The new gospel of health

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Over the last two decades, the public has come to embrace the importance of the "healthy life style," which is said to include a proper attention to diet, regular exercise, no smoking, and less alcohol. The healthy life style has even become a political movement, with tobacco opponents being the most aggressive. In the view of conservatives, the health activists are trying to create a "nanny" state, while the activists insist that they are simply practicing preventive medicine. But there is a deeper consequence to the efforts of health activists, one that neither they nor their opponents fully appreciate. The healthy life-style movement is setting the stage for a new explanation and justification for why people become ill and suffer.

In the past, patients often looked to religion to understand their sufferings. Christianity, for example, views suffering within the context of man's fall from grace. It is seen as both a punishment and a means of salvation; while it is painful to suffer, a closer union with God follows from suffering. This
way of thinking about, and dealing with, suffering can often be discerned among religious Christians who are ill. In my own experience as a physician, I have noticed that an eerie calm often radiates from the faces of religious patients as they pray with pastors at their bedside. It is as if a tincture of gladness was mixed in with their sufferings. At the very least, they seem to have a clear understanding of things. They do not appear to be asking “why me?,” nor do they give the appearance of resenting their difficult circumstances. Rather than suffocating in some cursed bondage, they seem contented and unsurprised.

In contrast, patients who are not religious seem unable to put their sufferings in a larger context or imagine a higher purpose to their anguish, and so they feel helpless, confused, and wretched—merely the random victims of natural processes. The healthy life-style movement, however, attempts to rescue these patients by arming them with a new understanding of why people become ill and suffer. It provides them with a rational account of their sufferings and so excites in their minds the kind of hope and optimism that religion once did.

The healthy life-style movement starts with the idea that sickness is avoidable. There is now plenty of information available on the consequences of smoking, drinking, overeating, and underexercising. Even the government has become involved in spreading the word. The underlying premise of the healthy life-style movement is that people have been warned, and that if they persist in their unhealthy life styles, they have only themselves to blame if they fall ill.

Yet mixed in with the movement’s accusatory tone is a hope and a promise, that with proper attention to life-style habits, a person’s health can be regained. The explanatory power of the healthy life-style idea exerts an almost magical effect on the disposition of patients, much as traditional religious notions did in the past. While the life-style movement tells patients that getting sick is their own fault, it also helps focus their attention in a positive, productive way. This is important because the mental suffering that accompanies illness is often accentuated by the apparent pointlessness of it all. When people are happy with their lives and then suddenly find themselves sick, they may cry out, “Nothing makes any
sense!" The setback engenders intense feelings of bitterness and resentment, and a fear that the disease is a negative judgment on their entire lives. By ascribing illness to a cause like a bad life-style choice, patients are able to regain the sense of balance that comes from associating a complex problem with a single factor, in much the way that devout patients gain peace of mind by orienting their experience toward God.

The gods of health

At first glance, it would seem that the healthy life-style movement and traditional religion have nothing in common, since the former is connected with science. But like religion, the healthy life style fits largely in the realm of belief. Many patients make associations between life-style habits and medical problems that are not evidence-based. It is unclear, for example, whether a high intake of butter necessarily leads to having a heart attack or whether a lack of exercise causes a stroke. But in the minds of secular people who have embraced the healthy life style, it does not really matter. What does matter is that they believe in the association. And that strong belief, like a firm belief in God, is what eliminates the feelings of doubt, impotence, and hopeless confusion so often found among the sick.

When patients believe that their suffering has a clear and precise cause, an element of uncertainty is eliminated from their minds. The reason behind their sickness becomes clear to them, and rather than dissipate their mental energies in needless and unproductive wonder, they start to focus on the task of getting better. The major difference between patients inspired by traditional religion and those oriented toward the new healthy life style is that the latter feel a sense of empowerment. They believe that health and sickness are under their control. Unlike religious patients, who are often calm, even passive, as they put themselves in the hands of God while undergoing rehabilitation, secular patients animated by belief in the healthy life style are almost frenetic. They see their effort to get better as another form of self-improvement or self-assertion. They go to diet centers where a sign may say, "The first step in controlling your health is controlling what goes into your mouth." They join gyms and "wellness centers."
Since they believe their illnesses are caused by poor life-style choices, they are emboldened to make new choices. What encourages them to start on the path of recovery is the fervent belief that good health is totally within their power.

This may be more religion than science, but religion does not have to be true to be powerful. It need only sway the will of its believers. And because the healthy life-style code is couched in the language of science, even health professionals believe it. With only a cursory knowledge of public-health data, doctors and nurses tend to upgrade a mere association between a life style and an illness into a direct causal relationship. Thus medical professionals sometimes house in their minds an obscure notion that patients, by smoking or drinking or overeating, almost get what they deserve—that their illness was "caused" by a bad life style—and it is only when they are confronted with their illogic that they rethink their judgment.

This prejudice was first revealed to me as a medical student: While caring for a 90-year-old patient with cancer, I was told by my professor in reference to the patient, "If you know smoking and alcohol, you know medicine at the VA [Veterans' Hospital]." To be sure, a connection sometimes exists between life style and disease among the elderly. But it seems almost perverse to emphasize bad habits in a 90-year-old smoker dying of cancer who, had he not smoked, would have lived to 93. By fixating on the patient's life style, the professor had both an explanation and a justification for the patient's suffering, which seemed almost to please him.

The healthy life-style movement shares something else with traditional religion: Both are not just support systems for the sick but also sources of comfort for the healthy. Over the last decade, there has been some debate within the medical community over the shift toward preventive medicine. In the past, medical treatment was curative or remedial, designed to help a person once he had fallen ill. (The major exception was in the area of infectious disease, which quickly became the preserve of public health.) The expanded notion of preventive medicine has slightly changed the purpose of medicine. More and more, medicine is about policing human conduct and controlling risk, as preventive medicine now covers not only infectious disease but also life-style choices and personal safety.
Some physicians argue that there is no scientific basis for the expansion, that the infectious disease model of aggressive prevention cannot be applied to other disease states. But this criticism, while perhaps accurate, misses a major, nonscientific purpose of the new healthy life-style movement. Like traditional religion (and unlike traditional medicine), the life-style movement is designed not merely to save lives but to put the entire human condition in perspective so as to give psychological support to the healthy.

Nature divides the sick from the healthy, but since healthy people are generally anxious about falling ill, psychology brings the two groups together. In the past, healthy people looked to religion to ease their fears of falling ill, but in the healthy life-style movement, the healthy are reassured in a slightly different way. They are encouraged to believe that health does not turn on the power of God or fate but on things under their own control like character, conscience, and will power.

For example, in my own experience as a physician, I have often interviewed sick patients who proudly say "no" when asked if they smoke, only to discover that they have a 30-year smoking history and stopped just last week. Their psychology is totally transformed out of proportion to the positive effect that a mere one week of abstinence could have on their lungs. It was as if they saw their history of smoking as a mere traffic violation that could be erased from their record through good conduct and community service, so fervently did they equate their decision to stop smoking with a fresh start and newfound health.

At the same time, I have seen healthy people fear the smoking of one cigarette or the consumption of a fatty dinner, thinking that it might put them on the path to illness. Scientific medicine does not support such fears because the offending agent is not of sufficient quantity to cause illness. But in the healthy life-style movement, the understanding of disease is not restrained by material notions or biochemical laws. The movement puts so much emphasis on will power, self-control, and self-discipline that people become scared to pass the bounds of right conduct, and they believe that their health is as much fixed by some simple transgression or expression of weakness as it is by the laws of science. Such people emphasize a purity
and precision that is more commonly observed in religious movements; and in their ideological fervor, they lose all ability to be practical or lighthearted about a common indulgence whether in themselves or others.

Still, if the science behind the healthy life style is not completely evidence-based, it does accomplish its psychological purpose. For those who are sick and have lost interest in traditional religion, it offers hope. For those who are secular and healthy, it offers a sense of control, though at the price of occasional neurotic behavior.

To some degree, the healthy life-style movement comforts the healthy by making death seem less mysterious. In the case of the 90-year-old patient mentioned above, to blame an elderly man for dying is silly, but for healthy people (including medical professionals), there is a kind of security that comes from knowing why death occurs, and in the larger context of the healthy life-style movement, the notion that terminal illness turns on choice makes it seem less random or gratuitous.

**Communities of the sick**

In the past, doctors tended to their patients' health and left the care of souls to religion. The connections they formed with their patients had no singular tone, for doctors were part-friend, part-confidant, and always loyal companions in suffering.

The situation now is somewhat reversed. Because of the time constraints put on physicians practicing in the environment of managed care, there is often less time available to establish the kind of rapport that once existed between doctors and patients. Many physicians, for example, now limit their office visits to 15 minutes. Patients sense the rushed atmosphere of the office and so voluntarily withdraw from the idle banter or chit-chat that is the prerequisite to more serious intimacy and understanding. They do not want to bother their doctors.

At the same time, the healthy life-style movement gives the medical profession a brand new role. Doctors are not just skilled professionals but also the expounders of universal truth and right conduct—they define the healthy life style. And while secular people may be little moved nowadays if their
licentiousness is criticized by a minister, they will stand before a physician with a kind of sacred terror when they are ill. In the age of the healthy life style, when doctors are the arbiters of clean living, patients seem almost ashamed to go to them with problems, for they know that what awaits them is often a stern lecture against overindulgence, poor diet, or bad personal habits. This is how health professionals enter the realm of the soul that was once reserved for religious guides. The doctor no longer just treats suffering; he now renders judgment on it.

Yet the need for companionship in suffering has not changed, and so other institutions have taken on the old role of supportive doctor, especially for people who are no longer active in traditional religious communities. Over the last few years, there has been an explosion in the number of self-help communities, both real and on the Internet, devoted to health issues. These communities, which are generally devoted to helping people with a specific illness, provide a medium for patients to talk about their illnesses, to exchange opinions, to express their fears and concerns, and to enjoy mutual support. There are reportedly about 20 million Americans affiliated with some kind of self-help organization.

These communities are not microcosms of society at large, but on the contrary, very specific groupings of people who suffer from the same disease. Using the Internet to find a self-help group, for example, people need only scroll down a list of diseases, beginning with the letter A, to find the self-help group appropriate for them. Not only are these communities homogeneous and self-selective by definition but often group members attempt to exclude those who are healthy or who suffer from different diseases. This is done to preserve a strong sense of companionship.

Another reason for the restriction is that patients find it easier to converse and express feelings when everyone seems equal and the same. Several patients have told me that they have confessed feelings and anxieties to fellow members of their self-help community which they would have never revealed to their friends or families, especially when the conversation takes place in cyberspace and the interlocutors are anonymous. Because each member of a self-help community is af-
licted in the same way, there is little fear of embarrassment.

In many communities of the sick, a peculiar sense of normalcy soon overtakes the spirit of mutual support. Sickness gradually turns into a "life style," as group members go to lectures, book-signings, conventions, even sporting events together. In a fashion, members learn to be good neighbors by writing to each other as pen-pals, helping each other find bargains in medical supplies, or just giving each other support. Even age is respected in the self-help community, though with a peculiar twist: Those who are at the more advanced stages of disease often talk to fellow members still in an earlier stage with a kind of stately wisdom, and they tell the less ill how it will one day be for them.

The contrast with more traditional religious communities is stark. When religious people become ill, they generally find companionship and support in a community that includes both the healthy and the sick. The effort to rescue people from spiritual despair in a religious community does not come about by telling people how "normal" they are or how they can be just as goal-oriented and accomplished as healthy people. Instead, religion comforts the sick (and the healthy) by asking them to surrender themselves to God.

For nonreligious patients, the self-help community is an easier psychological fit than a religious community. This is because the animating spirit of secular culture is individual empowerment, not self-surrender. By living within the social confines of a self-help group, people gain the illusion of living full, enterprising lives. They set goals for themselves as they try to cope with their debilitating illnesses; they take pride in helping their friends; they even become politically active—for example, the legislative efforts of disability groups to remove barriers faced by their members. The very credo of many self-help groups is empowerment.

This is all quite laudable. Yet there is an underlying sadness in watching the community of the healthy and communities of the sick exist side by side in public space, each with very separate destinies and each, in their own way, hiding from the other. For different reasons, the communities willfully separate themselves, and eventually lose the capacity to understand how those in the other group might think or feel.
People in the community of the healthy do not want to know the sick, for they fear their own mortality and loss of control, and this prompts them to keep the unhealthy and disabled at a distance. People in communities of the sick almost do not want to remember how it was to be healthy, for they fear seeing themselves through the eyes of the healthy and having their small achievements devalued.

There is, however, one important similarity between the traditional religious communities and the new self-help communities. Both reject much of what modern science has to offer. This is because people in self-help groups see clearly the limits of medical science in the treatment of the chronic conditions from which they suffer. They reject the hierarchical model of "listening to the expert" simply because the experts cannot help them. People in self-help communities also resist being treated according to the modern science of counseling. Professional therapeutic techniques, with their labels, disease subsets, and specialized vocabulary, have little weight with chronic sufferers, who tell counselors, "You cannot know how we feel!" Members of self-help communities gravitate toward the support of fellow sufferers and discover their own methods of coping, which are sometimes passed down like an oral tradition. This is how self-help exposes a tremendous weakness in the science of caring. Like religion, the doctrine of self-help recognizes a realm of the human spirit that science cannot reach. Ironically, as some traditional religious groups now try to "modernize" by incorporating scientific methods of counseling into their programs, the self-help groups are becoming the new bastion of that old idea which says science and reason cannot encompass the human condition.

The rise of the hospice

Some of these same themes can be observed in one special community of the sick—the modern hospice. The hospice movement tries to make terminally ill patients comfortable in their last few months of life and give them a sense that existence still has meaning even though death is imminent. It came to the United States from England in the late 1970s and has since become a prominent feature of the health-care system, with its own Medicare benefit. To participate in the hospice
system, a patient must be diagnosed with a terminal disease and be expected to live only six more months. Most hospice patients live at home, where they are managed by the hospice's visiting home-care team. The hospice institution itself is reserved for patients who can no longer be cared for at home or when the primary caretakers at home are simply exhausted.

In some ways, hospices constitute the same challenge to medical science as other communities of the sick. Traditional hospitals are oriented toward investigation, diagnosis, and cure, which is often a physically painful process, and for those who are terminally ill, the point of enduring such pain is questionable. The hospice movement attempts to remove terminally ill patients from this path. Its goal is not cure, with all of its aggressive interventions, but palliation of symptoms. Medical science is a proud discipline, with a century of major breakthroughs behind it, and it is hard for those steeped in medical science and working in a hospital environment to admit that sometimes the situation is hopeless, that medical science has its limits, and that nothing more can be done. This is the hospice's insight.

Hospices also look beyond the actual disease of the patient and try to help manage the psychological and social difficulties encountered by terminally ill patients. They give a tremendous amount of support to families caring for terminally ill patients. Unlike hospitals, which primarily focus on the patient's disease at the expense of families (for example, the restricted visitations of families in intensive care units), hospices see families as a necessary part of care. Hospices look at a patient's condition in its entirety, not simply at the physical manifestations of disease. Like other communities of the sick, they are involved in the whole web of fears, desires, everyday struggles, and financial concerns that encompass the lives of patients.

The stand against science is also evident in the hospice's effort to help patients die comfortably at home rather than in the stark, barren environment of the hospital, which again complements traditional religious teachings. In the past, people often died at home, perhaps in the same bed where a family member was born, and the whole cycle of life was evident to all. The hospital environment obliterates this sense of a life
cycle, as well as a sense of time altogether. With its forever-lit fluorescent bulbs, constant temperature, and never-ending activity, patients lose the sense of night and day in a hospital. They are forced to endure a single moment of constancy—as if the earth had stopped spinning on its axis and the sun stood still in the sky.

The hospice movement, like religion, returns to patients the sense of life as a journey through time. It does this by keeping them in a home environment for as long as possible and surrounding them with life’s changes. The hospice campus will often host weddings, teas, and parties, as well as have playrooms for young children. In other words, patients are still immersed in time’s flux.

Yet the spirit of the hospice movement differs from traditional religious ideas of counseling in a major way. Just as the effort to empower patients and preserve the illusion of control are prominent features of the healthy life-style movement and the communities of the sick, so too can they be found in the hospice movement. Hospices participate in this effort by emphasizing “choice.” They try to involve patients in virtually every decision regarding how their care will progress and how they will spend their last few months of life.

The spectrum of choice is obviously quite circumscribed for terminally ill patients in a hospice. Unlike the healthy, who make decisions about work, vacations, money, and so forth, hospice patients are often limited to choosing between different drug schedules and menu plans, and giving advanced directives regarding what degree of medical intervention is to be permitted once terminal decline begins. But the hospice staff encourages patients to think about whom they want to spend their last days with, where they want to spend them, and what they might like to do—that is, to make choices. By encouraging patients to choose, the hospice is able to return to patients at least the feeling of free agency, the hallmark of secular culture.

This is very different from the experiences of death in the environment of the traditional religious community. In the past, dying patients were encouraged to gaze heavenward, at least with one eye, and rather than being bombarded with choices so as to respect their autonomy, patients were sur-
rounded by an aura of peace, almost as if they were being prepared for the quiet stillness of eternity. Traditional religious communities did not try to maintain the fiction of control and independence to the very end.

At death's door

Religious belief is especially needed when death is near because, for many, it is a moment of sheer terror. In traditional religion, eternity's silent call has upheld the courage of dying people by implanting in their hearts the belief in a better world to come. Yet secular patients also need belief. Thus they often fasten onto supernatural notions as death approaches, and while some return to the mother religion they had ignored for years, others speak of an afterlife or the recirculation of souls in a way that does not touch specifically on Christianity or Judaism, in part because they do not want to feel like hypocrites.

The problem these people face is that secular ideologies, almost by definition, do not encourage people to break the boundaries of this life and cast their looks beyond. It is because the idea of an afterlife is absent from secular creeds that the new culture I have described so often encourages people to avert their eyes when staring into the face of sickness. Since there is nothing to look forward to after death, this culture often tries to conceal the truth of mortality.

But secular culture is developing its own solutions: By emphasizing individual empowerment, it is prodding patients to believe that the reason for existence disappears when individual progress and agency are no longer possible. Thus the rise of the assisted-suicide movement.

Personal value is achieved in contemporary secular culture by setting personal goals and improving oneself, even if just a little. Independent value is not awarded to human souls, in part because souls are viewed as a religious fiction but also because souls are static. They do not change or improve. They just exist, and in secular culture, people are praised when they aim for something and then achieve it. This is very different from how people are awarded value in religion, which is evident in the way patients are cared for within a religious community. Frail and bedbound, fed by a nurse without even
control over their bodily functions, they are reminded daily that their very existence is still part of the miracle of life. Even though they may no longer be able to work or contribute to society or better themselves or even think, they remain part of God's plan for humanity. *They have value simply by existing.*

But secular patients who cannot advance or improve in any way, or even make choices, find it difficult to imagine any reason to continue living. This is what gives life to the assisted-suicide movement. While one branch of the movement argues that people should have a right to end their lives when they suffer intractable pain, another, equally important, branch argues that suffering should not be an essential prerequisite to assisted suicide. The suggestion is that if a person does not have a good "quality of life," then for all practical purposes, their life is already at an end and dying is a mere formality. Robert Sanderson, a patient trying to overturn Colorado's ban on assisted suicide, argued recently that "when the mind goes, the soul and the body are both gone too." This branch of the assisted-suicide movement does not value the mere spark of life that animates people; the mere possession of a soul is insufficient reason to live. This belief makes death easier to accept. For secular patients lying in bed, without the capacity to accomplish or choose or do, they are convinced that they are already dead.

**Transcendence**

Since there are few moments in life more difficult than when one is ill and suffering, it is not surprising that secular culture has found new ways of helping the sick who have lost interest in traditional religion. And if an idea gives the strength to endure and go forward, it is probably never a wholly bad idea. This is true of both traditional religious belief and the new cultural ethos I have described.

However, there are two facets of the secular culture that seem deficient in comparison with traditional religion, not so much in regard to its care of the suffering but in how it deals with those who have yet to suffer. First, secular culture tries to explore the mystery of suffering but also to remain carefully detached from it. While tales of suffering are forever
being displayed on film and in books and magazines, they are displayed at a distance and thus touch people very lightly. When suffering is more real and immediate, and the potential to be affected by it is much greater, the effort is made to push it away—to isolate people in a community of the sick or to imagine sickness as being caused by a person’s own bad habits. This mental disconnect gives rise to a peculiar paradox in modern culture, where people purposely go to the movies to wallow in the morbid, yet beg the sick off or almost refuse to believe in illness when it confronts them directly.

Second, secular culture helps control the fear of sickness and death, but not as thoroughly as religion. Traditional religion encourages people to detach themselves from the things of this world, even while they are healthy. People are told that by tenaciously holding on to everything in this world—health, beauty, and luxury—one will never enjoy them because of the fear of not having them or losing them. It is this radical perspective on earthly pleasures that allows religious believers to tend to the suffering with a lightness of spirit, an abundance of good will, and even a kind of relaxed indifference. Religious believers see the spirit of God in patients, not their horrible afflictions.

This transcendental component is absent from secular culture. As a result, the loss of life’s good things is felt keenly by the healthy, and so the notion that suffering is simply a part of God’s divine plan is not enough. In secular culture, there needs to be a way of pretending that sickness and suffering are optional, and that as long as safe habits are adhered to, the healthy will continue to occupy that part of the world where God has no control. This is the origin of the belief system that animates today’s culture of suffering.