



## **Navigating Ourselves Through the White Noise of 'Risk'**

Georgina Dallas

'Risk has come to dominate individual and collective consciousness in the twenty first century' (Denney, 2005:1). It is undeniable that throughout history risk has been present. In Premodern times risk was associated with disease, war epidemics and failing harvests (Denney, 2005). Specifically, the dangers posed by demons, the night, lepers and the wrath of God's punishment (Denney, 2005). In late modernity we are faced with a series of risks which have developed under man made circumstances.

Our society's thirst for progression often disregards the risk associated with it. Which is now a product of human action. As Beck et al (1992) suggest, the future resembles the past less than ever before, and in many ways has become threatening. Risk is everywhere, seemingly insipid items such as televisions and vacuum cleaners can cause a potential risk to health (Denney, 2005). Many leading figures of the enlightenment believed that the more we understood about the world, the more we could direct it towards our own purposes and thereby subject human dominance (Beck et al, 1992). Certainly,

human dominance has been achieved, however it has come with a variety of fatal risk factors including: global warming and the creation of weapons of mass destruction.

To add to this point, Beck (2009) implies that today risk is omnipresent and induces manufactured uncertainties. Beck (2009) explores how the abundance of man-made futures and their consequential risks,

transform the perceptions of modern society. These perceptions entail various manufactured uncertainties.

Uncertainties which are distinguishable as they are dependent on human decisions created by the society, imposed collectively and thus, unavoidable to the individual (Beck, 2009).



According to Beck (2009), modern manufactured risks and uncertainties can be characterised by the following features: Delocalisation (issues are not geographically restricted), Incalculableness (consequences are often unmeasurable) and Non-compensability (new threats to humanity means that compensation dissolves) . While danger is something we may be passively

exposed to, risk is something we actively take on (Beck, 2009). Therefore, risk avoidance is considerably harder in modern society, and the increasing awareness of these risks creates distress and confusion at the individual level.

In current society, many aspects of our lives have become structured only in terms of scenario thinking, as we are surrounded by media influence pushing the possibility of catastrophe (Beck et al, 1992). Risk avoidance is not easy, as media and online search engines such as google, allow information to be spread quickly and globally. This can result in delocalisation (Beck, 2009). This information overload can be confusing, but to mitigate risk we need to be aware of it. The abundance of knowledge in an information society enables us to do so.

Unlike in premodern times, where individuals were under the control of a dominant belief system, we now have the tools to challenge hegemonic truth claimers and navigate our own choices. This is illustrated by the rise in new social movements. It is notable that we have more choice than ever before, but how liberating is choice when we are bombarded with information of risk from various conflicting sources? The reminder of risk is constantly present, a consequence of too much information. After all, risk reminds us of our vulnerability and dependency (Jaeger et al, 2013).

Various sources claiming truth invoke a state of confusion, limiting our empowerment. In addition, these sources may have ulterior motives, information often is not neutral. Recently, the spotlight has been on medicine. Many people are now choosing to publicly

challenge main stream medical practises and in doing so, attempt to mitigate risk.

Undoubtedly, we live in a world with increased risk factors due to the progression of science. Toxic chemical spills, food contamination, genetic manipulation, the spread of AIDS are all risks abound and a reminder of our vulnerability (Jaeger et al, 2013) Cases such as Hiroshima and Nagasaki created a movement against the use of nuclear weapons as the world was made aware of the devastation of weapons of mass destruction. Much like the Vietnam war, the relentless feud fuelled a rise in cynicism (Lyon, 1999).



These protest movements indicate a state of reflexivity considering the dangers of science. There are many examples of how science has

levitated society into a more modern, advanced state. The vast knowledge we have gained as a collective has allowed us to excel in science and medicine. Diseases which would have caused death in the past are now easily treatable. For example, the HIV virus in the 1980s. There was little medicine could do to prevent the rapid deterioration of health, but in modern day those living with the HIV virus can reach the same life expectancy as those living without the virus, thanks to modern pharmaceutical drugs.

Yet, this rapid advancement in medicine does not come without its risks, which are made increasingly obvious to the public living in an information society. Postmodern thought is beginning to threaten and undermine the foundations of science and medicine,

questioning the validity of scientific truth claims (Kuntz, 2012). Medicine is undoubtedly a source of risk production, particularly for women. Lyon (1999) infers that the notion that technological advancement promotes the progress of the people, is false . Due to cases of medicine gone wrong, coupled with the knowledge of risk overload, the traditional authority of the expert is disintegrating.

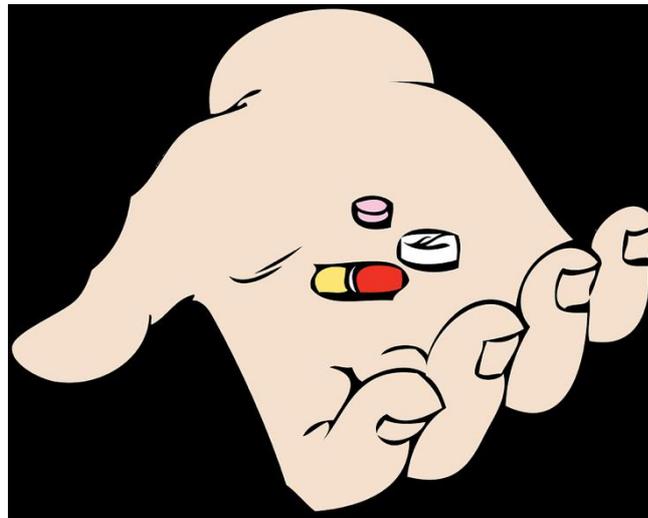
Patients can now consult a variety of other sources in a search to find accurate information, much of this being on the internet (Denney, 2005).

Risk associated with medical intervention, as previously mentioned has been under scrutiny in recent times. The overwhelming amount of information surrounding medical risk can trigger ontological confusion and encourage patients to search for different routes of healing.

The rise in questioning of the validity of medical truth, has led to an increasing popularity in alternative medicines (Friðþjófsdóttir, 2014). Barnet (2007) infers that the increased interest in alternative medicines could be due to poor outcomes of conventional treatments, or negative side effects of drugs. In a UK survey 62% of respondents report using alternative medicines to treat an illness (Coleman and Thomas, 2004). This phenomenon represents a criticism of orthodox health care (Fugh-Berman and Ernst, 2002).

However, information in general is not neutral. Alternative medicines may be seeking patients for profit just as much as mainstream

medicine and pharmaceutical companies. Furthermore, it is in the pharmaceuticals interest to withhold certain risk factors, to maintain a steady profit income. In modern times, there are still numerous cases of iatrogenesis which have occurred due to medical professionals withholding information from patients. Most cases of iatrogenesis claim women as the victim, some feminists refer to main stream medicine as 'male-stream medicine'. Butler (1999)



discusses this in relation to phallogocentrism, a term coined by Derrida in critical theory which implies men have the power to control and define all meaning. Thus, women are in a particularly vulnerable position

when taking medically associated risks.

Mesh implants in women have been at the forefront of risk recently. The implant was launched in 2005, however approval was not received by the food and drug administration until three years after it was launched (Devlin, 2018). Devlin (2018) implies that the pharmaceutical corporation who developed the implant were warned by employees that it could harden and shrink once inside the body. The pharmaceutical firm chose to withhold this information, behaving negligently by failing to warn doctors of the potential risks (Devlin, 2018). One victim who is suing the company in a Philadelphia court now lives with constant pain after the implant perforated her vagina (Devlin, 2018). It is believed that tens of thousands of women in

the UK have the mesh implant to treat pelvic organ prolapse, 1 in 15 of these women will require removal of the mesh later (Devlin, 2018).

Scenarios like this in modern medicine are not uncommon. The Guardian additionally reported on medical risk associated with women with breast implants. It has recently been discovered that there are serious health concerns for thousands of women who have a textured implant (Barr et al, 2018). Journalists uncovered a wide range of concerns surrounding the approval of breast implants and negligence in tracking the long-term results of the procedure (Barr et al, 2018). Across the UK and France there have been links made between the textured implant and a rare cancer type, with over 1,200 serious incidents related to the implants reported since 2015 in the UK alone (Barr et al, 2018).

This case is another example of medical firms acting in negligence and ignoring possible risk associated with these procedures. The contraceptive pill has been subject to ongoing debate. The BBC have reported that the patients are often told the pill contains hormones oestrogen and progesterone, yet no pill on the market contains either (Gorvett, 2018). Instead, the pill contains hormones which mimic the behaviour of oestrogen and progesterone. These synthetic hormones have effects that would not be produced by natural progesterone, such as acne and unwanted hair growth (Gorvett, 2018).

These cases of iatrogenesis make a distrust towards main stream medicine plausible. An information society can expose ulterior motives of hegemonic truth claimers, such as the billion-dollar industry of pharmaceuticals. This information society also creates platforms for alternative routes of health care to flourish. Yet living in a risk society, we must

be aware that perhaps information produced by these groups is also not neutral. The Guardian and The BBC reporting on these medical disasters gives us the opportunity to mitigate risk and compliments postmodern thought in undermining the legitimacy of science and medicine (Kuntz, 2012). However, amongst the white noise of information it can be difficult to navigate ourselves. The bombardment of constant risk being discovered can make it difficult for us to know how to respond and behave, who to trust and how to avoid risk in contemporary society. As Beck (2009) suggests, we cannot know the future we face, but we must act as if we do.

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