

Health Information as Cosmology

Past and Present Perspectives

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In recent years, there has been a great public interest in health and health improvements. This article deals with some of the problems which today's health information confronts. By throwing a glance back in time, it argues that analysis of health literature in history can give insight into some of these problems and likewise into some cultural phenomena of our time. Health literature specifies "the good life" – and as often before, "the natural" is invoked to define the healthy and to prescribe rules of living to us. In the article, it is pointed out that health literature is indeed the formulation of a broad cosmology.

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We have heard no little about health in the 1980s and 1990s. Health has been a prominent theme in newspapers and magazines, in political speeches and advertisements, and there has been much concern about what we as private persons can do to stay healthy. This interest is evident, for instance, in the many large health information campaigns and in the mass of literature issued on the subject of health. In the course of the last 25 years, the number of works published about health has increased four- or fivefold in Denmark.

This interest in health has a past, however, and the study of this historical background can shed light on its nature. In this article I intend to start from today's health information and then follow some long lines back in time and finally to discuss what kind of phenomenon we are dealing with. The aim is to show what the historical perspective can contribute when it comes to understanding present-day health information, as well the general interest in health today. I shall begin by looking at the health campaigns mounted by public authorities and private organizations as they are conveyed by the mass media, and later I shall look at books and magazines about health.¹

One of the most striking features of the

present-day interest in health is the tendency to associate health with what is natural: people refer to nature to explain what is healthy and what is not. Today's popular material about health often stresses that we should arrive at what is natural for humans; or more precisely: find our way back to the natural. Much of the literature about health claims that, in our over-civilized, industrialized, high-technology age, we have moved too far away from the previous state of things, from the natural wisdom, from our natural way of life in our natural surroundings; as if there were such a thing, as if we had not already shaped our surroundings and made them cultural; as if we had not always been cultural beings and creators of culture.

We need only look at advertising to find confirmation of this tendency. When it is a question of selling commodities, it is evidently beneficial to play up their (alleged) naturalness, by virtue of which they are also healthy. For the same reason, modern television commercials are preferably enacted on a deserted beach, among grazing cows in a green field, or among small children playing in a flower-strewn summer meadow. Nature can be turned into a commodity. It goes without saying that this is no longer nature in the rough – that could not be

sold. If things are to be commodities, they must be made into commodities; in one way or another they must appear as a piece of worked-up nature – a cultivated nature.

The association of nature with health is not new; we find it in the literature about health in the late eighteenth and early nineteenth centuries, except that, as a rule, it is in a much more consistent and clearly formulated version. From the very beginnings of health information around or slightly after the mid-eighteenth century, nature has played an important role as an argument for what is healthy. Health and nature have been linked together. I shall return to this later, but let me first briefly discuss today's health information.

The Difficulty of Changing People's Way of Life

In recent decades, health information has become topical once again, not least as a consequence of what has been called – perhaps exaggeratedly or erroneously – the crisis of the health service. The phenomenon is general in Western Europe: that the reputation of the health service is declining, that people are beginning to doubt its once unshakeable medical authority, that expectations from the health service are rising in pace with, perhaps even faster than, technological development in the field, and that the health service is facing the prospect of having to buy increasingly expensive equipment, while we all wish to limit our costs as much as possible, and simultaneously have as much health and as little disease as possible.²

It has therefore become important for decision makers to solve the problems by means of prevention, and authorities and politicians have tried to do so in many contexts. One massive campaign follows the other, predominantly on the themes of diet and exercise, smoking and alcohol, and the quantity of information and the willingness to spread it is fully sufficient, judging by what people can be heard saying, to bring at least some of the population to the brink of nausea.

In the course of the past few years, a discussion has gradually emerged about the utility

and the effect of these attempts to spread enlightenment; in Denmark this debate has resulted in several scholarly dissertations (e.g. Thune Jacobsen 1996; Meillier 1994; Osler 1994). Broadly speaking, the conclusion of these and other studies is that the senders (that is, the public authorities and private organizations such as patients' associations) have done relatively little to investigate whether the campaigns actually have worked, despite the good intentions and all the money expended on them. To the extent that authorities and organizations try to ascertain the effects – as they actually have started to do on a greater scale than previously – they mostly only measure the extent to which people have heard of the existence of the campaign. This provides no information about whether or not the campaign has actually had the intended effect. For it can scarcely be the aim of the campaign that people should just have heard of it; there must be an ambition to change people's behaviour in the desired direction.

It is more difficult, however, to find out whether the campaigns actually succeed in this. To begin with, there are problems in asking people whether they have changed their way of life in connection with an information campaign. Most people are courteous and know very well what the questioner would like to hear. It is therefore not as simple as just asking people. One of the ways to get round this problem is to look at sales of alcohol or butter, in other words, to use consumer statistics which compare consumption before and after. But this comes far from solving the problems. Among other things, we cannot tell why people have changed their consumer habits, whether the health campaigns have any connection at all with changes in consumer patterns.

The different studies which have been carried out, in both Denmark and abroad, about the effects of information suggest that the impact is rather limited. Most studies indicate that it is possible to put across knowledge, for example, about the harmful effects of alcohol. Perhaps one can also get people in studies to express an attitude comparable to the one the campaigns seek to instil, whether because there really has been a change of attitude or because

people know what the interviewer is looking for. On the other hand, the campaigns seem to find it more difficult to get people to change their lifestyles.

If we look at how health information regards its own work, it embodies an explicit or implicit theory or notion that the knowledge communicated by the information will almost by itself bring about a change of attitude, which in turn will lead to a change in behaviour. Yet the reality is different; one cannot conceive of people as empty vessels, as if they can be filled with the right knowledge and this will more or less automatically be followed by changes in attitude and behaviour. It is just as likely, for instance, that the reverse is true: that a particular behaviour or set habits mean that people have a particular attitude and the knowledge that goes with it. Or that a particular attitude makes people act in certain ways, including acquiring knowledge, for example, about the conditions for good health.

A student of culture can hardly believe that people are like empty vessels, ready to be filled with whatever one likes – in this case rational knowledge. People are already living a life with some form of internal coherence, even if this may seem incoherent to an outside observer.

It is in reality highly symptomatic that the places where campaigns actually do seem to work is in special, well-defined spheres of life; areas that do not require great changes in lifestyle, or however we choose to refer to the specific features of this way of life. One of the more effective Danish campaigns, for example, has been to teach new parents not to let their babies sleep on their stomachs, so that they will not suffocate. This has had an effect in the desired direction (Ebdrup 1996). The reason for this is in part, of course, that it is more effective to appeal to people's responsibility not to themselves but to their defenceless, inarticulate infants. But I do not think that is the whole story. Making sure that babies sleep in any position but on their stomachs is in fact a rather small intervention in people's everyday lives. In contrast, it is very difficult to get people to change their food habits, since set cultural meanings are attached to food; this is part of social space *par excellence*.

One can find almost tragicomic examples of this largely implicit belief in the power of health information, that enlightenment can be poured into people. The Swedish ethnologist Karl-Olov Arnstberg, who a few years ago (1994) published a small book that is not only wise but also entertaining and easily read, about health work at state and municipal level in Sweden, cites an example that is among the worst but is not exceptional. It concerns a campaign to prevent thigh fractures in the elderly – in itself highly rational, since this is a major health problem in this group. Old people are advised in a brochure published in connection with the campaign to take regular exercise, to have a varied diet, and to keep up their good humour, for according to the brochure this makes it easier to retain one's "vitality". Old people should not isolate themselves but enjoy themselves in the company of others and busy themselves with useful interests. The elderly are advised to do something about traffic conditions, and to do so along with others, because that is more pleasant. Arnstberg asks what the elderly are supposed to do, and plays with the thought of old people standing in the way of a bus on a main road – and having a more pleasant time! The essence of this good, well-meaning advice, not just in this brochure criticized by Arnstberg but in many others, is that it is better to have good humour, to be resourceful, and to have sound interests than to be isolated and depressed. In short: better fit and rich than sick and poor. The individual is portrayed as a being who is completely free in relation to the surrounding world and able to choose whatever he or she wants to do.

Advice of the kind cited here by Arnstberg is possible precisely because many campaigns are based on the notion that knowledge leads to changes of attitude, which lead to changes of behaviour, and because it is also relatively difficult to detect these changes of behaviour resulting from health information. The situation can thus easily be misinterpreted as a deficiency in people's assimilation of knowledge, so it is often fairly obvious advice that is communicated: for example, that it is better to have a nice, pleasant life than to be isolated.

It is perhaps not surprising that the studies

of the effect of health information that have been carried out indicate that it is easiest to reach people if they are already interested in health matters. Eva Thune Jacobsen, who based her study of the function of health information on the life-mode concept of the ethnologist Thomas Højrup, argues that the rationale of the health campaigns agrees only with the career-bound life-mode. By that she means that the campaigns have their justification or a function to fill only for people whom she describes as having "dominant features from the success-oriented life-mode" (Thune Jacobsen 1996:192). Several other studies likewise conclude that those who pay most heed to campaigns are those who are already trying to live healthy lives, as well as those who are afflicted by ill health. Sickness appears to be one of the most important motives for people to take an interest in their health.

The studies agree that it is more difficult to reach the rest of the population, those who are not already interested. A section of the population appears to be indifferent, virtually immune to the rationality of health.

But perhaps it is not primarily to enlighten people that private organizations and public authorities launch their large campaigns. At any rate, a very interesting article last year in *Weekendavisen* (12–18 April 1996), with the humorous headline "Profilitis", had statements from several researchers who claimed that the main task of enlightenment is to spread information about the organizations themselves – to profile them. Public authorities are dependent on state grants and private organizations are dependent on the general public; they both have to raise funds, and both therefore have to draw attention to themselves and their work for public health. How better can they do this than by campaigns?

This is a rather provocative and in a way cynical observation. Yet there is no reason to imagine anything other than that authorities and organizations build up systems or bureaucracies, if one wishes to call them that, governed by the features immanent in their own system. The organizations and authorities have their own lives to carry on.

The Nature of Health

When it comes to the literature published by private persons about health, other conditions apply. This literature is aimed to an even greater extent at those who are already interested, since there must be an explicit demand on the book market for the information, which means that the target group is even narrower. It is particularly this literature on health that is interesting if we want to try to see health information in historical perspective. For this information has a longer prehistory, which makes it possible to see some long lines running through the material. Before I look at this, however, I want first to look at some features that characterize the "private" health literature of our times.

Firstly, nature, as we have seen, is used as an argument for health. What is natural points the way to what is healthy. The literature constantly searches for ideals for this natural state in the distant past: the good old days, a harmonious pre-industrial way of life, or even the state of man when he had just come down from the trees.

Secondly, health is portrayed as something of very great importance. Health is not just what makes a long life possible, so that people can do what they feel a desire or a need to do. Health is more than all that; it becomes the end rather than the means, and it has a tendency to mean everything that is good: every form of well-being, the very image of the good life – happiness itself.

Thirdly, health is people's own responsibility. Individuals should be made responsible for their own health, and it is their own responsibility to arrange their lives in the smallest possible detail with regard to health. It is of course this notion that is the very reason for issuing books about health; if people were unable to influence their own state of health, there would be no point in publishing instructions about a healthy lifestyle. Yet this is accentuated in books about health, in that no part of human life is supposed to escape health. Everything is relevant for health, and everything has to be arranged with regard to health. For example, the reader of publications of this kind is con-

stantly reminded that good health depends on being sufficiently cheerful, relaxed, positive, and so on. A relatively new publication about nature and health, for instance, declares that it is important to “practise being positive” and smiling, that it is important to have a challenging and interesting job, to have sound interests and good friends (Buhl 1992). This envisages a totally unbound individual who is free to choose everything, whether humour, job, interests, or friends – virtually all the circumstances of life – so that they will be most health-promoting. In this way, health is both a goal and a yardstick for people.

A Detour Becomes a Short Cut

These typical features may serve to describe contemporary health literature. In order to get further than this and understand what characterizes the literature, and how it can be analysed, it is an advantage to go back in time to obtain a historical perspective on it. It is important to establish a distance from what one is studying – to exoticize it, as some ethnologists say. For culture looks natural when one is part of it oneself, when it becomes one’s natural surroundings and one participates in producing and reproducing it. As an observer one is always solidly planted in one’s own times, and as a rule it is these times that make us ask the questions about the material that we ask. To establish a distance from what we are studying, one can begin by looking at another place or time, governed by a different rationality from the one to which we ourselves belong.

The first true health literature began to appear in the late eighteenth century. This is when we see the first serious aspiration to adjust life to suit the demands of health. Health does not just pop up of its own accord to become an object of discourse; this happens only after great effort has been expended on establishing it as such; wresting health from the grasp of chance and fate and putting it in the hands of individuals responsible for their own destiny. In the study of the early phases of the health discourse, we thus have an opportunity to see the interest in health in its first guise, and the possibility to make comparisons with a bygone

rationality – or lack of rationality.³

Taking this detour via history is not the same as searching for the origin of a phenomenon and hence explaining how it started. It is not the same as claiming that if we known the origin of health literature and the interest in health, then we know the essence of the phenomenon. It happens not infrequently that the science of hygiene, or dietetics as it was called in the eighteenth century, is explained in terms of its origin. As I see it, there was an obvious breach just after the middle of the eighteenth century, in the way that people thought and spoke about health, but in the history of medicine dietetics is often followed much further back in time; back to antiquity, to Greek medicine, with the tacit assumption that we have there an explanation of the phenomenon. Historians of medicine and others often point to the Greek physician Galen, who in the second century A.D. was already working with some of the elements of hygiene that are found later in history – as if everything were thus explained. If we follow this interpretation, then there is little more to say about the matter. In my view, however, there is much more to say, and it is not enough to look for the origin – not even if we look for it as far back as possible – as is often the intention when attempting to provide the most fundamental explanation. Both health information and the way in which nature is used in the argumentation always appear in new and varying contexts, and it is in connection with these contexts that dietetics and health information must be studied.

Johan Goudsblom, an expert on Norbert Elias, once said (1979) of books of medical etiquette – that is, works about hygiene, infection, and the like – that no independent civilizing effect should be attributed to them. They are rather, he claims, as civilized as the society or the social class responsible for them. In other words, it is not the etiquette books that create the civilizing process. It is the other way around: they are signs of the civilizing process. The same can be said to some extent about the health information that is the subject of this article. It is more sensible to read it as a sign of a will than as something that produces a special kind of behaviour. If one reads the texts as signs

of something in their own times, one cannot, however, conclude that the good advice has any connection with the way people actually behaved, as Goudsblom more or less claims as regards the etiquette books. We cannot automatically assume that the health literature had any effect on habits and lifestyles – perhaps not even among those who wrote it. In any case, I am not sure that a person such as the eighteenth-century Copenhagen doctor Johan Clemens Tode, who was a central figure in the creation of the early Danish health literature, necessarily lived according to the advice that he devoted years of his life and thousands of pages to spreading.

To sum up: the health literature says something about its own times, not as a description of people's lives, but as a formulation of an interpretation of life. It is as a source for this that I believe that the health literature can most suitably be used.

Health Literature as a Definition of the Good Life

I began by putting health information in a current context, and I have proceeded to try to give a brief description of contemporary health literature and then to argue that the detour via history can be a short cut.

If I were to describe the information disseminated in the eighteenth century – the health literature of the Enlightenment – and say what light it sheds on present-day health information, I would do so by emphasizing certain points, as I did for today's health information, briefly and rather superficially, with no systematism or priorities.

To begin with, nature is used in the eighteenth-century information as an argument for what is healthy. The writers declare that man is provided by nature with appetites for things that bring health. In a natural, unspoiled state, there was supposedly a harmonious relationship between appetites, external nature, and health. People felt a desire to eat what was healthy, in healthy quantities, and they avoided things that were injurious to health. They lived a life of salubrious moderation. Some specific pictures of healthy existences are fond-

ly emphasized in the hygiene literature of the eighteenth century and the early nineteenth century. There are the animals, who are wild and always healthy (in contrast to domesticated animals, which are already in decline because of their domestication). Then there are the savages, who are still quite unspoiled, whether they are noble or not. Finally, the eighteenth-century texts point to the indigenous savages, the peasantry, because they still largely live a simple and healthy life.

Nature is certainly an ambiguous entity. It stands out as good and healthy, but at the same time it ensures that we have an unquenchable appetite for things that might be healthy if only they were consumed in smaller quantities. The different natural ways of life that serve as models for a healthy lifestyle – animals, savages, and peasants – are limited in their appetites by external shortages. In contrast, the prosperous urbanites for whom the late-eighteenth-century health literature was intended must confine their appetites by means of self-discipline. The argument from nature thus contains intrinsic ambiguities, which means that self-discipline is not superfluous (cf. Mellemsgaard 1994).

It may be the case that this makes the eighteenth-century health literature antiquated and curious. Yet it should not be viewed in this way, for the idea has many features in common with what we find in our own times; it is just that in the eighteenth century it was formulated in a more consistent and explicit way. The eighteenth-century information is not naïve and simple; it is in fact well thought-out and visionary.

The two centuries that have passed since this early health information make it obvious that nature, as it appears in literature about health, has not just been innocently used as an argument for a healthy life. It shows that the literature is a definition of the good life; a definition that is only seemingly neutral, value-free, and scientific in its purest form. This is of course something that applies not just to the old health literature; it is not a bygone stage of immaturity, which we have now passed. It applies today as well.

When viewed in its context at a temporal

distance of two centuries, it is clear that both nature and health as concepts are in large measure determined by their time and culture. It is the modern individual that is portrayed in the early health literature: the rational, purpose-minded, responsible individual. This is the individual of the bourgeois public sphere: sober, truth-loving, seeking knowledge, evaluating and debating. And it is the businessman. For it is clear in the early health information that we are dealing with individuals of the male gender who determine their own ends and means, and who spend their day divided between the office in the city and the bosom of the family. It is clear that the health literature does not envisage that just anyone will read it. This was the time when trade flourished in Denmark, and especially in Copenhagen, with the character that this stamped on the city, and the people concerned were the inhabitants of the flourishing city in a flourishing age.

In the health literature nature thus speaks as an argument for a particular way of life; a way of life that belongs to a specific time, a specific place, and a specific social setting. This was a flourishing age, a time of economic success, a golden age. In the health literature, however, the age is depicted as a time of decay, ravaged by lifestyle diseases. It was the abundance that generated the diseases: the lavish meals with many dishes, the late nights, the foreign goods, the spicy drinks. Yet the problem was not just in the abundance itself; it was more in the fact that the consumption was not appropriate to the class. The real problem was not the conspicuous consumption of the nobility, for the nobility had long been accustomed to an unnatural lifestyle, and they were in any case too bound by etiquette to be able to change their way of life. The problem was rather the luxury of the bourgeois *nouveaux riches* in their inept imitation of the nobility. The health literature expresses the new uneasiness of a new age.

The two other points that I mentioned above are also seen here: the whole intention of the eighteenth-century Enlightenment was to prove the great importance of health for human life and to demonstrate that people were responsible for their own health. Health and illness were no longer attributed to the heavenly bod-

ies or occult magic or specific curses, punishments, and tests; in an age of growing secularism, they were dependent on human action.

Another couple of points characterize this eighteenth-century health information. The literature is written and translated and commented by physicians, and one can scarcely conclude anything other than that it was part of a professional policy, a public campaign to advance the medical profession. We should not be misled into believing that the information was intended to make doctors superfluous; on the contrary. Rather, it was a matter of teaching people how to use the doctor properly; to be attentive to the signals of the body so that they could call for the doctor in time. And they were supposed to call for a proper doctor, not for one of the other kinds of healers competing with physicians; readers were advised to avoid folk healers, charlatans, bone-setters, and quack-salvers – and all the other epithets they were given in the works of the doctors.

The phenomenon should not be totally unknown to us. Health is always a good player to have on the team in the contest for professionalization, although today it is not only doctors who seek to make themselves representatives of health. There are in fact all manner of other groups who claim special aptitudes and abilities for the promotion of health or who profess special insight into the nature of health. More and more professional groups want to erect themselves into health experts. The reader is actually now encountering one of these; for in writing this am I not standing as a representative of humanistic research into health, trying to take part in the game?

Finally, it is also obvious that the eighteenth-century health information was aimed at a society divided into estates. It started in the middle of the century by addressing prosperous burghers. This is evident from the devices used in the texts. Towards the end of the century, on the other hand, there was a growing interest in bringing the rationality of health to the peasantry. The health writers composed literature specially for them. For not only did the peasants' simple lives and habits make their diseases simpler; they also required literature that was simpler in form. The chosen form was that

of the catechism, with questions and answers presented in the style of Luther's catechism, the difference being that they concerned health and illness. It was imagined that the catechism form made it easier for peasants and children to learn the message by heart.

The reason for the efforts to write special literature for the peasantry was that their circumstances and way of life differed so much from those of the townspeople that it was pointless to use the same literature and the same rhetorical effects. The peasants simply had to have their own information, or rather their own education. Burghers could be enlightened, but peasants had to be educated. And at times the health writers were on the verge of giving up the attempt to provide the peasantry with literature on health; they referred instead to the urban elements in the villages and rural parishes: the clergyman, his wife, the schoolteacher, the parish clerk, so that the health education could be conveyed through them. Each of the estates of the realm had to have its own information, with its own specific form referring to its own health hazards.

Dietetics, Diet-Ethics, and the Stylization of Life

The various conditions highlighted above as typical of the early health information might perhaps mislead one into perceiving health information, both new and old, as a way to discipline others, to regulate, to exercise social control: as if health information were a renunciation of life. It is not just that. People sure enough were urged to regulate their lives, but this was no joyless regulation; on the contrary, it aimed to increase the perception of the body and the self. The health literature was not repressive, it was also productive, leading to new forms, new sensations, new interpretations of life. The health literature is not just a denial of life; it is an attempt to establish a new life-order.

Health information should not be reduced to a reflection of a large-scale but almost imperceptible social control, permeating everything from a central point in the societal order. It is not the state reaching out and trying to disci-

pline us all. It is not a central government subduing the powerless subjects. Nor is it capital's subtle way of establishing a capitalist spirit by the back door of the body – as some people would claim.⁴ Health education does not work from a central point to impose on us a capitalist-hegemonic state logic; instead it is local, producing and giving meaning in everyday life. It is the mediation of an interpretation of life.

The French philosopher Michel Onfray (1989) has written about how dietetics, by which he means the study of nutrition, is a science of subjectivity and is thus a matter of making oneself and one's life into a coherent whole by means of what one eats. For this purpose he coins the term "diet-ethics", that is to say, proper conduct towards oneself through food and the like. If we let dietetics stand here in its old meaning of hygiene, then the concept of diet-ethics indicates hygiene's way of establishing an order of life or an art of living – by means of a stylization of everyday life.

The concept of stylization has two sides. On the one hand, the term suggests the creation of a life-order for oneself, which is not just a denial of life but in fact an attempt to make the world ordered and comprehensible. On the other hand, the term suggests the function of lifestyle as a marker of small differences: a social distinction. The interest in health and a healthy body is also a matter of distinguishing oneself from others – and from other people's bodies.

This brings us to an important point. Health has never been a sufficient argument in health information, nor is it today. Health literature is about the stylization of life, both creating an order for oneself and marking a distinction from the outside world. It is not just a question of physiological well-being, although the notion of "the good life" is conveniently enveloped in an alluring scientificness.

The function of the healthy lifestyle as social distinction is increasingly being used by people working with health information today. We have seen a new tendency to utilize social distinction to sell the message of health. This can be seen, for example, in connection with anti-smoking campaigns, in which it is now not enough to say that it is unhealthy to smoke (as if people did

not already know that!), but that it is also not chic. You simply belong to an outdated generation if you smoke. And not long ago one could read in several Danish newspapers that the young people of north Jutland are not only to be taught that it is a health hazard to drive a car when drunk, because one can kill oneself and others; the young girls are also to be taught that it is tacky of young men to drive home from a party. There is an attempt here to cultivate new forms of social sanctions.

Another tendency we can glimpse in the health information of the future is a more goal-directed policy of enlightenment: it looks as if the information will be oriented to narrower groups; it will be a new version of the differentiated information of the *ancien régime*, in that special initiatives will be directed towards certain groups. This may stand in contrast to our democratic ideals by making us more attentive to differences in our otherwise seemingly so homogeneous society. An example of this dilemma is the debate we have had in Denmark about AIDS information: should it be geared specifically to the most vulnerable risk groups, with all the concomitant danger of labelling them as the afflicted dregs of society, but perhaps with the prospect of better results? Or as a health informer in a democratic spirit, should one direct one's initiatives towards the general public, giving everyone the same information?

Health Information in Historical Perspective

To sum up the arguments in this article, one could ask: what has the historical perspective brought to light? To begin with, the long historical perspective helps to create a distance to the material. It assists us to understand nature and health as specific to their time and culture, to see that health information is also an image of its time. Secondly, the historical perspective helps us better to understand the fascination of health literature: that it is not just repression but also an exhortation to pursue the art of life. The health literature is not just about health, and it is on the whole more than it claims to be. And it is doubtful whether health is – or ever has been – a good enough argument for people

to arrange their day-to-day lives in accordance with specific demands.

It may well be the case that health information cannot always be proved to be equally effective. Yet this will scarcely lead anyone to abandon it. The proflitis syndrome is still constantly at work; authorities and organizations always need to show that they are working for the common good. But that is not the whole matter, for it is not certain that the desire for health information is greater than the faith in it. We still have not passed beyond the educational ideals of the Enlightenment. I also think that most people believe that it is too early to give up, and that it will benefit health information if it follows the course that it has actually started on, reflecting on the ends and means of its own praxis. And as I have shown here, a historical perspective can be useful in letting us better understand health information as a cultural phenomenon.

In addition, health information is not just a matter of effectiveness. It has other functions than getting people to change their behaviour. Health information, and most clearly the health literature, also offers a good measure of life interpretation.

Translation: Alan Crozier

Notes

1. This article is a reworked version of a Ph.D. lecture given at Odense University on 25 October 1996. In a late phase of the transformation of the lecture into an article, I received good advice from P. O. Christiansen. The doctoral dissertation, which is about "the natural" as an argument in health information since the mid-eighteenth century, is being published by Museum Tusculanums Forlag, Copenhagen.
2. Cf. the brief but excellent summary of this by Roy Porter (1994).
3. On early attempts at a discourse on health, see Mellemegaard 1995.
4. See Turner 1982, among other examples.

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