



The working unwell

Nathan Gerard

review of

Cederström, C. and A. Spicer (2015) *The wellness syndrome*. Malden, MA: Polity Press (PB, pp. 163, £14.99, ISBN: 9781780991566)

‘Be well’. This is what you hear now at the checkout counter at Walgreens, the largest drugstore chain in America. Employees offer this valediction as they hand over the receipt, and it comes across as eerily sincere. In fact, the phrase was so effective at rattling me out of my consumerist stupor that I said it back – ‘Be well as well’ – but it didn’t quite come out the same way. It sounded mangled, faux-British, and for some strange reason I raised my voice at the end, turning it into a question. I left feeling confused.

And so it was with welcome relief that I stumbled across *The wellness syndrome* by Carl Cederström and André Spicer. Within the span of a few pages the authors managed to subdue my budding delusion of a local pharmacy-turned-ashram with employees-turned-gurus telling me, ‘Be blissful. Be a beam of light’.

‘Be well’, the authors contend, is more than just a trite phrase. Like many wellness mantras, it carries the force of a pernicious injunction. Sure, we can experience periods of being well, but to aspire to the rarified heights of omnipresent wellness is impossible. And precisely because we can’t live up to this injunction, we work incessantly at being well, only to end up feeling like a failure. Or to put the whole thing in the words of Karl Krauss, wellness ‘is the disease of which it claims to be the cure’ (Szasz, 1976: 24).

This strange bit of comfort serves as a veritable talisman along a perilous journey through the modern-day wellness bazaar, complete with CrossFit binges and Paleo purges, mindfulness training and evangelical dieting, and – most disturbingly – Wisdom Horse Coaching, for unlocking our leadership potential ‘by learning how to lead a horse’ [11]. Through sheer repeat exposure, readers gain immunity to these and other wellness pathogens. But the disease quickly spreads, taking on new and unexpected shape, and becoming particularly virulent as it turns toward the office. For it is here that our sense of failure serves a broader purpose: ‘[M]aking employees engage in fitness routines helps firms to sculpt the workforce’, the authors note, ‘creating a strong and compelling connection between the fit employee and the productive employee’ [37]. The body, with its stubbornly unproductive need for sleep and recuperation, is the last holdout in a life of uninterrupted work. Move over YouTube cat videos. Make room for the walking desk.

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‘We shall never be wholly civilized until we remove the treadmill from the daily job’, wrote Henry Ford in 1922 [278]. The statement was strange, if only because this same Ford would go on to champion the assembly line as the ‘new messiah’ (Ford, 1928). Less strange was Ford’s avoidance of wellness initiatives on the shopfloor, a place where squats and backbends proliferated long before the zealous HR manager would go on to champion them as ‘deskercise’.

The point here is that in Ford’s era, any sense of bliss was to be found well away from the office. But at some point this division between work and wellness collapses, and Cederström and Spicer trace this collapsed back to the Great Depression of the 1930s. It’s no coincidence, the authors contend, that just as the market crash erased class distinctions, opportunistic writers began urging their readers to recite confidence-boosting mantras and visualize success. ‘It isn’t what you have or who you are’, Dale Carnegie assured readers of his 1936 classic, *How to win friends and influence people*, ‘It is what you think about it’ (1936: 74). A better example from the same year might be Dorothy Brand’s (1936) infamous, ‘Act as if it were impossible to fail’, a slogan born, as Joanna Scutts (2013) notes, ‘at a time when the word “failure” was so often yoked to the word “bank” (some 9,000 American banks failed between the 1929 crash and the establishment of the FDIC in 1933)’.

Freud would have helpfully labeled all of this a neurotic symptom, and specifically a ‘reaction formation’: rather than confront the anxiety-provoking idea of our impotence, we make ourselves larger than life. Fast-forward 40 years

and we witness a resurgence of the same symptom. ‘As the world takes on a more and more menacing appearance’, Christopher Lasch presciently wrote in his 1977 book *Haven in a heartless world*, ‘life becomes a never-ending search for health and well-being through exercise, dieting, drugs, spiritual regimens of various kinds, psychic self-help, and psychiatry’ (1977: 140). Fast-forward another 40 years to the Great Recession, and we begin to recognize a pattern.

But Cederström and Spicer, to their credit, do not simply rehearse Freud or Lasch. They go one step further, adding the important addendum to today’s age of diminished expectations: The injunction to be well, they argue, creates a self-obsessed but not nearly self-inflated subject. The monitoring and calculation inherent to the ‘quantified self’ movement – a strand of wellness involving the attempt to perfect the body through wearable technologies and ‘life-hacking’ – barely hides the repetition compulsion. Lasch’s (1977) ‘great turn inward’ becomes the ‘incessant turn round and round’; the never-ending search for health, the impossible ontological pursuit of ‘being well’.

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But seriously, what’s wrong with a little wellness? I mean, have the authors ever been to Mississippi? Probably not. They live and work in Europe. But had they visited the portliest state in the Union, they might have felt compelled to support a modest public health campaign of exercise and dieting, coupled with a sensible ban on the Big Gulp at 7-Eleven.

‘We should be spending lots more on public health and social programs to promote exercise, reduce obesity, and correct income inequality and lots less on harmful medical overtreatment’, argues Allen Frances (2014), Professor Emeritus at Duke University. The evidence corroborating Frances’s point is compelling: 80% of our health is determined by factors outside the purview of medicine, such as exercise, dieting, education, and socioeconomic status. A prime example is the costly war on cancer, which according to Frances (2014), ‘has done much less to improve our health than the cheap war on tobacco’. Surely wellness is a lesser evil, Frances seems to rhetorically ask, compared to the bloated inefficiencies of a medical-industrial complex?

And perhaps there’s another reason why we shouldn’t be so quick to bash wellness. Take Steven Keating, the PhD student from MIT who meticulously mined his medical records and monitored his health to detect a brain tumor before his doctors, an act that essentially saved his life (Lohr, 2015). Now of course, the same risks Cederström and Spicer warn us about are at play here – a

self-obsessed victim of wellness, saddled with the outsourced work of his doctors (or what the authors ingeniously call ‘the insourcing of responsibility’) – but there is also something else: a patient empowered to cut through a system defined by structural inequalities in order to fight for what is ultimately his right – knowledge of his own body.

Cederström and Spicer may find sympathy but little substance in these retorts. Instead, they seem to insist that when it comes to wellness, we really don’t have a choice. Happiness and health, if they exist at all, are elusive, not to mention overrated. They quote Beckett’s Estragon in *Waiting for Godot*, ‘What do we do now, now that we are happy?’ [62]. Perhaps we shouldn’t do anything at all. And perhaps it’s the authors’ very distance from America that allows them to subdue that pestering inner pragmatist who demands a plan of action for every imperfection, and who berates us for not being more mindful, more resourceful, and above all more exceptional like, say, the exceptional American Steven Keating.

And yet, by resisting the call to action, the authors run the risk of placing themselves at an exceptional distance from the mass (the reader can’t help but feel that the welcome relief won from the tyranny of wellness relies, in part, upon a herd of deskercizing Dilberts). But more so, resigning oneself to a choice-less fate oddly mimics a future society where consumer preferences come pre-determined, and where goods arrive at our door even before pressing Amazon’s ‘1-click’. Absolute silence. Perfect wellness. Pure bliss.

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Still, Cederström and Spicer have much that is important to say, and they do so with impeccable timing. *The wellness syndrome* arrives just as cryotherapy (Lee, 2015) and choreplay (Sandberg and Grant, 2015), vegan faux-nuts (Fiona, 2015) and kale sorbet (Pilon, 2015) all clamor for hashtags and hyperlinks in the cyber cacophony that is contemporary life. The authors deserve high praise for detecting a signal through all this noise. Sadly, we’ll likely be too obsessed with our wellness to listen.

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