categories of illness.

In such texts the diverse determinants of disease are radically individualized – seen not as the result of the social, psychological, environmental, economic and other conditions of life but as a result of the person's conscious choices as a consumer.

Let us consider in more detail what people strive for when they pursue self-care strategies for better health. There is perhaps an instinctual urge to survive, the will to live, that motivates every individual to care for their self and maintain his or her health. However, this will to live is overlaid and informed by a dense web of socially constituted desires and fears. Government health advice usually aims to make the public aware of the long-term consequences of various risk behaviours, appealing to the long-term motivation to remain healthy and live a long life. Commercial health advice and marketing is more often oriented to short-term well-being, promising more immediate rewards. Indeed, many self-care fashions become popular despite there being no conclusive evidence of any positive long-term consequences for health. A number of such short-term motivations can be distinguished to help to fill out a meaningful understanding of the scope of self-care practices. Some of the short-term benefits of engaging in proactive self-care are directly related to the experience of the body, particularly the last two items in the following list, while others derive from the social status attributed to health:

- 1 *Control*: Especially among the middle class, a 'healthy' lifestyle and a striving for embodied self-improvement are seen as evidence of self-mastery or self-control. Conversely, an unhealthy lifestyle and an unfashionable body are often seen as signs of weakness, laziness or loss of personal control. This is evident, for example, in the pity and scorn heaped on smokers and the obese (for example, Conrad 1994).

Table 1.1: Your master plan for primary prevention of fatal diseases

Disease	Diet	Exercise	Avoid Smoking	Moderate Alcohol	Control Obesity	Treat High Blood Pressure	Peace of Mind	General Prudence
Arteriosclerosis	X	X	X		X	X	X	
Cancer							X	
LUNG		X	X					
BREAST	X				X			
COLON	X							
MOUTH			X					
LIVER			X	X				
OESOPHAGUS			X	X				
Emphysema			X					
Cirrhosis				X				
Diabetes	X	X			X			
Trauma				X				X

Source: reproduced from Telford 1993, pages v-vi

- 2 *Beauty*: Health is often expressed as an aesthetic quality, especially in the commercial promotion of self-care. To be healthy is to have clear skin and shiny hair, to be slender and in good shape, and to appear vigorous and enthusiastic. Physical appearance is clearly a major motivation for much self-care behaviour, especially for women but increasingly for men also (on masculinity, appearance and health, see Ziguras 1998).
- 3 *Performance*: Physical and mental fitness is treated as a precondition for personal efficiency and achievement of one's potential. Self-care practices are often promoted on the basis that they will make an individual more effective and more efficient.
- 4 *Happiness*: The pursuit of happiness, or 'emotional well-being', motivates much self-care, especially stress relief and psychotherapeutic self-help. In this sense, to be emotionally healthy is to enjoy life.
- 5 *Enjoyment*: Greater corporeal pleasure is promised by proponents of many self-care practices. Heightened sensory appreciation of one's own body, 'feeling good', is often an end in itself. The relationship between somatic and psychic processes means that improved physiological functioning may well provide a heightened sense of happiness, well-being and self-confidence. Many self-care practices, however, require considerable self-discipline and deferred gratification.

These goals, and others, can be differentiated analytically, but in practice many such aspirations are woven together with varying degrees of explicit acknowledgement and unspoken yearning. The plethora of self-care strategies on offer today are not directed to achieving one singular dominant model of health or bodily form, but rather a wide range of these are available and structurally differentiated. One's body work is aimed at achieving one of a number of idealized body states that are structurally differentiated, and an integral feature of social distinctions revolving around class position, gender, ethnicity, age and other markers of cultural diversity (Bourdieu 1978). This book does not explore the impact of cultural diversity, class, race or gender on self-care practices and goals, but instead focuses on some of the more generalized features of the production of self-care advice.

More self-care or more abstract self-care?

The first half of this book provides an account of the promotion of self-care in various fields. Because of the dramatic and readily visible nature of self-care advice in the last few decades, I will not attempt to describe the extent of such developments comprehensively but instead provide several illustrative accounts of generalized trends. These first chapters highlight the similar way in which these very different forms of health care have changed to encourage heightened level of self-conscious reflexive self-care practices. These generalizations about the patterns and recurring trends apparent on an empirical level serve to ground the more theoretical explorations in later chapters.

The rising visibility of self-care promotion since the late twentieth century is commonly interpreted as a sign that people are engaging in self-care practices more than they did in the past. This view is expressed in a 1982 article on the policy implications of self-care which states that 'the future expansion of the practice of self-care will likely depend upon greater acceptance, encouragement, and participation by health professionals' (DeFries and Woomert 1982: 58). This view holds that the extent of people's self-care practices will increase as long as health-care practitioners and institutions encourage and facilitate them. In my view, this is to mistakenly interpret the greater *visibility* of self-care promotion and the more *self-conscious* character of contemporary self-care practices as an increase in self-care *activity*.

Self-care practices appear to be expanding in scope and importance both because health researchers have 'uncovered' the previously 'hidden' realm of self-care practices of lay people, and because of the development of the more visible forms of self-care advice such as self-help groups and self-help books. Self-care did not expand; it was transformed by health promoters, advertisers, publishers and health-care practitioners. It was discovered lurking quietly in the lifeworld and incorporated into the system in many different ways, which has increased its visibility dramatically. In the 1970s and 1980s, self-care went through a dramatic period of detraditionalization, which had been under way slowly for decades but accelerated towards the end of the century.

A second common explanation for the increase in interest in self-care in recent decades sees it as a result of the increasing importance of degenerative diseases. It is easy to show that the most common causes of death in late modern societies (cancer and cardiovascular disease) are connected with long-term patterns of self-care. The major causes of death in traditional societies – infectious diseases, the complications of childbirth, injury, and so on – were much more sudden and less avoidable, it is argued. Proponents of self-help commonly argue that the health problems which now cause most concern are chronic rather than acute conditions, either in the sense that they are the result of slow degeneration or that they are debilitating but not life-threatening (Carroll 1994). They point out that the strengths of health-care systems in affluent countries are, however, in treating acute illnesses, while medicine has been rather unsuccessful in dealing with the emerging health concerns. These explanations rest on an assertion that the dominant contemporary health problems – the 'diseases of affluence' – are more susceptible to 'social' intervention than were the health problems of earlier times. This does not seem to take account of the fact that many of the conditions they refer to were tackled with public health measures between the mid-nineteenth century and the mid-twentieth century. The changes in the major causes of death have been largely due to improvements in the conditions of life of populations in modern societies, including improvements in sanitation and housing, changes in diet, mass immunization, as well as advances in medical practice. There is no *biological* reason why lifestyle or public health interventions would not work in more traditional societies. The illnesses of all societies are to some extent amenable to these types of interventions. For