# Conclusion: Susceptible Citizens in the Age of Wiihabilitation

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## *Susceptible Citizens in the Age of Wiihabilitation*

An epidemic worse than flu is terrifying our quacks
As GPs over Britain suffer Internet Attacks.
"Doctor have a look at this. It's only twenty pages.
I would have printed out the rest but fear I'm in the stages
Of something fairly terminal. I've made a diagnosis.
I found it on the Internet. I think it's psittacosis.
Or mononucleosis. Or arteriosclerosis.
I also know which drug to use and in what strength of doses."
"The Internet." A doctor writes:
The symptoms are a cue of people in my waiting room
With sod all else to do
But ask me what I think they've got then tell me my mistakes
While reeling off prescriptions which the cyber-doctor makes.
Regrettably the only cure for this disease today,
or Chronic Cyberchondria, as doctors like to say.
Apart from application to your neck of a tourniquet
is log off from the website, get a life, and go away.
—Martin Newell, 1999

In this era, self-diagnosis is inevitable. We, as physicians, need to approach this as teachers.
—Dr. Kit C. Lee, 2012

In 1999 Martin Newell, a British rock musician and poet, penned the above poem for the *Independent*'s "Weekly Muse" that poked fun at a new disorder and the problems it posed for doctors. He jokes that exhaustive self-diagnosis not only leads to unnecessarily overfull waiting rooms but also unproductively challenges doctors' authority over diagnosis and treatment. The neologism "cyberchondria" began circulating in the late 1990s to describe a new variation of hypochondria for the information age: an anxiety concerning one's wellness that is triggered by the obsessive visiting of health and medical

websites. As the poem illustrates, cyberchondria is an ill-defined terminology with vague diagnostic criteria. Those invoking it—journalists, computer scientists, and doctors, among others—often draw little distinction between the self-education efforts of diligent health information seekers and the frenzied searches of so-called hypochondriacs who overreact to banal symptoms.[1] A diagnosis of dysfunction by degree, cyberchondria lurks along the fine and ever-shifting line between health consciousness and health obsession.

Often described as an outgrowth of Internet addiction, cyberchondria has spawned a windfall of studies, ranging from the anecdotal and confessional to the longitudinal and technological, undertaken by journalists, technology researchers, psychiatrists, and bloggers trying to understand the cultural changes wrought as ever more people seek health information online.[2] More than a decade after the disorder's emergence, two Microsoft researchers, Ryen W. White and Eric Horvitz, undertook the first-ever scientific study of cyberchondria, which they defined as "the unfounded escalation of concerns about common symptomology based on review of search results and literature online."[3] As part of an effort to add more personalized features to Microsoft's search service, White and Horvitz studied the behavior of health information seekers and concluded that "the intrinsic problems with the implicit use of Web search as a diagnostic engine"—where queries describing symptoms are input as search terms and the rank and information of results are interpreted as diagnostic conclusions—can lead users to believe that common symptoms are likely the result of serious illnesses.

In many ways, cyberchondria is just a new diagnosis for an ongoing cultural problem. Studies of cyberchondria, whether serious or sardonic, tell us less about actual minds and bodies (or actual illness) and more about broader historical changes and cultural values at the nexus of the body, technology, medical knowledge, and citizenship in the age of neoliberal capitalism—the same convergences that *Chronic Youth* has traced in relation to adolescence. The transition toward neoliberalism has been a multifaceted economic, cultural, and technological project occurring across a wide swath of global cultural locations and with a variety of implications that are still very much in formation. This brief conclusion cannot possibly endeavor to map them all. Instead, I would have us begin by imagining cyberchondria as an orientation toward history, technology, medical knowledge, and embodiment in an "era" in which, following from Dr. Kit Lee's resigned words in this chapter's second epigraph, "self-diagnosis is inevitable."[4] By positioning cyberchondria in relation to the cultural history of media, citizenship, and embodiment that I have traced from the 1970s into the twenty-first century, I am suggesting that cyberchondria, an endless cycle of desire for self-diagnosis enacted

through popular media, has, in a way, *always* been rehabilitative citizenship's preferred subjectivity. That said, as this book has historicized how rehabilitative citizenship has naturalized a culture of endless individual readjustment, I also want to consider what new forms of interdependence might emerge as collective readjustments undertaken by susceptible citizens in unstable times.

Of course, the era of self-diagnosis and rehabilitative self-discipline significantly predates the Internet age. To resist the technological determinism implicit in the term itself, we must position cyberchondria alongside and within longer crises over media use as well as its role in the democratization and commodification of medical knowledge. As *Chronic Youth* has shown, these sutured processes of education and entertainment have been and remain profitable for a number of industries. This book has described how rehabilitative edutainment—problem-driven, pedagogical commercial media—ascended as a predominant mode of address for teen citizens, who were imagined as always-already in crisis and in need of the type of intervention that healthy media were best suited to provide. Rehabilitative edutainment, such as "disease-of-the-week" made-for-TV movies, ABC's *After School Specials*, teen sick-lit, and later, neuroscience-inflected parenting books, operated pedagogically to rehabilitate denigrated popular media by endeavoring to rehabilitate teenagers into healthy citizens. Specifically, this book has argued that adolescence and disability increasingly became conjoined categories as rehabilitative narratives of "overcoming disability" aligned with "coming of age." In teen television and literature as well as in conversations about their value, this discursive alignment has served a crucial citizenship training function, as rehabilitative edutainment cultivated disciplined teen citizens who aspired to "stable" able-bodied, heterosexual adulthood through an endless ritual of self-surveillance, emotional management, and makeover. Amid an exploding 1970s self-help industry and culture, this was an extraordinarily profitable formula that centralized ideas about debility, capacity, and endless improvement potential (or, in rehabilitative citizenship terms, "growth" and "overcoming").

Rehabilitative edutainment also addressed teenagers as sexual proto-citizens rather than as innocent children, as sexual identity formation became imagined as a crucial step in healthy adolescent development in a United States inexorably altered by various sexual revolutions. In this way, rehabilitative edutainment negotiated a broader cultural conversation about sexuality and sexual pleasure in a post–sexual liberation world characterized by desire for greater openness about sex. Rehabilitative edutainment offered a disciplined version of sexual liberation, one that fostered and contained the

volatility of teen sexual expression within the intertwined normative regimes of compulsory able-bodiedness and heterosexuality. However, the teenager, as an anxious site of potentiality and development, revealed the instability of heterosexuality and able-bodiedness since, much like the unstable teenager him/herself, these normative regimes required constant maintenance. Thus, by disciplining the rebel into the patient, rehabilitative edutainment naturalized self-surveillance, an endless ritual of self-diagnosis and rehabilitative management, as healthy and essential to good citizenship. As a tool of governmentality, rehabilitative edutainment formed one cultural location in which health itself became "seen as a side effect of successful normativity."[5]

Rehabilitative citizenship marshaled rehabilitation's polytemporal desire—an ambivalent, nostalgic vision of a more coherent, more innocent past and the possibility that rehabilitating the present might restore that former stability. In this way, rehabilitative citizenship was responding to a perceived loss of innocence in the post-Vietnam, post-Watergate era—an era in which, cultural producers believed, young adults needed to be better prepared to confront deep social problems because childhood, too, might be lost forever. Instead of eliminating corrupting influences like sex or violence (or even the mass media themselves) to remedy the loss, liberal pedagogues dealt with this cultural trauma through the rehabilitation of mass entertainment like television or popular literature into healthy edutainment that promised to rehabilitate teens into stable, socially responsible adults. However, its images of coming of age and overcoming disability still predominantly spotlighted white middle-class protagonists, offering up their struggles as universal. Moreover, its vision of health, of the stability promised by normativity and adulthood, was already quickly becoming illusory in an age of post-Fordism in which "Stayin' Alive" and making a good living were becoming increasingly difficult.[6]

Just as teen identity crisis was becoming normalized, so was the "crisis ordinary" of post-Fordism and later, neoliberalism.[7] Broad shifts in the American economy and government in favor of privatization relied upon and fueled rehabilitation's privatization of citizenship: good citizenship was refashioned as endless self-surveillance, makeover, and enhancement amid increasing economic and social instability. The precarious economic circumstances of post-Fordist deindustrialization—declining wages, the global export of blue-collar jobs, increasingly unstable employment, and the systematic retraction of "Great Society" social welfare programs—challenged the validity of the American "bootstraps" mentality and the self-made man, as the chasm between the rich and the poor widened dramatically along racial, gendered, sexual, class, and dis/ability lines. By the 1990s, unflagging

neoliberal faith in the free market had ascended as an economic policy and as a set of cultural values embraced by liberals and conservatives alike. This philosophy enshrined economic deregulation and privatization, or, in other words, the belief that corporations are the most agile, innovative, and effective in responding to social problems. By contrast, government-administered social safety nets like welfare or universal health care are cast as sluggish, unprofitable, and "dependency-breeding" (often through overlapping racist and ableist language that describes not only the programs themselves but also the perceived populations who need them). This neoliberal cultural/economic faith in the free market has naturalized phenomena such as the upward redistribution of wealth, the dismantling of social services through the moralizing language of entrepreneurialism ("personal responsibility"), or the idea that economic and personal security and success are achieved largely through individual willpower ("hard work") rather than severely circumscribed by ongoing structural inequalities.

Perhaps self-diagnosis has become inescapable in the Internet age of cyberchondria. However, *Chronic Youth* has shown that the cultural shift that has undergirded the naturalness or healthiness of self-surveillance or personal responsibility has been neither "inevitable" nor solely individual. Rather, it has required cultural work, undertaken within and across diverse sites, including cultural representation, government policy, media regulation, medical knowledge and industries, and even individual embodiment. By tracing how the rebel became the patient, this book has shown that this transition toward self-surveilling citizenship has been, in every instance, political, affective, and deeply historical. Through the depoliticizing narratives of coming of age and overcoming disability, rehabilitative edutainment had the crucial effect of naturalizing certain neoliberal cultural values, such as endless flexibility and individual adjustment to increasingly precarious living conditions, as apolitical and universal matters of "growing up" or "getting well" rather than historically contingent matters of economics and politics. Namely, rehabilitative edutainment's problem-driven cultural narratives about disabling and crisis-ridden adolescence—the individual overcoming of which was figured as natural, universal, and above all, responsible—did not just endeavor to create good citizens. Rather, these texts, and the coalition of government, parents, and cultural producers who endorsed them, endeavored to create citizens who could meet post-Fordism's new affective and economic demands. The story of how the rebel became the patient, then, is itself a story of the privatization of citizenship, as post–World War II sociological understandings of externally induced teen deviance gave way to medicalizing, psychological explanations of teen identity crisis, wherein

teens' very bodies became the source of and solution to all of the problems they experienced in the social world. Thus, by tracing the entanglement of rehabilitation and self-surveilling citizenship through cultural representations of adolescence and disability, *Chronic Youth* has offered a new cultural history of neoliberalism.

Rehabilitative citizenship shows few signs of abatement, especially in an era of neoliberal privatization that parallels and fuels media's transition away from collectivizing "mass" media and toward miniaturization and personalization.[8] Thus, in the so-called era of cyberchondria, rehabilitative edutainment's torch has been passed to diverse new media offerings that we might call "diagnostic media," which serve a variety of age and demographic groups. Diagnostic media encompass a tidal wave of health-focused, consumer-oriented media, from interactive health information sites like WebMD, to full-body "exergaming" on the Wii or X-Box Kinect, to reality TV health makeover shows, or to health-oriented iPhone applications. As the *After School Specials* did for television, exergaming has rehabilitated the image of videogaming, a formerly denigrated medium and practice, as play has become productive and economically lucrative. The Wii has not only appeared increasingly in school physical fitness programs, configured as a timely antidote to American cultural panics about childhood obesity, but it has also become a rehabilitative tool in nursing homes.[9] Health professionals have endorsed the Wii's entertainment value as well as its therapeutic potential to increase mobility and fine motor skills in aging residents and sedentary students alike—an exercise regimen that has been called "Wii-habilitation."[10]

Diagnostic media, like the teen sick-lit that preceded them, offer a wealth of accessible medical information and detailed symptomologies that also encourage users to engage in various forms of self-diagnosis. Armed with information, patients certainly can use WebMD to maintain their health, ask more informed questions of doctors about treatment options, and advocate for themselves or others during appointments with doctors, many of whom encourage their patients to be more proactive in their medical care. However, WebMD also offers an endless interface of self-diagnosis, most powerfully epitomized by its Symptom Checker's clickable avatar. One click to the abdomen produces an exhaustive list of checkable symptoms indexed to their causes, ranging from common to serious. Profile creation enables users to amass their symptom histories, print out a "doctor's report," or access health information tailored to their symptoms and potential conditions. And of course, for self-diagnosis-on-the-go, users can now access individually tailored health information through a WebMD iPhone application. Diagnostic media net further profits from increased personalization, as users yield

personal health information that becomes valuable as consumer data and then sold back as empowering consumer-citizenship.

While self-diagnosis might very well fuel cyberchondria, both also, and more importantly, fuel revenue drawn by health information sites from pharmaceutical and other advertising investments. This codependency was nowhere more obvious than in WebMD's controversial depression test, which was funded by the pharmaceutical company Eli Lilly. Advertisements for Lilly's antidepressant Cymbalta not only flanked the test, but a journalist also found that the test's default position was to find depression in everyone who took it. Even if users answered no to all ten of the questions (which were framed so that a "yes" answer indicated depressed behavior), they received a result of "Lower risk: You may be at risk for major depression."[11] As Nikolas Rose has argued, in the coming decade depression will become the most prevalent disability in the United States and the United Kingdom—not only through a broad increase in (and normalization of) depression but also through a gradating approach in its assessment.[12] Namely, as the above test illustrates, the operative diagnostic question will no longer be "Are you depressed?" but rather "How depressed are you?"—questions that bear a haunting resemblance to the one posed in 1978 by the *Journal of Adolescence*, "Adolescent Depression: Illness or Developmental Task?"

While "ordinary" sadness certainly differs substantially from depression, the naturalized image of trauma-filled moody adolescence has often glossed over the differences. As *Chronic Youth* has shown, sadness gained use value in the 1970s, as coming of age became recast, emotionally and later neurologically, as a gradual and progressive process of emotional inhibition that would culminate in the stability of adulthood. Rehabilitative edutainment, as an affective tool of governmentality, offered lessons in emotional management for impressionable and volatile teenagers. Yet teen sadness and its cultural and economic value not only remain important and unacknowledged sites in an ongoing genealogy of depression and cyberchondria (especially as teens have become a lucrative site of pharmaceutical investment), but also constitute a significant and unexamined cultural aspect of the 1970s shift toward affective labor.

Just as rehabilitative edutainment offered empowering messages of personal responsibility to teen audiences, diagnostic media trade in a philosophy of individual health empowerment through the democratization of health information for self-diagnosis. Yet this movement toward "democratizing" health empowerment is still a privatizing one that neglects (or, at worst, impedes) a collective imperative to address the structural barriers to democratically available health care. A vision of community health

empowerment, redistributive justice, and health care as a human right rather than a capitalist commodity—in other words, the progressive vision offered in different but interrelated ways by patient activist, feminist, black nationalist, and disability rights movements from the 1970s onward—remains unfulfilled in a country that recorded roughly 49 million Americans without health insurance and another 46.2 million living in poverty in 2012.[13] Diagnostic media, with their emphasis on individual health empowerment, have transformed this activist call for the downward redistribution of health knowledge/power into corporate profits—soothing and profiting from an anxiety felt by many in an age of increasingly precarious relationships to economic security and access to health insurance and care. WebMD, along with other diagnostic media, emerges as yet another inadequate neoliberal corporate solution to a social problem—consumer-oriented, profit-driven industries offering the democratization of health knowledge in a culture in which actual government-sponsored universal health care remains demonized as antithetical to democracy.

Within a *longue durée* of cultural panics about unhealthy media (content or use) and their potential to produce unstable citizens, cyberchondria emerges as a seemingly new crisis of mediation and self-control. However, cyberchondria *actually* names an ongoing cultural anxiety about the increasing centrality of self-surveillance in our neoliberal cultural moment—a self-surveillance that *seems* natural but has been made necessary as an adjustment to unyielding bodily and economic precarity. Part of this story has been economic and cultural, as the transition from 1970s deindustrialization to 1990s neoliberal privatization has produced the rise of an economic and political precarity that cuts across class, geographical location, and other categories of social difference. Part of this cultural story has related to increasingly personalized media that facilitate ever more intimate forms of self-diagnosis, media forms that emphasize the precarity of health as a source of knowledge production and consumption, entertainment, play, and profit.

However, perhaps the most intimate part of this cultural story has been a bodily one: the cultural shift in the very categorical meanings of disability and able-bodiedness in the post-genomic age of biomedicine. Now, on an ever more microscopic scale, genetic and prenatal testing offer us assessments of "risk factors" for future abnormalities. As "predisposition" becomes a form of pre-debility, *all bodies*, disabled and nondisabled alike, become characterized by a state of asymptomatic pre-illness or "susceptibility" as a neoliberal culture of rehabilitation meets the post-genomic age.[14] As Jasbir K. Puar observes, all of these histories of precarity—bodily, economic, and cultural—are interrelated, as neoliberal and post-genomic

bodies are now "debilitated in relation to [their] ever-expanding potentiality," whether in a quest to meet neoliberal labor demands for endless capacity or configured as investment opportunities for biomedical projects.[15] Disability activists as well as disability studies scholars often have argued that disability is more permeable than other "traditional" identity categories, because whether through accidental injury or the aging process, life itself, in this view, is nothing more than a progressive process of debilitation.[16] However, as *Chronic Youth* has argued, this understanding of disability remains perilously close to the falsely inclusive rehabilitative language of personal responsibility, which maintains that, if we're all disabled in some way, then individual determination to overcome renders the amelioration of structural injustice an irrelevant project, or to put this idea into age-related terms, if we're all growing old, then *surely* we can all "just grow up" and accept responsibility for our circumstances.

In a culture of rehabilitation, debility and capacity become equally profitable sites of investment. In mapping the various sites of self-surveilling citizenship, from the rehabilitative edutainment of the 1970s to the cyberchondria of our contemporary moment, we might find new ways of using the master's tools to dismantle the master's house.[17] At the very least, historicizing how rehabilitative citizenship has been naturalized and maintained exposes the instability rather than the inevitability of governmentality itself. Perhaps precarity, as a political and affective recognition of our shared vulnerability, might just incite the right kind of identity crisis—one that does not simply compel the endlessly insular rehabilitative readjustment of individual overcoming, but rather incites a collective reckoning about citizenship and well-being. As neoliberal citizenship is conceived in ever more contractual terms, the expanding precariat reveals it to be a Faustian bargain, because its terms are always subject to renegotiation rather than guaranteed in advance as a human right. Part of this collective identity crisis of shared vulnerability must involve thinking about precarity in historical and affective terms that pay close attention to how individuals' proximities to vulnerability expand and contract, based on other cultural differences like race, class, gender, sexuality, dis/ability, global location, or age. Perhaps we might begin by reimagining growing as an economic and cultural commitment to interdependency rather than an individual proposition, one that extends sideways, backwards, and downward rather than only indefatigably forward or upward.[18] By abandoning the forever-deferred promise of stability, we might embrace the ongoing work of collective human care rather than the insular paternalism of individual improvement that perpetuates the chronic youth of neoliberal capitalism.

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