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Medicalization of the Consumer

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Abstract

Medicalization is a process in which problems that were previously considered to belong to normal human life are defined and treated as medical problems. Thus, the aim of this study is to understand how consumers by engaging in stigmatic identity work draw from the discourses of the Finnish burnout marketplace in an attempt to come up with a more satisfactory sense of the self. In particular the focus is on how consumers negotiate a socially challenging stigma of burned out. Previous research on medicalization has adopted the point of view of macro-marketing, leaving the phenomenon disregarded within consumer research literature. The research views medicalization from a consumer research perspective focusing on the subjective human experiences and belongs under the broad umbrella of the Consumer Culture theory viewing a marketplace as a bundle of resources for the identity work of the consumers drawing from the theories of identity work, stigma management and mass-mediated marketplace ideologies.

The research is qualitative in nature belonging to the constructivist paradigm and the category of interpretive research. In order to create a subjective understanding of the researched phenomenon semi-structured thematic interviews were conducted. The interviewees were people who had suffered from work related burnout. The interview data, which was regarded as social text, was analyzed by the method of discourse analysis.

A discursive approach enables to create a subjective understanding of the highly personal issue of stigmatization and the negotiation of stigma of burned out. The consumers engaged in active and sophistically agentic efforts in trying to negotiate the stigma of burned out by seeking more preferred and aspirational versions of their selves in relation to their stigmatized and medico-administrative identities. Such sought after identities may, however be competing or antagonistic in nature. Paradoxically the consumers drew from the same dominant discourses that enable the stigmatization of burnout while trying to negotiate a more satisfying sense of the self. Due to stigmatic identity work being essentially a social process, the sought after identities may not be socially available for the consumers in the eyes of the others. These findings shed light on the previously disregarded subject of medicalization within the field of consumer research. The research contributes to the Consumer Culture theory by proposing that in an unconscious act of self-discipline consumers seek culturally sanctioned identities that enable the stigmatization of the burned out people. With that consumers themselves can sustain such discourses of power within a given marketplace that limit the alternative identities socially available to them.

Table of Contents

1. Introduction

Medicalization, has slowly sneaked its way into the everyday life of consumers and as a result the "process by which nonmedical problems become defined and treated as medical problems…" (Conrad, 2007, p. 4) has become a worldwide topic. The issue however can be more penetrating to others, like people who have suffered from burnout: Although not considered an illness in medical terms but instead a condition that poses psychological distress that nevertheless usually involves a consultation with a doctor.

Within the field of marketing medicalization has been studied from the point of view of macro-marketing (Brennan, Eagle and Rice, 2010) focusing on implications for marketing practitioners while in consumer research some studies have touched upon the topic (see i.e. Thompson, 2003 and Thompson, 2004). Thus, the topic has not been studied per se within the realm of consumer behavior research.

This thesis addresses this notable research gap by seeking to understand the negotiation of stigmas through stigmatic identity work (Toyoki and Brown, 2014). Falling under the broad umbrella of the Consumer Culture theory (Arnould and Thompson, 2005) this thesis seeks to understand how consumers draw from the discourses of the Finnish burnout marketplace in authorizing versions of their selves (Brown and Humpreys, 2006). The research thus targets to understand how consumers talk about their stigmatized selves.

Through discursive inquiry the thesis presents a personal account on the stigmatic identity work of the consumers within the Finnish burnout marketplace. The findings present the consumers as active and sophistically agentic identity workers who draw from the discourses of the marketplace in an effort to come up with more preferred (Brown and Toyoki, 2013) and aspirational (Thornborrow and Brown, 2009) versions of their selves than that of the stigmatized medico-administrative identity (Thompson, 2003) of the burned out. As such a negotiation is a social process, sought after identities may not be available for the consumers in the eyes of the others. Paradoxically, consumers may draw from the same dominant discourses that make the stigmatization of burnout possible.

The findings bring novel insight into the current topic of medicalization within the consumer research and consumer behavior literature. Moreover, the research contributes to the Consumer Culture theory by proposing that consumers can themselves sustain discourses of power that diminish socially available identities for them, by in an act of self-discipline trying to connect to culturally sanctioned identities that as a matter of fact enable their stigmatization.

1.1 Research background

The previous research on medicalization within the field of marketing has been done from the point of view of macro-marketing (Brennan, Eagle and Rice, 2010) focusing on medicalization's impact on marketing practitioners. Thus, consumer research perspective has been widely neglected in the previous research since the subject has been approached from an outside standpoint adopting the point of view of medical professionals or pharmaceutical industry (Brennan, Eagle and Rice, 2010). Thus, from a pure consumer research perspective a more personal approach is needed in order to create an understanding of the phenomenon. As human experience is subjective (Hudson and Ozanne, 1988) a consumer research focus is essential in the study of medicalization of the consumer. Moreover Adkins and Ozanne (2005) suggest that stigma is a relational term and thus, must be studied from the perspective of the stigmatized.

1.2 Research objectives

The main objective of this research is to understand how consumers engage in stigmatic identity work by drawing from the discourses of the Finnish burnout marketplace. In other words, understanding how consumers negotiate a socially repressing stigma (Dovidio, Major and Crocker, 2000) in an attempt to come up with a satisfactory sense of the self (Snow and Anderson, 1987) and create an understanding of the self is sought after.

1.3 Research question

The following research question has been drawn based on the earlier mentioned research objectives:

- How do consumers talk about their stigmatized selves?

1.4 Definitions of central concepts

Medicalization is "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders" (Conrad, 2007, p. 4) that is mainly a result of the expansion of medical jurisdiction.

Identity is the self discursively and subjectively understood (Toyoki and Brown, 2014) and the meanings attached to the self (Beech, 2008).

Social identity is external aspect of identity which comprises of "cultural, discursive or institutional notions of who or what any individual might be" (Watson, 2008, p. 131). The boundaries between social and personal identities can be flexible since when by negotiating social identities one brings his/her personalized meanings into the equation (Alvesson, Ashcraft and Thomas, 2008).

Self-concept is derived from the person's experiences, especially those that revolve around the "self-relevant responses of other people" (Jones et al., 1984, p. 114). Thus self-concept is dependent on one's own as well as others' feelings and thoughts towards oneself.

Stigma is considered to be an attribute (Goffman, 1963, Dovidio, Major and Crocker, 2000) or a mark (Jones et al., 1984) that is highly discrediting, and thus makes the person with a stigma seem as a discounted or tainted individual.

1.5 Outline of the study

The first chapter of the thesis introduces the research topic, locates the research within the current research field and presents the research objectives as well as the research question. Following that the chapters from two to five locates the research within the Consumer Culture theory (Arnould & Thompson, 2005) and introduce the relevant literature on identity work, coping with stigma as well as mass-mediated marketplace ideologies and finally stigmatic identity work is conceptualized in chapter six. In chapter seven the Finnish burnout marketplace is introduced and the discursive field of the marketplace is set forth from the stakeholders' point of view.

Chapter eight introduces the methodology of the constructivist paradigm (Guba & Lincoln, 1994). This chapter discusses the axiological, ontological and epistemological standpoints of the research as well as conveys how hermeneutics relate to the constructivist paradigm. The ninth chapter presents the chosen method of thematic interviews as well as describes discourse analysis.

Following that in the tenth chapter the analysis is presented by discussing the various stigmatic identity work strategies the consumers pursued. In chapter 11 the findings of the research are discussed from the point of view of the relevant literature and the discussion is expanded to include a more of a cultural level. Finally the last chapter concludes the thesis and discusses the limitations of the research as well as suggestions for further research.

2. Cultural perspective in consumer research

The research done for this Master's Thesis falls under the broad umbrella of Consumer Culture theory (CCT) (Arnould & Thompson, 2005). Next the Consumer Culture theory is briefly introduced and its ramifications for the research addressed.

2.1 Consumer Culture theory

At the base of this research is Consumer Culture theory (CCT) (Arnould & Thompson, 2005) which refers more to a theoretical perspective than certain well defined theory. At the heart of the CCT is the study of the relationships of the consumers and their actions, the marketplace as well as cultural meaning. According to this view culture is the stage for action, experiences and meaning. A marketplace, such as the burnout marketplace, plays an important role in a consumer culture: it is the arena in which social arrangement is represented by the interplay between social resources, lived culture and meaningful lifestyles (Arnould & Thompson, 2005). Thus the marketplace is a resource for the consumer in the construction of identities, both individual as well as collective (ibid). Drawn from this the burnout marketplace can be considered to present a bundle of resources for the consumer's identity work, with discourses and narratives conveyed by the medical profession and which are further refined and mediated by the pharmaceutical industry. The consumers draw from the plethora of discourses in the marketplace in their identity work and relate to the marketplace through these identities.

Questions of power are inherent in the cultural view (Alasuutari, 1995), and thus the power relations within the Finnish burnout marketplace cannot be overlooked. Culture represents itself in the overall way of life of a social group and in the way it is arranged around power and representation (Moisander and Valtonen, 2006). Furthermore culture is "… constantly produced, reproduced, contested and negotiated…" (Moisander & Valtonen, 2006, p. 9) by the daily practices of the cultural members. Power relations will be focused on a deeper level later on in the following chapters.

The reasons behind choosing the theoretical perspective of Consumer Culture theory are as follows. First such a perspective provides an opportunity to study stigmatic identity work by focusing on the

experiential dimensions (Arnould and Thompson, 2005) of the consumers' identity work efforts. After all the focus of the research is essentially on creating an understanding of human experience of a highly personal process of stigmatized identity work as a response to the threat of stigmatization. Secondly, CCT allows the identity worker to be treated as an active party in the marketplace as an identity worker drawing from the discourses of the marketplace assuming agency to a certain degree. Lastly the adoption of CCT view offers paradigmatic and methodological freedom, giving the researcher more room to ponder upon the questions of appropriate worldview and research design which will be further discussed in the Methodology section.

3. Consumer identity work

"Identity is a difficult theme to study and it can easily involve everything and nothing."
Alvesson, 2010, p.212

Above Alvesson underlines the nature of identity and the challenges of studying such an elusive concept. However, in the process of trying to come up with a satisfactory sense of "who I am", everyone engages in some sort of attempts to come to terms with oneself, to build an identity. Moreover, people who are faced with inconsistencies or challenges in their life, such as the threat of stigmatization, need to engage in more solid identity work (Lutgen-Sandvik, 2008).

Although majority of identity work literature is from the field of organizational studies, it draws from other social sciences like sociology. Carroll and Levy (2008, p. 76) note that "Increasingly theoreticians argue that what is prominent in organizations, such as management, leadership and intra- or entrepreneurship is invested more in identity construction than in actual practice". As such the sphere of identity work runs further than only organizations. In this section an overview of the literature on identity work is presented and concepts connected to identity work are discussed.

3.2. Identity work

Identity work is based on the idea that identities are negotiated and revisited in time as identity work can be seen as a process in which people are "engaged in forming, repairing, maintaining, strengthening or revising the constructions that are productive of coherence and distinctiveness" (Svenigsson and Alvesson, 2003, p. 1165). Identity work, hence, acts as a vehicle for understanding one self. Available discourses are the material that individuals draw from in their identity work (Cerulo, 1997) and hence identity work "bridges self-identities with wider discourses" (Watson, 2008, p. 140). On a similar note identity work can be a mean to balance situational factors with individual factors (Kreiner, Hollensbe and Sheep, 2006). Since we are able to shape and change our worlds and also conceive alternative realities identity work can be considered as reflexive in nature (Collinson, 2003). The aim of identity work is to come up with a satisfactory sense of self (Gecas, 1982; Snow and Anderson, 1987) by answering the existential question of "Who I am" (Svenigsson and Alvesson, 2003; Alvesson, Ashcraft and Thomas, 2008).

Beech (2008) argues that meaning is an internal part of identity work as it is imbedded in images and representations that are considered to create a part of one's identity, thus identity work is dialogic in nature. This meaning construction is driven by different stimuli that have different responses that can vary from agreement to disagreement and anything in between when it comes to a specific identity construction. In other words, identity work is like constructing a story: one creates his/her own tale, lets others engage in the process and in turn involve himself/herself in other people's tale writing.

Identity work is aimed at avoiding situations that become too demanding for one's identity. This sort of situation can stem from psychological, social, existential, or economic insecurities or demands (Collinson, 2003) or even bullying (Lutgen-Sandvik, 2008). Furthermore such a discrepancy can be emotionally and cognitively taxing. With that said, management of continuity is the incubator for identity work; the discursive framework of socially established truths about the normal shift within time and the responses to the emotional arousal stemming from these shifts (Alvesson and Willmott, 2002). Consequently also cultural resources feed identity work (Svenigsson and Alvesson, 2003).

Attempts of coming up with a satisfactory sense of the self by authoring versions of one self (Brown and Humpreys, 2006), can have multitude of results: conformist, resistant (Collinson, 2003), default (Carroll and Levy, 2008), customized (see Pratt, Rockmann and Kaufmann, 2006), provisional (Ibarra, 1999), preferred (Brown and Toyoki, 2013), possible (Markus and Nurius, 1986) or aspirational (Thornborrow and Brown, 2009) identities.

3.2.1 On the nature of identity and identity work

"identity is virtual rather than tangible"
Lutgen-Sandvik (2008, p. 98)

Lutgen-Sandvik convey above the fickle nature of identity. As we are talking about a deep found concept that touches upon the very existential questions of life that are not secondary to physical survival needs (Snow and Anderson, 1987), this section discusses conditions that affect the nature of identity work.

One aspect of identity that most postmodernist researchers support is that identity is in constant move; it evolves and changes over time (see for example Kreiner, Hollensbe and Sheep, 2006 or Thomas and Linstead, 2002). Kreiner, Hollensbe and Sheep (2006) attribute this dynamic to the fact that both social contexts as well as individuals tend to evolve. Indeed, social world is dynamic by nature (Alvesson, Ashcraft and Thomas, 2008). The reason for this constant movement can be found within the influences that affect identity as well as identity work. Such influences can include social, organizational and occupational demands (Kreiner, Hollensbe and Sheep, 2006), emotive and cognitive forces, narrative style as well as power dynamics (Beech, 2008). Furthermore, Beech (2008) adds that identities are "not singular, but are composed of a set of meanings" (p. 66). These meanings also tend to fluctuate so from this aspect also identity is in constant move. However, some criticize these views of overstating the fluctuating nature of identity rendering those of having too many moving parts and too much chaos (Crossley, 2000 cited in Lutgen-Sandvik, 2008, p. 99).

Identity work can be a conscious or subconscious process (Alvesson and Willmott, 2002): Within more stable life situations less conscious effort is acquired while more active and continuous identity work is required in most modern life situations (see also Alvesson, 2010 and Alvesson, Ashcraft and Thomas, 2008). Same can be said to apply to the degree of identity work needed; the more inconsistent the life situation one faces the more solid identity work is needed (Lutgen-Sandvik, 2008). As a response to a major life event, like bullying in the workplace, identity work is usually conscious and goal directed (Lutgen-Sandvik, 2008). In such cases the need for answering existential question may be overpowering due to unbalance in ontological security. Thus, identity work requires active work in life crisis (Watson, 2008).

As mentioned earlier Collinson (2003) considers people as purposive and reflexive. From this point of view the person him/herself holds the keys to his/her world but also faces complex power relations that may affect his/her ability to act on those reflections of his/her life. Thus, insecurities are internal when considering identity. Additionally strong contradicting discursive pressures may result in identity work becoming a struggle (Svenigsson and Alvesson, 2003).

As people draw from discursive regimes in authoring versions of their selves, identity work is discursive in nature (Brown and Humpreys, 2006). As a result of such authoring, identities can take multiple forms that may even be competing ones and identities may shift from one position to another (see Alvesson, Ashcraft and Thomas, 2008; Ashfort and Mael, 1989; Toyoki and Brown,

2014). Indeed such positions may be contrasting and antagonistic (Clarke, Brown and Hailey, 2009) drawing from competing discourses.

Although effort is put in orienteering through the discursive regimes in the search for the understanding of the self, there is a possibility that identity work fails. Snow and Anderson (1987) imply that it is not totally uncommon for people with somewhat negative imputed identities to view themselves through the imputed identity instead of engaging in identity work aimed at creating a more positive personal identity. Although this can be viewed as embracing the allocated identity it can also be considered as a failure of identity work. This may be the case in more extreme life situations, in which identity work attempts fail at repairing a heavily fractured identity (Lutgen-Sandvik, 2008). Thus, there is a change that identity work efforts may not lead into a more balanced identity and a better picture of the self when life presents serious and enduring hurdles.

3.3 Identity work tactics

Identity work may take many forms simultaneously and as a result evolve in time (Alvesson, 2010; Lutgen-Sandvik, 2008; Kreiner, Hollensbe and Sheep, 2006). The multitude of identity work tactics employed may be used in order to manage, juggle and compartmentalize the multitude of identities a person can hold (Ashfort and Mael, 1989).

As presented earlier, Beech (2008) argues that within identity work specific identity constructions bring about responses varying from agreement to disagreement and anything in between. For the purpose of presenting relevant identity work tactics in a comprehensible form, identity work tactics are viewed from a point of view adopted from Snow and Anderson (1987) by considering whether the tactics of identity talk are aimed at embracement or distancing the proposed identity constructions (Beech, 2008), positions (Alvesson, Ashcraft and Thomas, 2008), roles, associations or institutions (Snow and Anderson, 1987). Snow and Anderson also mention fictive story telling as one form of identity talk, however, the focus of this research is not on such tactics, which are based on embellished stories and fantasizing tools. Next I will briefly discuss embracement and distancing identity work tactics.

3.3.1 Embracement tactics

Embracement in terms of identity work means that a person confirms expressively one's belonging to a certain role, social relationship or an ideology (Snow and Anderson, 1987). As such embracing is based on cohesion between one's self concept and the conveyed social identity of a role, social relationship or ideology.

Embracing a role is the act of accepting a categorical role associated by others (Snow and Anderson, 1987). Such a role can be an occupational one (Kreiner, Hollensbe and Sheep, 2006), but for example for a person with a mental illness it can mean accepting that one has mental health issues or avowal of a condition such as depression. Accepting such a role affirms and acts as a building block for one's identity.

On the other hand embracement can occur in terms of association by expressing one's attachment to a social relationship (Snow and Anderson, 1987) or by presenting oneself as a personification of a social identity (Kreiner, Hollensbe and Sheep, 2006). Doing so one stitches a personal identity that conveys one's devotion to certain social ties. Ideological embracement on the other hand involves "… the acceptance of a set of beliefs or ideas and the avowal of a cognitively congruent personal identity." (Snow and Anderson, 1987).

Thus embracement tactics are based on the acceptance of proposed discourses while such discourses are incorporated in the authorization of the self. Such discourses are considered to convey meaning to a degree of satisfaction.

3.3.2 Distancing tactics

Distancing can be considered a practice in which an individual tries to distance themselves from roles, associations or institutions that he/she feels contradicts his/her self-conceptions, whether actual or desired ones.

Distancing can be associational referring to individuals disassociating themselves from associates whose social identities tend to be negatively perceived (Snow and Anderson, 1987; Kreiner, Hollensbe and Sheep, 2006). This may be an attempt to save one's own social identity. When it

comes to people with i.e. mental health issues they may engage in associational distancing by attempting to distance themselves from the general social category of mentally ill people or again from specific groups pertaining to a specific illness like depression.

Role distancing, on the other hand, is aimed at avoiding commitment and attachment to roles which reflect unwanted virtual selves (Snow and Anderson, 1987). A person with a mental illness may want to distance him/herself from a role with a social identity that conflicts one's actual or hoped-for self-conception. Interestingly role distancing may occur in the form of "creating an identity hierarchy" (Kreiner, Hollensbe and Sheep, 2006, p 1045) as a response to for example a challenging occupation. Furthermore, distancing can be done by polarizing the different selves i.e. by separating the work me and private me (Collinson, 2003).

At the same time institutional distancing refers to the act of distancing oneself from the institutions that address the needs of the people in the general category one belongs to (Snow and Anderson, 1987). When it comes to people who have suffered from burnout such belittling practices may fall upon health care institutions and especially to the representatives of such institutions that the burned out people mostly are in contact with like doctors. Another possible target for institutional distancing for the burned out people are the drug companies whose medicine the people may be using. Institutional distancing thus may act as a vehicle for a person to prop up self-worth.

Distancing activities like the ones discussed above can be considered as acts of disidentifying. When it comes to identity work disidentifying relates to the concept of anti-identity (Svenigsson and Alvesson, 2003) which refers to reaction to dominating discourses that aim at defining what I am not. However, Carroll and Levy (2008) note that anti-identity as a term may convey a too oppositional or negative presentation of an alternative identity. Moreover they view such an alternative identity as a default identity that serves as a well in advance established base identity, which is returned to upon encountering challenging circumstances. Carroll and Levy (2008) continue, however, that the problem with default identity arises if the reverting back to it is unconscious or automatic. When used consciously and intentionally it creates and opening or promise of novel identity work. From another perspective, taking a transient role can also serve as a temporary relief and escape from identity demands and tensions (Kreiner, Hollensbe and Sheep, 2006). Another such short term tactic related to anti-identity is to turn an identity on or off in an effort to manage the juggling of multiple identities (ibid).

3.4 Identity work and power

As has been touched upon in previous sections, identity work is not immune to power relations but instead is an expression of power influencing the organization of the self (Brown and Lewis, 2011). As available discourses are suffused with power, resistance to for example a disciplined discourse does not mean being less exposed to power. Moreover, it can even be implied that identity work "is a significant medium and outcome of organizational control" (Alvesson and Willmott, 2002, p. 622).

One aspect of power within identity work concerns agency; either the individual acts as a meaning-maker or such power stems from outside of individual's reach (Alvesson, 2010). Alvesson goes as far as stating that in some instances the individual may have little impact on their identity work, as a dominant discourse creates an identity template to be adopted. Moreover this may apply to the sphere of illness: In terms of medicine doctors' influence grow due to medical expertise while patient's power is limited in medical terms. Thompson (2003) calls these medico-administrative identities, which are standard identity positions posed by doctors to patients as being sick. On the other hand agency may be a less invasive than Alvesson (2010) conveys; disciplined agency can still be productive and allow reflexivity (Brown and Lewis, 2011). As a result individuals aren't passive, instead when facing the crossfire of discursive pressures being passive isn't an option (Watson, 2008; Thomas and Davies, 2005). Thornborrow and Brown (2009) see identity workers as "sophisticatedly agentic" (p. 356) assuming that their discursive moves are regulated by disciplinary power. Indeed identity workers should be treated as individuals capable of "obeying and disobeying, controlling and being controlled, losing control and escaping control" (Gabriel, 1999, p. 199).

Identity regulation is a process in which managerial discourses about the organization and work help the self-positioning of the employees (Alvesson and Willmott, 2002). This perspective views the individuals as managed identity workers who assume managerial discourses in to their personal identity narratives (Alvesson, Ashcraft and Thomas, 2008). The aim of such practices is to attain better employee commitment and identification, yet opposite outcomes and resistance are also possible (Beech, 2008). Another aim of such attempts of discipline is to affect social practices within an organization. When it comes to social practices the determinant is the interaction between available discourses and subjectivities (Hollway, 1984, cited in Alvesson and Willmott, 2002, p.

627). Availability of discourses depend on access to institutionalized resources, hence power from this perspective also is essential for identity work. This underlines the importance of linking managerial discourses to employees' identity work. The power of a discourse depends namely on the time, context and environment to name a few influencers (Thomas and Lindstead, 2002). In other words the persuasive power of a discourse is never constant.

Identity work thus, can respond to or resist manipulation efforts while the degree of responsiveness or resistance depends on the level of acceptance of dominant discourses (Carroll and Levy, 2008). Insecurities can expose the identity worker to disproportioned power relations and even result in resigned selves (Collinson, 2003) and feeling powerless. Furthermore disciplinary practices may result in contrasting antagonistic versions of selves (Clarke, Brown and Hailey, 2009). While negotiating the complexities of being, the resisted subject positions may also legitimize the disciplined identities or in contrast be able to weaken the dominant discourses (Thomas and Davies, 2005). Therefore, identity work within disciplined environments can involve concurrent processes and contradicting outcomes.

Power is also an important ingredient in normalization efforts (Collinson, 2003). Such efforts are aimed at smoothing the peculiarities within beliefs, behavior and appearance and result to the creation of disciplined or normalized selves. Normalization attempts may also result in aspirational selves (Thornborrow and Brown, 2009) urging people to strive towards desired templated conformist selves. Moreover, under surveillance individuals tend to consider themselves as visible in the authoritarian environment and the management of this may lead to subduing ones subjectivity in the process (Collinson, 2003). When the feeling of visibility is experienced to be intensive, individuals may engage in heavy image, reputation and self-manipulation in other words creating an alternative dramaturgical self (ibid). The creation of countercultures or alternative more optimistic pictures of self is a way to stand against the predetermined identity fed by the organization. Indeed, the inclusion of a temporal aspect to identity brings about the possibility to consider alternative selves or what we could have been if things were different (Obadaru, 2012). This may help in redefining oneself in a more positive light, however, alternative selves can also be worse than the actual self. Above mentioned preferred identities may offer existential security to those with more challenging stand points like burned out people (Brown and Toyoki, 2013). On the other hand, possible selves, in other words what we want to become and are afraid of becoming, may help to relate and interpret the current self (Markus and Nurius, 1986).

3.5 Identity work as a social process

According to Schwalbe and Mason-Schrock (1996) identity work is "a requirement of social life" (p. 122) as it enables us to operate with others and accept others as individuals. Accordingly existential needs and questions are posed to us by social life. Thus, it is important to take into consideration the social aspects of identity work.

As is evident on the identity work literature reviewed previously, language is a central tenet in identity construction. However, identity is a developmental concept and thus, there are certain preconditions to it, since the self "arises in the process of social experience and activity, that is, develops in the given individual as a result of his relation to that process as a whole and to other individuals within that process" (Mead, 1934, p. 135). Thus, identity work is dependent on taking the role of the other. Mead's idea is that social situations make it possible for individuals to understand themselves by the means of mirroring others reactions to one's own behavior, eventually taking up the meaning others attach to you to your sense of self and hence acting accordingly. In detail this means others respond to an individual performing a certain role or symbolic actions as representing the identity of such role or action. As a result the individual learns the meaning of such self. From this kind of reactions the appropriate roles are drawn and in time the individual attaches the same meaning to the self as others do to her performing a certain role. From this sense identity work is a social learning process that advances from a ping pong like back and forth reflecting in social situations.

As a result when it comes to social situations, identities help us to denote meaning to the self through interaction with others (Burke and Tully, 1977). Thus, identity work can be referred to be to a sense external as people discuss "socially available notions" of a particular identity (Watson, 2008, p. 129). However, other people can be involved in identity work by other means also by for example seeking the presence of people who can temper identity demands and be supportive (Kreiner, Hollensbe and Sheep, 2006). Indeed in terms of identities validation of new behavior and feedback are looked for from others (Ibarra, 1999). From this perspective also identity work is a social process.

4. Stigmatization

Like identity work, stigmatization is a social process that "endangers what is most valued in one's innermost being" (Yang et al, 2007). The threat of stigmatization can be a considerable worry for the consumers as the boundary between burnout and mental health issues like depression is at the least wavering. Indeed mental illness seems to be stigmatized universally (Stangor and Crandall, 2000) as people with mental health issues do not fit the identity standards spread in societies. Thus, it is essential to consider a particular kind of identity work, stigma management, when it comes to the identity work of the consumers. In this section the concept of stigma is introduced and an overview of the literature on stigma management and related concepts is presented.

4.1 Stigma

Stigma is considered to be an attribute (Goffman, 1963, Dovidio, Major and Crocker, 2000) or a mark (Jones et al., 1984) that is highly discrediting, and thus makes the person with a stigma seem as a discounted or tainted individual whose life can be even considered to be diminished (Frank, 2013). For this reason a distinguishing characteristic attached with social criticism characterize a stigma (Goffman, 1963).

Stigmas can be seen to trigger stressors (Miller and Major, 2000; Miller and Kaiser, 2001) and as a consequence overwhelm the adaptive resources of the stigmatized person with environmental or internal demands. Link et al. (1997) note that stressors can be triggered by concrete experiences like rejection or virtual experiences like the anticipation of rejection. Stigmas can be context specific pertaining to for example some specific social situations, however they can also be overpowering (Miller and Kaiser, 2001), adaptive and tenacious (Link and Phelan, 2001) in nature, entering all spheres of an individual's life.

There is a possibility that the stigmatized may "become obsessively preoccupied with thoughts of their stigmas" (Smart and Wegner, 2000, p. 221-222). Stigmatization as a consequence can lead to diverse social and psychological distress (Link, 1987) like lower self-esteem (Goffman, 1963; Corrigan and Penn, 1999) and collective self-esteem (Kreiner, Ashforth and Sluss, 2006), depression (Link et al., 1997), or even affect the physical health of the stigmatized (Miller and

Kaiser, 2011). Crocker et al (1998, cited in Adkins and Ozanne, 2005 p. 104) however, note that possession of stigma doesn't automatically lead to lower self-esteem as stigmas can be negotiated. Such negotiation is aimed at helping the stigmatized in coping in terms of the wider society (Henry and Caldwell, 2006).

4.2 On the nature of stigma and stigmatic identity work

In the previous section stigmas and stigmatization were introduced as mental and social processes that may have varying outcomes. Now the nature of stigma and stigmatic identity work will be discussed in more detail.

Already Goffman (1963) noted that stigmatization is a social process that leads to the stigmatized suffering from a spoiled social identity. However, Goffman's postulation of stigma treats stigma as something that is inherent in a person; a mark, an attribute or a characteristic. The more recent views of stigma consider the phenomenon to be a much more complex than just a "relationship between an attribute and a stereotype" (Link and Phelan, 2001, p. 366). Indeed, stigma can be viewed "as a social construction, shaped by cultural and historical forces" (Dovidio, Major and Crocker, 2000, p. 3). Thus stigmatization is a social and cultural process (Crocker, 1999; Stangor and Crandall, 2000). Furthermore, Link and Phelan (2001, p. 367) conceptualize stigma as a result of the convergence of interrelated elements: "We apply the term stigma when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold". Biernat and Dovidio (2000) explain the role of stereotyping in the stigmatization process as a mean of legitimizing the stigmatization for the stigmatizer while evoking negative reactions and consequences to the stigmatized.

Power, whether economic, political, cultural or social, plays a notable part in the stigmatization process, as "it takes power to stigmatize" (Link and Phelan, 2001, p. 375). Crocker and Major (1989) note that stigmatization is highly related to social hierarchy by conveying that society and culture in large trivialize stigmatized groups. In other words an outgroup status is attached to the stigmatized with regard to the dominant group within a society or culture and thus, stigmatized are defined by reference to the ingroup.

On the other hand power or the lack of it affects the stigmatized from another perspective when stigmatized individuals themselves attempt stigmatization like processes of the outsiders of their groups. However, due to limited social power such efforts seldom lead to stigmatization of the out-group as efforts of converting cognition to stigmatization like consequences fail. The degree of stigmatization thus depends on the power that the stigmatizer and stigmatized hold in relation to each other. Therefore, Link and Phelan (2001) note that the value of stigmatization lays "in its utility" (p. 377). Stigmatization thus can also be attached to structural inequalities and the production and reproduction of them (Parker and Aggleton, 2003).

From another perspective stigmatization can be also considered to stem from the process of socialization into a certain culture (Link, 1987; Link et al., 1989; Link and Phelan, 2001). From this point of view, impressions of something like a burnout have been formed early in life during the socialization process. These conceptions affect the stigmatizer in the stigmatization process as the stigmatizer may act based on the preconceived ideas and also the stigmatized person as he/she has an idea of what being burned out may mean socially and personally and thus, affect the way the stigmatized person behaves. For the stigmatized the preconceived notions of having burned out may lead to trivializing oneself and fear of rejection upon becoming a burned out person (Link, 1987).

The ability to act on a stigma may depend on many factors. One factor is the time passed since the acquisition of the stigma: recently stigmatized may lack important protective resources that people in the stigmatized group already possess (Crocker and Major, 1989). Moreover, individual's adaptive resources vary from person to person and thus affect the available coping strategies (Miller and Kaiser, 2001) while the degree of pervasiveness and dominance of the stigma (Crocker and Major, 1989; Link and Phelan, 2001, Kozinet, 2001) may affect the adaptive resources. If the stigma is considered less central to one's identity the motivation for stigma management may not be so high when compared to a situation where a stigma is central to one's self-concept.

A person with spoiled social identity is prone to feelings of me against the world and thus, finds comfort in the sympathetic others (Goffman, 1963). The sympathetic others, who accepts the stigmatized individual, can be people sharing the same discrediting attribute as the stigmatized individual, confidantes (Adkins and Ozanne, 2005) or the wise ones – normal people who are sympathetic to the stigmatized individual and treat them as equals.

Although there is a vast repertoire of stigma coping strategies to draw from, a possibility exists that reactions to stigmatization are more passive than active. This can be the case with conforming to the similar others within a stigmatized group as a survival option (Miller and Major, 2000; Kozinets, 2001; Henry and Caldwell, 2006). By this the stigmatized acknowledges the stigmatization, and to a sense validates what is considered of the given stigmatized group. Moreover, one has also a choice of conforming to the role of the victim by accepting the prejudice against the stigma (Miller and Major, 2000). This sort of reactions may in the long-run be more detrimental to one's self-esteem as they have been linked to worse mental and physical health outcomes (Aldwin and Levenson, 1994 in Miller and Major, 2000, p. 259). Henry and Caldwell (2006) also note that a stigmatized individual may submit to resignation; giving in to the idea that one cannot change the situation. Such an approach however, is most likely to be psychologically a non-sustainable one and instead lead to distress.

4.3 Stigma coping strategies

Snow and Anderson (1987) indicate that issues related to identity are not secondary when compared to "more physiological survival needs" (p. 1365). Thus, feelings of self-worth and preserving a sense of meaning act as important vehicles for survival for the stigmatized people in that they help people in conserving their touch on humanity. However, for the stigmatized creating a consistent self-concept as well as maintaining it can be challenging (Jones et al., 1984). Such a struggle stems from the negative feelings posed by the non-stigmatized and the consequently challenging social interactions. As a response a spectrum of cognitive, behavioral and affective coping strategies are deployed that usually are aimed at fighting or defending the stigmatized status (Kreiner, Ashfort and Sluss, 2006).

Coping strategies may be primary or secondary, voluntary or involuntary, emotion- or problem-focused, engaging or disengaging, individualistic or collective as well as active or passive in nature (Miller and Kaiser, 2001). Stigmatized people may, however, engage in multiple coping and management strategies at once as well as switch from one to another (Crocker and Major, 1989); thus the process of stigma management is dynamic in nature drawing from a repertoire of available coping strategies. Any particular coping strategy may indeed serve several purposes (Miller and Kaiser, 2001). Thus a successful coping strategy should work on multitude of levels and be complex (Link and Phelan, 2001). Although stigma management can also be unconscious, such

tactics are not considered as coping strategies since they are not conscious (Miller and Kaiser, 2001). Thus only voluntary conscious stigma coping strategies are focused on in this section. Focus is additionally on the stigmatized identity worker being an active identity worker (Henry and Caldwell, 2006; Frank, 2013; Toyoki and Brown, 2014).

Adkins and Ozanne (2005) suggest that stigmatization coping strategies depend partly on whether the consumer accepts personal stigmatization or decides to fight against it. This is used as the basis for structuring and presenting the relevant stigma coping strategies. As was with earlier presented identity work tactics, stigma coping strategies are considered as embracing stigmatization or distancing oneself from it. Next I will discuss in more detail such stigma coping strategies

4.3.1 Embracement strategies

Embracing coping strategies are considered to be engaging to the problem or stressful situation at hand (Miller and Kaiser, 2001). These strategies as such can be considered to aim at affecting one's identity positively by leveraging the situation at hand.

One strategy related to information management is to reveal and thus confirm the stigma publicly (Goffman, 1963). Such acceptance strategy (Miller and Kaiser, 2001) may affect the socialization of the stigmatized but also alleviate the psychological distress. As a result one may refrain from social encounters that urge hiding the stigma (Smart and Wegner, 2000). Another possible coping mechanism is collective or individual action aimed at enhancing the stigmatized groups standing in the society by i.e. trying to drive social change (Miller and Major, 2000).

Stereotypes and prejudice are closely connected to stigmas (King et al, 2006), thus fighting those by socially skillful behavior confounding expected behavior is considered as compensation (Miller and Major, 2000; Miller and Kaiser, 2001). Besides attributing negative feedback and negative results to others' prejudice towards the stigmatized group may help a stigmatized person in protecting one's self-esteem from negative impact (Crocker and Major, 1989; Henry and Caldwell, 2006). Moreover, the cause of the stigma can be attached to a medical or biological condition (Miller and Major, 2000). This strategy may be especially relevant for people suffering from a burnout as their stigma may be borderlining a medical condition.

A way for a stigmatized individual to cope with his/her taint is to compare oneself with the similarly stigmatized individuals (Goffman, 1963; Crocker and Major, 1989).   By avoiding unappealing social comparisons can be an act of protecting one's self-esteem from detrimental effects of the wider society. Social comparison, however, can be to those who are of a lesser status (Blanz et al., 1998; Miller and Major, 2000). The outgroup can also be leveraged in a situation in which the lower status ingroup engages in social competition with the higher status outgroup aiming at more positive group evaluation for the stigmatized (Blanz et al., 1998). Another strategy is to disregard the outgroups (non-stigmatized) as a point of comparison and focus on socially shared norms and goals (Masters and Keil, 1987, cited in Blanz et al., 1998, p. 703) or performance aspects favorable to the stigmatized (Crocker and Major, 1989; Kaiser and Miller, 2001) in an attempt to reach more positive ingroup evaluations. Another strategy which cognitively change value systems, is interpreting the stigma in a novel non-stigmatizing way or in a way that the stigma is not significant for the person's identity (Smart and Wegner, 2000; Miller and Major, 2000; Slay and Smith, 2011).

4.3.2 Distancing strategies

Distancing stigma coping strategies aim at distancing oneself from the current stressful situation or problem (Miller and Kaiser, 2001). Where embracing strategies mostly focus on positive self enhancement by means of fighting the label of a stigmatized or alternatively embracing it, distancing strategies seem to focus on protecting oneself from the problem or situation in which the stigma has the ability to taint one's identity.

The management of information is a distancing strategy which focuses on how much information one reveals about the stigma. Since burnout and mental health issues are not visible conditions (expect maybe in acute more serious cases), an individual has a choice to decide the amount of information revealed to others in social situations. An extreme case of such strategy is status denial (Tepper, 1994), in other words denying of i.e. having suffered from a burnout. Additionally the possession of the stigma can also be denied (Miller and Major, 2000). However, milder tactics include selectively concealing the stigma and revealing it only in the presence of similar others (Goffman, 1963; Tepper, 1994), and withholding or concealing information (Goffman, 1963; Henry and Caldwell, 2006). The concealment and management of information though, may cause further distress as social situations may become management issues putting distance between the

stigmatized and potential new acquaintances (Goffman, 1963). Another strategy related to information management is distraction by navigating attention from the source of distress to elsewhere (Goffman, 1963; Miller and Kaiser, 2001).

Another coping strategy a step more extreme than managing information is disengagement from social situations which pose threats of discrimination and prejudice (Miller and Kaiser, 2001). Such a strategy may be a form of wishful thinking by voluntarily avoiding situations causing distress. Nevertheless, disidentification, in other words not identifying oneself as a group member of the stigmatized group but instead as an individual free from attachment to stigmatized group (Blanz et al., 1998), is another strategy that focuses on identification.

Coping strategies may also incorporate temporal aspects and escaping. One such strategy is to focus on the past and the memories of a better life, in others words rely on nostalgia (Henry and Caldwell, 2006). Escapism can also be more intense in nature when revolving around fantasizing behavior which may even lead to drifting away from reality (ibid). Escaping is also relevant notion when the stigmatized individual tries to switch from her current oppressed ingroup to the non-stigmatized outgroup (Blanz et al, 1998). However, when engaging to such strategy one must also most likely engage into some sort of information managing practice aimed at covering the stigma. Such coping strategies may respond to stigmatization being bound to a certain time and place (Link and Phelan, 2001).

5. Mass-mediated marketplace ideologies

As has been mentioned earlier on, Schwalbe and Mason-Schrock (1996) note that understanding of power relations is needed in order to understand identity work. However, they also call after inclusion of ideology in the discussion of identity work. In order to expand the view on the consumers' stigmatized identity work, relevant matters related to ideologies and discourses of power are discussed in this section.

No marketplace is an ideological vacuum: instead "marketplace with the institutions and actors who run it as well as the discourses and practices that take place in its sphere" (Sandikci and Ger, 2010, p. 32) create a dynamic ideological playground. Moreover, people in modern societies and marketplaces seldom can avoid mass-media consumption. For this reason mass-mediated marketplace ideologies (Arnould & Thompson, 2005) may play a role in enabling the possible stigmatization of the consumer as the ideologies of the marketplace can create representations of the lifestyle or identities towards which consumers should strive for. Ideologies can be considered to convey widely shared cultural values (Crocker and Quinn, 2000) and cultural representations (Dovidio, Major and Crocker, 2000) that are communicated in the mass-media and reproduced whether intentionally or not. Indeed, "the values may be so widely shared and unquestioned that people are not even aware that they represent ideologies" (Crocker and Quinn, 2000 p. 167). Thus ideologies, although almost ubiquitous, can be hard to register although they provide a reference point for the self (Schwalbe and Mason-Schrock, 1996; Hirschman and Thompson, 1997).

Ideologies are produced by an entity that Kozinets (2001) calls media producers while Thompson and Haytko (1997) call them cultural intermediaries. Within the Finnish burnout marketplace the pharmaceutical industry can be considered to be part of this group whose ultimate aim is to convey an ideology that enables the moral legitimation of a range of consumption activities (Belk and Pollay, 1985; Kozinets, 2001). The aim of the pharmaceuticals is to sell pharmaceutical products or in other words to create consumption objects and images from chosen social meanings. Although the articulations of media producers are a notable force, there are other sources that produce what Kozinets (2001) calls macrocultural articulations; advertisers, journalists, scientists, other media producers as well as other cultural producers. Such articulations thus affect the consumption meanings by attaching social categories to consumption images and objects.

On the other hand cultural ideologies are the combining link between macrosocietal structures and the daily life (Thompson and Haytko, 1997). Moreover the acts of the intermediaries enable the critical scrutiny of institutional factors and the consumption meanings due to existing discursive links between the two provided by intermediaries' regard for both. From this point of view cultural ideologies make it possible for the consumers to organize their individual perceptions in regard to macrosocietal structures.

Although ideologies offer idealized ways of being, consumers may resist the prevailing marketplace ideologies and turn down the offered identities and commercialized meanings (Firat & Dholakia, 1998 cited in Thompson, 2004, p. 172). Furthermore Thompson (2004) argues that social institutions create discourses that convey social hierarchies and status positions which further enable standard identity positions. However, consumer resistance to one discourse may expose them to another institutionalized discourse. Ideologies thus are able to create institutionalized inequalities (de Certeau, 1984 and Sparke, 1995 cited in Thompson and Haytko, 1997, p. 36) that can affect the consumer's stigmatic identity work. Ideologies are hence essential for the maintenance of social order but in fact also for societal functions and the availability of collective identity (Thompson and Haytko, 1997). Even though ideologies may promote institutionalized inequalities, they additionally provide individuals with opportunities to make sense of the swarm of discourses by negotiating micro- and macro-level influences. Marketplace ideologies can in fact also be used as a vehicle of resistance towards institutional structures (Thompson, 2003; Thompson, 2004; Kozinets an Handelman, 2004; and Thompson, 2005).

5.1 Discourses of power

Alvesson and Willmott (2002, p. 637) convey that identity work is contested by "images and ideals of ways of being", thus discourses of power are essential to the study of consumer's stigmatized identity work. Furthermore, insecurities provoked by identity threats can enforce existing power relations (Collinson, 2003) in addition to affecting one's identity work.

Any marketplace, like for example the burnout marketplace, serves a ground for competing cultural ideologies and as a result competing interests. Within this environment marketers attempt to steer consumers towards certain ideological direction in a hope to be able to affect their identities and behavior. According to Thompson (2004) such discourses of power may occur in many forms from

specific discourses and cultural ideals to suggested specific identity positions. Simply put discourses of power are aimed at ushering consumers' actions and mind to a specific way.

Like organizations produce people as a byproduct of its productive forces (Collinson, 2003), societies produce individuals shaped by ideologies that are mass-mediated. Nevertheless, individuals are not only subjects of the society but also objects in it as societies are socially constructed (ibid). In other words individuals have the ability to construct alternative selves and not only be molded by external forces. However, such abilities may diminish when it comes to individuals who often are labelled by the society as incomplete or lacking in some valued aspects. Nevertheless, consumers act as co-producers in the marketplace, along with other stakeholders of the marketplace, by producing symbols and meanings which help people to cope with their daily life (Moisander and Valtonen, 2006). With that said consumers as well as the media engage in active interaction (Kozinets, 2001). Thus, marketplace ideologies create a dynamic terrain, where also the consumer plays an active role (Peñaloza, 2001).

6. Theoretical underpinnings

The purpose of this chapter is to summarize the previous chapters in which relevant theoretical concepts were presented. Additionally the aim is to present the theories in a form that sets a starting point for the data analysis.

Stigmatic identity work: In an effort to understand the self better, identities are negotiated and revisited in time by "forming, repairing, maintaining, strengthening or revising the constructions that are productive of coherence and distinctiveness" (Svenigsson and Alvesson, 2003, p. 1165). Such identity work efforts address existential question of "Who I am". Stressing life circumstances, the likes of the threat of stigmatization, may pose greater existential insecurities to an individual and thus urge more active responses in an effort to restore one's touch on humanity by preserving a sense of meaning in life (Snow and Anderson, 1987).

Stigmatic identity worker is active and agentic: By engaging in stigmatic identity work an individual takes an active role (Arnould and Thompson, 2005; Alvesson, 2010; and Alvesson, Ashcraft and Thomas, 2008) assuming agency to a degree depending on the pervasiveness of the stigma or the threat posed by it to one's identity (Watson, 2008; Crocker and Major, 1989; Link and Phelan, 2001, Kozinet, 2001). Thus, discursive stigma management can be an expression of autonomy for the stigmatized (Toyoki and Brown, 2014).

Stigmatic identity work is a social process: With authoring versions of the selves by drawing from discursive regimes (Brown and Humpreys, 2006) stigmatic identity work may assume multiple and simultaneous tactics (Crocker and Major, 1989; Kreiner, Hollensbe and Sheep, 2006) focusing on embracing the stressor (Miller and Kaiser, 2001) by engagement to positive self-enhancement or distancing oneself from the problem (Miller and Kaiser, 2001) by protecting one's identity. As a result a person can hold many identities, even competing ones (Alvesson, Ashcraft and Thomas, 2008; Ashfort and Mael, 1989). Indeed stigmatized identities are found abreast other identities and are selectively drawn from "according to the context and purpose of an interaction" (Toyoki and Brown, 2014, p. 729). Hence, the social world catalyses identity work as the "social process itself…is responsible for the appearance of the self" (Mead, 1934, p. 142). In other words as stigma is a social construction (Dovidio, Major and Crocker, 2000) the management of it cannot be

considered to be detached from social interaction and the social world, but instead stigmatic identity work is a social and cultural process.

Stigmatic identity work is reigned by power: In order to understand the true nature of stigma management, the sphere of stigma must be broadened to include discourses of power. Simply put power is inherent in stigma and thus in identity work. In fact identity work is an expression of power (Brown and Lewis, 2011) affected by competing discursive pressures, multitude of conveyed ideologies and shared cultural values. As a result a marketplace can be a dynamic ideological playground representing identities and lifestyles to strive for and further presenting more existential worry for the stigmatized.

7. Introduction to the Finnish burnout marketplace

"In the postmodern economy, the cultural boundaries between medical science and the consumer marketplace are becoming increasingly permeable."

Thompson, 2003, p. 83

Thompson above underlines how medicalization is increasingly present in today's marketplaces. This is the case within the Finnish burnout marketplace in which the consumers, people who have suffered from burnout try to come to terms with their disorder. Although burnout is not considered an illness in medical terms (Ahola, Tuisku and Rossi, 2012), suffering from the disorder exposes the consumers to medical ideologies since burnout can lead to depression, insomnia and somatic illnesses (ibid). As an arena for consumer culture, the mental Finnish health marketplace presents an intersection in which social arrangement is represented by the interplay between social resources, lived culture and meaningful lifestyles (Arnould & Thompson, 2005). Thus the marketplace with its diverse discourses is a major resource for consumers identity work.

The aim of this section is to map the existing discourses in the Finnish burnout marketplace among the triangle of stakeholders within it: the consumers, pharmaceutical industry as well as medical professionals represented by doctors. For the purpose of this different media outlets like newspapers, professional publications, online discussion forums, press releases, as well as company and association websites were followed. Here it is important to note that discourses are tricky as they are not uniform or scoped instead they are complex in nature (Svenigsson and Alvesson, 2003), thus the researchers preconceived ideas and viewpoint stemming from socialization to the culture (Link, 1987) affects the understanding of the dominant discourses of the marketplace.

7.1 The Consumers

Adkins and Ozanne (2005) underline that because stigma is a relational term it should be studied from the perspective of the stigmatized. In an attempt to create a better understanding of the consumers, people who have suffered from work related burnout; in this section I focus on the discourses revolving around this stakeholder group of the Finnish burnout marketplace. This was

done by following mass-media and internet discussion forums on such topics as work related fatigue and burnout.

As was mentioned in the previous section burnout isn't considered a medical illness, instead a condition posing psychological stress (Tuunainen, Akila and Räisänen, 2011). However, burnout is associated with depression, stress related somatic illnesses and insomnia (Ahola, Tuisku and Rossi, 2012). What is more, there are not any diagnosing criteria (Tuunainen, Akila and Räisänen, 2011) for this condition, however, usually medical attention is sought after when the condition overbears one's psychological capacity. Thus, such work related or life problems may easily be considered medical since the line between the two may be blurry in this case. In recent years the use of antidepressants has generalized in Finland among the younger population (Autti-Rämö & al., 2009; Seppänen, 2013; and Haapasalo-Pesu, 2015) and also in general internationally (Suomen Lääkärilehti, 2013).

Although medicalization can be hovering over the consumer, one discourse addresses the power relations within the relationships of the marketplace. The consumer is presented as an empowered consumer enabled by better access to information online and for example peer support. This is far from the institutionalized standing in regard to the medical professionals that the word patient alone insinuates (Toiviainen, 2007). Indeed institutional discourses may repress the consumers while at the same time presenting them as agentic (Hazelton & Clinton, 2002). Nevertheless, the consumer's role in the patient-doctor encounter has transformed, allowing the consumer to even engage in the decision making processes (Toiviainen, 2007). Thus the consumer is presented in this discourse as enlightened and active participant, not just as passive follower.

Another discourse revolving around the consumers is addressing the belonging, the social aspect of life, to a certain population or group, in this case the group of human beings. This discourse conveys the existential needs of a person with psychological issues, in underlining how the consumer is human, like all of us, with similar kinds of values, goals, beliefs and feelings in life. This discourse was addressed in numerous instances and media. The psychological problem seems to be the reference and focus point for the individual in the eyes of the others. This aspect is also present in the theory of stigma: Instead of having a disease the person is considered to be one with the disease (Link and Phelan, 2001) or in the consumers case the psychological problem, however,

the consumers try to convey that regardless of the psychological problem they are not any less human.

7.2 The medical profession in Finland

"I do solemnly vow, to that which I value and hold most dear:

That above all else I will serve the highest interests of my patients through the practice of my science and my art;

That I will be an advocate for patients in need and strive for justice in the care of the sick…"

- Hippocratic Oath (Weil Cornell Medical College, 2005)

The above excerpts from the Hippocratic Oath portray doctors as possessing great responsibility and devotion to the health of their patients. Following this in this section I will address discourses within the medical profession field. For the purpose of this I have conversed with a few doctors from varying specializations, followed mass-media, read industry publications among other publications and overall kept open eyes and mind in terms of information and talk within and on the medical profession.

Discourses within the lines of medical doctors address the fundamental conflict between occupational vocation and business like pressures within the Finnish healthcare system. In Finland the profession of a doctor is traditionally considered as a vocation –a profession that you do not choose but instead the occupation chooses you. At the same time in Finland all citizens should have by law equal access to public healthcare (Sosiaali- ja terveysministeriö, 2015). Not the least due to state budgetary constraints, Finnish public healthcare entities have gradually taken up characteristics of a business entity: The bottom line has become an extremely important within the public healthcare sector with such terminology as "profit center" and "budget" making their way in the everyday language within healthcare institutions and doctors alike. This discrepancy of how to provide the best possible care with limited resources is addressed by the discourse on the purpose of healthcare. As a result the doctors encounter conflicting expectations in their work (Toiviainen, 2007).

As in the marketplace both consumers and marketers take part in the production of the cultural world (Moisander & Valtonen, 2006) consumers and the pharmaceutical companies shape simultaneously the consumer culture and the medical profession acts as a gatekeeper or an enabler of these practices. Doctors' position within this is complex since from a wider point of view they face conflicting interests; on one hand they are supposed to give their best expert opinion while treating patients and on the other hand they face pressures from the pharmaceutical companies pushing their products to doctors. Although the marketing of prescribed medicines directly to consumers is prohibited in Finland, pharmaceuticals can and do market such products directly to doctors. The linkages between medical professionals and pharmaceuticals can be vast as was found in 2012 when linkages (such as lecture compensations, sponsoring conference trips and drug research) between the professionals drafting national treatment guidelines and pharmaceutical companies were detected: few biggest pharmaceuticals had over hundred linkages each to the medical professionals in charge of the guidelines (Mäkinen & Repo, 2012; Repo, 2012).

One discourse surrounding the medical doctors is the diffuse issue of ethics. Doctors hold significant power within the burnout marketplace as they hold substantial expert authority in the sphere of illness (Thompson, 2003). The postulate thus is, regardless of the nexus of interests of patients, the state and the pharmaceuticals doctors face, they should take the ethical high road (Suomen Lääkäriliitto, 2014). Talk about doctors' double role, in other words doctors working in the private sector simultaneously while holding a position in public healthcare (Kärki, 2011), and the earlier mentioned linkages to pharmaceuticals among others underline the moral and ethical expectations set on doctors. As doctors' work has to do with human life and moreover essentially the appreciation of life, they have a job that is remarkably responsible.

Perhaps it is the responsibility towards patients, the robust expectations for behavior that meets the highest ethical standards, deep found respect for other practitioners or something else that feed the discourse of collegiality among doctors. This discourse presents itself for example in the way doctors refer to each other as colleagues in professional settings but also in more informal settings.

"It makes me angry that the reputation of doctors is ruined by outsiders, who as a matter of fact have nothing to do with the profession." Suomen Kuvalehti, 2011 (translated from Finnish)

The above excerpt is from a journal interview of the executive director of the Finnish Medical Association about detected fake doctors, in other words people working as doctors without having the required formal qualifications. This sentence uncovers the "we doctors" and "the others who are not doctors" kind of thinking that reinforce the collegiality among the profession. This sort of in-group and out-group kind of thinking among doctors reaches a level that resembles stigma management, as the stigmatized finds comfort in the sympathetic others (Goffman, 1963) in this case other doctors.

Doctors are the link between three different entities: the consumers, the pharmaceuticals and the state. As such the doctors can be thought to convey ideologies of the state, as to some degree they represent the state in appointed positions, while at the same time concerned with professional integrity. Moreover, doctors provide the face of treatment, the human contact for the consumer, being expert consultants who provide healthcare services. Included in this service is medicine and since only doctors can prescribe medicine in Finland, doctors are in an essential position when considering the business of the pharmaceutical industry. From this perspective doctors act as gatekeepers within the burnout marketplace that have the ability to connect consumers with the pharmaceutical industry. Related to this is the discourse revolving around doctors and medicine as treatment. Medicine is considered as treatment for an illness, it seems like sometimes medicine is even considered as a synonym for treatment. However, there is an ongoing debate of whether medicine should have such self-evident role in the treatment of mild mental illness (Suni, 2014). Because of this, it is justifiable to ask if human problems are decontextualized steering attention to the individual instead of the social world (Kawachi and Conrad, 1996)?

7.3 The Finnish pharmaceutical industry

"Orion's mission is to build well-being. To this end, Orion provides pharmaceuticals and diagnostic tests that help patients to effectively treat their diseases. Effective drugs also provide added value for patients by improving quality of life."

Orion Corporation, mission statement, 2015 (http://www.orion.fi/en/Orion-group/about-orion/mission-and-strategy/)

Above is Finland's largest (Orion Oyj, 2015) pharmaceutical marketer Orion's mission statement. The statement convey softer values like "well-being" and "improving quality of life" while at the same time underlying the effective aspects of its operations conveying set targets. As such Orion is a representative of the third stakeholder group of the Finnish burnout marketplace: The pharmaceuticals. In this section I try to get behind the glossy carefully manufactured mission statements and introduce the last stakeholder group.

The pharmaceutical industry in Finland consists of big international players as well as their Finnish counterparts. In Finland, like in most western nations, marketing of prescription medication directly to consumers is prohibited by law (Lääkelaki, 2002). However, prescription medication can be marketed directly to professionals who are entitled to prescribe or supply prescription medication. In other words prescription medicine is marketed to doctors. Nevertheless, the pharmaceutical industry is not content with the direct-to-consumer advertising ban. Indeed an attempt to shake the power relations of the marketplace took place in the early 2000's when European pharmaceutical companies tried to, unsuccessfully though, lobby lifting the ban on direct-to-consumer marketing of prescription medicine (Toiviainen, 2007).

From the triangle of stakeholders within the burnout marketplace the pharmaceuticals is an entity with most economic power. Pharmaceutical industry is about two billion euro industry (in terms of combined revenue) in Finland (Toivanen, 2013). The industry is also organized represented by national interest group, Pharma Industry Finland (PIF), which is an active coalition using its lobbying power on a national and Europian level (Lääketeollisuus Ry, 2015). Pharma Industry Finland also has societal incentives, aiming to affect the health politics. Thus one discourse revolving around the pharmas in Finland is that of economic power and muscle: The pharmaceuticals have big marketing budgets and thus are able to market their medicines effectively and creatively, sometimes even bordering the marketing ban of prescription medicine to consumers (Toiviainen, 2007).

The pharmaceuticals try to convey ideologies that serve their purpose. An example of this is found on the PIF website (translated from Finnish): "Mental health problems do not label the patient, and don't lead to displacement from the society like before" (Lääketeollisuus ry, 2015). With this a contradictory message is conveyed when especially considered the stance of the consumers. With bold statements like this one from the pharma interest group, a message is conveyed that pharmas

quite openly drive their business interests although communicating somewhat polished phrases of their societal responsibilities.

8. Methodology

The inquiry conducted for this Master's thesis is qualitative in nature, focusing on human feelings, thoughts, meanings and impressions rather than numerical data (Bellenger, Bernhardt & Goldstucker, 1976). A research paradigm can be defined as the basic set of beliefs about the nature of the reality, the relationship between the researcher and what can be known as well as the ways in which knowledge is acquired within the world that all guide action (Denzin and Lincoln, 2011).

This research falls under the constructivist paradigm (Guba & Lincoln, 1994) and the category of interpretive research. Such a stance allows the scrutiny of consumers' discursive stigmatic identity work. Information within this is regarded as contextual and plays prominent role especially in interpretive research (Arnould, Price & Moisio, 2006). Thus, the research conducted here is also bound to the studied context of the Finnish burnout marketplace. This chapter presents the assumptions in regard to methodology as well as introduces the chosen research methods stemming from the before-mentioned assumptions.

8.1 Philosophy of the research

8.1.1 Axiology

Axiology refers to the overriding goal of the research that all paradigms have (Hudson and Ozanne, 1988). The axiological goal of interpretive research and thus this master's thesis is understanding behavior (ibid). Moreover the focus is on understanding the social world (Denzin and Lincoln, 2011). With that the focus of this research is on understanding how consumers attach meaning to their identities by engaging in stigmatic identity work drawing from the discourses of the Finnish burnout marketplace. However, understanding from the interpretive perspective is considered to be "more of a process than an end product" (Hudson and Ozanne, 1988, p. 510). This means that an understanding presented in this research is the researcher in question's understanding of the studied phenomenon.

8.1.2 Ontology

Ontology refers to how the nature of reality and the social human being are viewed (Denzin and Lincoln, 2011). According the constructivist paradigm there are multiple realities that are socially and mentally constructed (Guba & Lincoln, 1994), thus social beings, individuals, construct their reality by interaction with their environment (Hudson and Ozanne, 1988).

The Consumer Culture theory also assumes that there are multiple realities which construct consumer's lives (Arnould and Thompson, 2005). Also from an identity work perspective identities exist in multitude (Toyoki and Brown, 2014) assuming multiple realities that are mentally perceived and reflected upon (Collinson, 2003). Hence such a stance discards the existence of one real world. Identities are composed of a set of meanings (Beech, 2008) stemming from the surrounding world and especially the social world. From this perspective identity work help us reflect on who we are in the social world and how we see others in it and how we see ourselves in relation to that. With that meaning to the self is derived from interaction with others (Mead, 1934) underlining that reality is indeed socially constructed. Moreover, language is constructive by shaping the social life (Wetherell, Taylor and Yates, 2010).

8.1.3 Epistemology

Epistemology refers to the relationship between the knower and the known (Denzin and Lincoln, 2011) which is bound on the ontological assumptions. Since there are multiple realities according the constructivist paradigm, subjective knowledge is considered to be created in investigation as a result of interaction between the researcher and the studied subject (Hudson and Ozanne, 1988).

Since identities are considered dynamic (Thomas and Lindstead, 2002) subjective representations of the self that are revisited in time (Svenigsson and Alvesson, 2003), the knowledge generated is considered to be bound by time and context. Furthermore, knowledge generated is considered to be subjective as the aim of the research is on understanding rather than explaining. Indeed Denzin (1984 in Hudson and Ozanne, 1988, p. 510) notes that "One never achieves *the* understanding; one achieves *an* understanding" which is obtained through interaction between the researcher and the informant (Hudzon and Ozanne, 1988). As a result hermeneutics is central for the interpretation of understanding while the site of such understanding is linguistic (Arnold and Fischer, 1994).

8.1.4 Hermeneutics

From a methodological perspective hermeneutics is a central concept for the process of understanding – a process that is practically endless (Hudzon and Ozanne, 1988). Accordingly in attempt to reach an understanding, the situated meaning making of an individual must be comprehended (Schwandt, 2000).

Hermeneutics refers to the interpretation of understanding that has ontological status and is linguistic in nature (Arnold and Fischer, 1994). According to this view pre-understanding should be considered since the interpreter and what is interpreted are connected in a context of tradition, or "being-in-the-world", and thus affect the interpretation in an enabling way. Consequently "Pre-understanding becomes an understanding (Arnold and Fischer, 1994, p. 64) as a result of fusion of horizons – a process in which the interpreter's pre-understanding gradually incorporates the identifiable horizon of the text that represents that what is interpreted. With that the hermeneutic circle - an iterative process of understanding based on part-to-whole logic (Moisander & Valtonen, 2006; Thompson, 1996) - is essential for reaching an understanding. The hermeneutic circle means that individual elements of a text are used in order to detect the meaning of the whole text while simultaneously an element can be understood in reference to the whole text (Arnold and Fischer, 1994). Thus in order to reach an understanding of the studied concepts, consideration to hermeneutics is a prerequisite.

9. Methods

Methods refer to how the researcher can go about finding what is researched (Guba and Lincoln, 1994). In this section the methods, following from the assumptions of the constructivist paradigm previously stated, are presented.

9.1 Data collection

It can be considered that consumer's identity work relates to past, present as well as future and is a process that draws from cultural resources of a specific context (Butler, 1990,1993; Foucalt 1986, 1988 in Mikkonen, Moisander & Firat, 2011, p.100). Thus, in order to get a more holistic view of the consumer's identity work she data collected for this research was obtained via semi-structured thematic interviews. Next the data collection process is presented in more detail.

9.1.1 Interviewees

For the purpose of the research 7 semi-structured thematic interviews were carried out. Of the interviewees 5 were women and 2 were men. Since the purpose of the interviews was to create an understanding of the studied phenomenon at a deeper level, the focus was on quality of the interviews instead of quantity. Additionally, the process of recruiting interviewees turned out to be a much more challenging process than expected.

The interviewees are people who have suffered work-related burnout of varying degrees. As this condition causing psychological distress is somewhat a taboo in the Finnish society, attention was paid to the anonymity of the informants at all stages of the research. Others had experienced mild work-related burnouts while others had experienced more serious forms of burnouts. While some had gotten a diagnosis from a medical professional, others had self-diagnosed their condition. The time passed from the burnout varied also, others had suffered the burnout years earlier while two of the participant's experiences had been very recent. All but one interviewee were Finns, the one exception being of Chinese origin. However, the interviewee had been living in Finland for a notable time and obtained Finnish citizenship.

The interviewees were recruited through mutual acquaintances. Initially couple of mental health organizations were contacted with the purpose of recruiting interviewees, however, such attempts were not successful. Most of the interviewees were previously unfamiliar to the researcher.

9.1.2 The interviews

Interviews conducted for the research lasted from 1 hour to 1 hour and 45 minutes. The interviews were held in a place of the interviewees' choosing: a study room of the university or in a coffee shop. One interview was carried out in the home of the interviewee while one interview was carried out via phone conversation, due to long geographical distance between the interviewee and the interviewer.

The interviews carried out were semi-structured thematic interviews. In other words general discussion themes guided the interviews loosely. Such an approach gives the interviewee more room to be at the center of the interview (Atkinson, 1998). This is especially important as experiences from burnout are something very personal and can even touch upon some existential questions of life. However, since the aim is to get accounts of first-person experience (Thompson, Locander & Pollio, 1989) the interviewer's role is to be responsive and flexible, thus questions mainly stemmed from the interview. Thus by carefully listening the interviewees accounts (McCracken, 1989) follow-up questions were posed in order to guide the interviewees to the right course.

9.2 Analyzing the data: Discourse analysis

Discourse analysis offers a perspective that has been utilized within numerous research disciplines. Discourse analysis, however, as a concept does not comprise a well-defined method of analysis but rather entails a view of language as the site in which reality is constructed (Potter and Wetherell, 1987). Next the chosen method for analyzing the data collected in this research, discourse analysis in particular, is clarified.

One of the presumptions of discourse analysis is that language serves as a function of doing things (Potter and Wetherell, 1987). In other words, language is used i.e. for persuasion, describing,

accusing or anything in between, either directly or indirectly, specifically or globally. With this the context in which such doings are conducted is essential for understanding while language varies according to its functions (ibid). Thus, "the principal tenet of discourse analysis is that function involves construction of versions, and is demonstrated by language variation" (Potter and Wetherell, 1987, p. 33). In other words pre-existing linguistic resources are drawn from in creating accounts of events while actively selecting what to include and what not, while this construction can be conscious but also unconscious.

From the language the attitudes in the sense of how evaluative expressions are used in discourse are detected (Potter and Wetherell, 1987). At the same time categories can be used for many purposes by drawing from them selectively (ibid). Similarly attention is paid to close interdependencies like those between whether language is used for describing something or evaluating.

Discourse analysis is suitable for the study of stigmatized identity work since this method is based on the notion that versions of the social world are constructed by using language (Potter and Wetherell, 1987). From this point of view discourse analysis is a sensible choice in trying to create an understanding of a social process. Such analysis is conducted to the interview data that is considered to be a social text. Social texts are considered to construct versions of the social and natural world (ibid). In other words the interview data is not considered as texts that reflect or mirror events, but instead construct versions of the social and natural world.

9.2.1 Hermeneutics of Suspicion

When it comes to hermeneutics, there are two types of hermeneutics: hermeneutics of faith and hermeneutics of suspicion (Ricouer, 1981 cited in Josselson, 2004). While hermeneutics of faith takes the interviewees' stories at face value and thus restores meaning to the text, hermeneutics of suspicion treats meaning as something hidden in texts that has to be decoded from the interviewees' accounts. This research assumes the standpoint of hermeneutics of suspicion and thus takes into consideration that for every story told there is an untold one.

The objective of assuming such a standpoint is to unveil the social and psychic processes that create the foundation of life (Josselson, 2004). In other words, the interpretive process includes a variety of unmasking and decoding activities: detecting that what is unsaid or even unsayable, looking for

contradictions, inconsistencies and omissions in accounts, focusing on hidden social structures in accounts as well as paying attention to the multiple voices and selves in accounts (ibid). With that said looking elsewhere than obvious, so to say reading between the lines, is important in creating a better understanding of the studied phenomenon.

9.2.2 Conducting discourse analysis

After the interviews were conducted, the interviews were transcribed. The transcribed interview data was regarded, as was previously in this chapter mentioned, as social texts. The interview data was then read employing the hermeneutic part-to-whole logic. Based on these readings the data was coded using a-priori coding. The data was thus analyzed by the earlier mentioned method of discourse analysis during which the hermeneutic process continued. The transcribed social texts were read carefully and the process repeated and the analysis adjusted and the data reinterpreted accordingly as the understanding deepened.

10. Findings and analysis

In this section the findings and analysis stemming from the empirical data collected for this research are presented. The three themes concerning the stigmatic identity work of the interviewees were drawn from the accounts of the interviewees. The focus was on the individuals' meaning-making activities of their experiences from work-related burnout and especially how they regard and construct themselves as people possessing a stigma.

Three discursive practices were drawn from the data: redefining the label of a person who has burned out, diverting authority and outside expertise as well as adopting roles. First the consumers' identities are discussed as stigmatized identities in order to set the scene for presenting the stigma management tactics pursued as a response to these stigmatized identities. Following that the second section talks about how the consumers redefine the label of a burned out person in their talk. The third section examines how the participants cleverly divert the authority in the sphere of burnout from those seen as holding authority and expertise. The fourth and final section focuses then on introducing how the consumers adopt a number of roles that can also be contradictory as a response to the stigmatization of burnout.

10.1 Stigmatized burned out identities

Consumers interviewed for this research mostly constructed themselves as individuals with stigmatized identities. This was done by drawing from a multitude of discourses ranging from societal discourses to organizational discourses. While others experienced the stigma as less pervasive, for others such status aroused more psychological responses and even existential insecurity in some cases. Those who experienced the stigma as touching more the core of one's being were the ones who had experienced more severe cases of burnout or even multiple burnouts within a period of time.

Organizational life, the sphere in which the burnout happened, was considered to be further complicated by perceived devalued identities "…in the company I don't say I'm mentally abnormal… in this small company I don't say it because they will fire me immediately." (Juhani) and the revelation of such conflicting information were feared in some cases, as was indicated by

Juhani. The work setting presented an environment in which the devaluation of one's identity was further enacted upon return to work in the case of Kari:

> I'm the kind of typical guy who you give problems to solve to, because usually I can solve them. So afterwards the problems weren't given to me to solve... and asking me anything was seen as the last resort…so colleagues walked on eggshells around me. They treated me like fragile Chinese porcelain, so this fellow here wouldn't break again. (Kari).

Participants told that they faced multitudes of attitudes from co-workers and managers. Some conveyed how untold phenomenon burnout is on workplaces as other's had unexpectedly and surprisingly confided to them about their own struggles after hearing about the participant's experiences of burnout. At some workplaces even a culture of discouragement was communicated to other employees after one participant resigned due to not being able to cope at the workplace anymore. Indeed others saw leaving for sick leave as the last resort "… what I was afraid of… is that what it does for my career…before I took the sick leave I was thinking if it destroys the rest of my career" (Minna). Socialized standards thus, seemed to enforce the stigmatization of burnout at the working environment. Sometimes such standards were not, however, easily detectable in an environment in which also support for the stigmatized was found.

Furthermore some of the participant's worried that work related burnout was negatively perceived by others in the society at large:

> ...if you are on a sick leave, because you have a leg injury, everyone understands you. If you are on a sick leave because you can't cope anymore, everyone avoids you. So it's like a label on your forehead. "So now she can't cope anymore." (Minna)

> …some people they will think that Juhani has escaped from mental hospital, so yeah he is so.. "I don't believe him anymore. Don't listen to him and don't talk with him." So sometimes it's like that. (Juhani)

Such labeling was considered to be associated with fewer social opportunities for the stigmatized and feeling less competent within the society and social world. Thus such views of getting labeled as lacking in some terms by others were regarded as unappealing "I don't kind of want to be the weak one lying in hospital bed" (Nina) and further conveyed the lowered status of the stigmatized in the society.

The level of pervasiveness of the stigmatized identity varied from participant to participant. However, burnout per se posed threat to participants' identities by undermining future prospects for the participants: "Of course I didn't blame myself of what happened, but somehow I got this strange feeling of how will I get somewhere from here." (Anni). The experiences of burnout thus lead to the loss of direction and additionally loss of confidence in life at least momentarily: "… some people say that I totally lost my confidence. Every time when I, when I burned out my confidence is totally lost." (Juhani) However, the experience of burning out shook some participants to the core, touching upon very existential questions in their life: "…so how does the ability to work and then the ability to survive in life return. That is confusing." (Minna). Burnout thus, can even have the ability to shake one's life and undermine the foundation of life. Especially in the initial stages the experience probed more questions and threats on one's identity: "…so what does it mean then, that you have burnout. So somehow such a.. How did this happen to me." (Anni) than anything else.

10.2 Redefining the label of burned out

One of the discursive efforts the consumers engaged in when dealing with their stigmatized identities was redefining the label of the burned out person in an effort to attach more positive meanings to their experiences and presenting themselves in more positive terms. Such strategies involved three kind of activities aimed at redefining the label "burned out": Presenting the experience of burnout as a positive learning experience, viewing the burned out people as categorically different than the ones without such valued experience while others tried to define burnout in some other than medical terms. Next such three strategies of redefining the label of burned out are presented in more detail.

Some of the consumers tried to convey themselves of possessing more tools for life by viewing the burnout as a learning experience. For some this meant as seeing the experience as a valuable life lesson, which helps you cope better in life: "I am kind of grateful that I have gone through what I

have gone through, it has helped me to understand…" (Martta) while some regarded the experience of burnout as valuable lesson on the self: "… it was in a way a strong learning experience. But it has been both easy and challenging to start with a clean slate." (Nina). Some went to even as far as conveying the burnout as a merit as was implied by Kari by expressing it as an accomplishment of a kind: "…I don't feel like I have somehow failed or something. In the contrary I have worked like a dog so much that many never do during their careers and I have been good in my work and so on." The above mentioned acts aim at redefining the label of a burned out person in their own terms. By insinuating in their talk that the experience of burnout has offered them worthy personal experience, the consumers present the burnout in more positive terms claiming their ownership of the experience.

The second tactic employed to redefine the stigma associated with burnout was to categorically differentiate oneself from others without the same experience of burnout or even the others alike. This was accomplished by implying how others were still trapped in the rat race while you have dropped out of it: "… at some point I started to question the notion of career, like is there any sense in trying to pursue something year after year… but somehow then others are still living the rat race…" (Martta). Others on the other hand felt like they were in a more positive situation than others with similar but more serious experiences: "I have said many times that after all I got away with very little, with that I mean that many who have gone through burnout, it can take many years or even the rest of their lives so that they can function properly." (Kari). This distinction portrayed the ones not so seriously burned out ones as the lucky ones within this group of burned out ones. Similar categorical differentiation can be made to those who are suffering from a real mental illness like schizophrenia etc. "Although I am happy, and it has been examined a lot, that I don't have any kind of, in these situations you can suffer from something like affective syndrome or schizophrenia, but I don't have anything like that I have just burned out." With such comparative talk the consumers sought to position themselves as the "lucky ones" or even the enlightened ones, as is the case with Martta, with their experiences of burnout. By categorically differentiation themselves from a certain grouping of people, the consumers tried to view their stigma in more positive terms. At the same time consumers turned to those who had similar experiences for support: "… you had kind of peer support, because she is the only person who understands what you are going through…" (Minna). On the other hand support and connection was also sought from others, who the consumers felt were supportive and thus deserved to be their confidantes. Such people were usually spouses or close friend as Martta tells: "… especially those few people who were trusted

ones in that stage…" were important for her recovery. This kind of support was needed in the identity crisis that burnout lead to for the consumers.

The third stigma management tactic aimed at redefining the label of burned out pursued was considering burnout in other than medical terms. This strategy focused on undermining the medical implications of the experience to the consumer's life. As Martta puts it "…after all I have come to the conclusion that I don't know… Is it something out of the ordinary, isn't it just life that sometimes it gets a little worse and sometimes better." burnout was considered to be part of the ordinary human life and its problems. Anna refused to define herself in medical terms by questioning her own involvement in getting into to the situation: "I know that most of my things [that lead up to burnout] were caused by me on top of everything boosting extra stress for myself… It has been a time for self-reflection." Talk like this presented an opportunity to view the burnout as something less of a medically diagnosed condition and more of something belonging to the human life and the very own life of the consumers.

Consumers effort on redefining the label of burned out were similar than those Toyoki and Brown (2014) explain in their study of prisoners and in particular the stigmatic identity work tactic described by then as the appropriation of the label prisoner. The consumers questioned the label connoted to a burned out person and instead of embracing the label per se, tried to make it more their own by attaching more positive and personal meanings to the label. Such efforts required clearly personal effort and willingness to not accept things as they are given. The above introduced strategies are not mutually exclusionary instead some consumers engaged in more than one strategy.

10.3 Diverting authority and outside expertise

Consumers' talk concentrated on diverting the authority from the perceived holder of authority in the sphere of burnout in order to alleviate the experiences and feelings of being labelled by the burnout. Depending on the consumers the holders of authority like medical professionals were undermined by diverting authority from such quarters to other spheres or quarters in life. Such a strategy relied on the consumers presenting themselves or outside sources as the person or entity of authority and expertise within the burnout field in their discussion. The aim of this strategy was to present the experience of burnout in more favorable terms and offering a possibility to define oneself in a more legitimate light.

Some of consumers' talk focused on legitimating the medical field and its representatives, however, a much more prominent part of the talk focused on addressing the normalized discourses within the medical field by undermining the authority of the field. The medical field was presented in discussions as conveying normalizing practices. Reserving time for a consultation from an occupational health center was in the case of Anna experienced as too challenging in the middle of struggling to cope with work, so Anna resumed finding medical attention for her condition: "… from the internet reservation system you could get only 15 minute appointments. So they just answered me that 15 minute appointment is too short and that I should reserve a time by calling to a specific number." Martta talked about her frustration after not getting the help wanted from a doctor's appointment: "When I left from there [doctor's appointment] I actually felt more distressed…". This for Martta resulted in not seeking medical attention again for her burnout. Minna on the other expressed her frustration in the inefficient, bureaucratic system while waiting to be transferred to a new doctor: "So in a sense you are at the mercy of the doctors…" Thus, some question the authority of the doctors when it comes to burnout, as Juhani puts it "The doctors always ask the same questions. I don't think doctors ask very profound questions. I think doctors are good at prescribing the right dosage of medicine, but can't help well with psychological issues...".

Another way of undermining the medical field was to de-legitimize medicine in the treatment of burnout. Surprisingly only two of the respondents were pro-medicine so to say. Both of them used daily medicine for other medical conditions. Some saw the body and mind as an entity that you shouldn't mess with when asked about the possibility of taking medication for the condition: "… but then you think would it [taking medication] just be cheating your own body and mind or what." (Anna). On a similar note Minna questions the role of medicine in the healing process: "…I am the one who kind of have to process and suffer through this, so numbing myself with medicine doesn't take it [burnout] away." On the other hand Kari stated that he is not anti-medicine per se but yet indicated that he always coped just fine without them: "I have never really needed them [medicine]". Although discussions of the consumers implied that medicine is associated with doctors these de-legitimizing efforts, whether consciously or not, gnaws also the authority of the pharmaceutical industry within the sphere of burnout. Instead of relying on medicine, the consumers told about getting relief from talking whether to a friend, a family member, spouse or even a medical professional. It was important for the consumers to be able to talk about their experiences.

In cases where the traditional medical field wasn't considered to offer authority or expertise suitable for the consumers, participants replaced them with more relevant authorities and experts on burnout. Juhani turned his attention to religion: "The church helps a lot with psychological issues. When I have a psychological issue I call the elder and ask what I should do... He then looks into the the principals of the bible and the Finnish culture…". Not getting the initially sought after acknowledgement from a medical professional, Martta shifted her focus on authority and expertise elsewhere by participating to a soul-searching course: "I think it's enough that you have a good leader who knows a little bit about human life… so it feels like in the end I drew from the experiences of the others in the group so kind of peer support although people had varying struggles in their lives". With these kinds of tactics the consumers look for legitimation by seeking other positions than those normalized identities connoted to them by medical professionals. Such diverting authority and outside expertise may also resemble idolizing. Minna looks up to her acquaintance with similar experiences presenting her as a Margaret Tatcher like lady who she has always looked up to in working life: "I feel like she is a few weeks or a month ahead of me in this [burnout]. So I like follow her progress, like okay now she got this done, I think I have then chance now". Diverting authority and expertise to the sphere of peer experience empowers Minna in her process of coming to terms with her experience of burnout. Thus, as an expert of their own mind and sense consumers seek authoritative figures and outside expertise that better suits their notion of the self out of the sphere of traditional medical science when it comes to their experiences on burnout.

10.4 Adopting multitude of roles

The stigma of burned out can be stressing to the sense of self for the consumers and resonate insecurities about the person they are. These insecurities are addressed in their talk by the consumers by authorizing multiple versions of the self in which they are constructed as taking up a variety of roles. Although there are multitudes of roles that consumers sought to adopt most notably three roles were sought after: that of a burned out person, that of an understanding human being as well as that of a good employee. These roles were at times also conflicting, showing the multitude of positions consumers tried to connect to. The role of the burned out person stood out from the other roles in that it depicted the consumers as a vulnerable and generally speaking in socially less coveted role. The roles of a good employee and understanding human being can be considered to be

socially valued and thus offered escape from their stigmatized burned out identity and address the insecurities inflicted by the stigma of burned out.

The role that consumers tried to connect to when initially talking about their burnout experience was that of a burned out person. This kind of talk presented the consumers as more humane, vulnerable and even flawed versions of them: "… I couldn't sleep or eat or. I was just shaking and shaking and crying about everything, so really rough." (Minna). This sort of talk underlined that the consumer couldn't control the course of the events:

"Because you are clearly in an overdrive and tired, this just is the phase when this needs to stop [insinuates what doctor says]. Well then I ended up in the hospital on a drip and that night I slept with drugs. And it was the first time since event X had started, so first time in 1,5 months that I for real slept more than couple of hours during the night." (Nina)

With talk like this the consumers patients attempted to connect to a role that expresses the hopeless state they faced and conveyed the seriousness of the state they were in during their burnout. Although the participants had different kind of experiences from burnout, others less and others more serious ones, all participants engaged in this strategy in an attempt to draw attention to the cause of their identity struggle.

In their talk the consumers asserted themselves as being good employees by emphasizing their value to the organization: "… you would rather take time from your personal life, like for example you didn't do as much in your free time, so you were able to cope at work…" (Anni). As a result of quitting her job at a kindergarten due to feelings of burnout Anna still questioned her choice "At one point I really accused myself that I had mistreated the children [by leaving], that I had abandoned them.". By constructing herself as a carer of responsibility even when it wasn't her job anymore, Anni implied her worth as an employee hadn't diminished. Instead of defining themselves as professionally failed individuals the consumers chose to define themselves as valued employees who would and indeed did do everything in their power for their job. Burnout seemed to initially attack consumers' identities as employees, hence this insecurity was alleviated in their talk by resuming their worth as hard working, responsible, all-around good employees. At the same time such talk was usually accompanied with attempts to demerit the manager of the time of the burnout:

"… and then I had a manager who doesn't help and doesn't understand what we are doing, can't prioritize, so it all ends up going frantic." (Minna)

By insinuating the role of the manager in leading up to a work related burnout Minna, like many others, try to convey her own dignity as an employee. Indeed by undermining and presenting the actions of the managers, the consumers try to undermine the managers' credibility in the evaluation of the consumers' as employees while trying to adopt the role of a good employee.

Since consumers felt like they and their experiences of burnout weren't necessary understood by others, especially the ones without such life defining experiences, they compensated this lack of recognition by presenting themselves as understanding human beings because of their experiences. For Martta this meant acknowledging that she didn't take her friends understanding for granted: "… on the other hand who am I to say that all people around me should understand me and my problems." although indicating that her circle of friends narrowed as result of her burning out. By drawing from her experiences of not being understood, Martta among others presented herself as someone who understands the human nature better. On a similar note Nina, after hearing negatively oriented rumors about herself, repeatedly expressed how she doesn't judge other people and return the favor: "… I don't talk anything negative about anyone; I really don't have anything negative to say." By not returning the favor to those who she feels have wronged her, Nina fought the identity others attached to her by trying to make sense of herself in terms of a more understanding human being. This tactic also occurred in the talk of the consumers as having altruistic tendencies: "... I happily tell about it [burnout, to other people], because I also want that as few people as possible would get in to the same situation as me." (Kari). By presenting themselves as understanding people to fellow human beings the consumers conveyed their worth in the social world for other people by underlining the understanding they had of human behavior. In that sense this portrayal is based on their expertise on what they consider burned out people have experienced.

11. Discussion

In this section the scope of the findings is expanded by elaborating more on their relation to theories of stigmatic identity work and mass-mediated marketplace ideologies presented earlier in this work. The consumers' stigmatic identity work is presented as an active agentic and social process of coming to terms with their stigmatic identities.

Scholars have expressed the complexity of studying identity (Alvesson, Ashcraft, and Thomas, 2008; Alvesson, 2010); it can be a business of everything and nothing at the same time. Thus the aim of this part is to keep an open mind and sensitivity for interpretations. Next the consumers' stigmatic identity work will be discussed in more detail by taking a closer look on their attempts to actively author versions of the self that are more satisfactory. Secondly that stigmatic identity work is considered from the perspective of agency. Following that consumers' stigma management strategies are discussed in more detail considering the social dimension of the process. Finally the discussion proceeds to talking about medicalization and its relationship to consumers.

11.1 Consumers' stigmatic identity work

As was discussed in the previous section consumers who have gone through work-related burnout, are facing stigmatization due to their experiences. Throughout the data it was found that the stigma of the burned out triggered stressors within the consumers. Such experience stemmed from concrete experiences of i.e. rejection in work related matters or private life but also on anticipation of how others viewed them or acted around them. In other words concrete and virtual experiences (Link et al., 1997) lead into challenging the adaptive resources of the consumers by outside sources, in this case fellow people. Indeed stigmatization is a social process as was presented by the data by the case of among others co-workers, friends and managers' attitudes and behavior towards the consumers. As Goffman (1963) underlines, social criticism is a central concept in stigmatization. In the case of the consumer such criticism is concrete or virtual. Either way the social criticism clearly occupies consumers' thoughts and cause social as well as psychological distress (Link, 1987) of varying degrees.

Although Finland is a very individualistic culture the fear of spoiled social identity (Goffman, 1963) seems to be similar for the consumers as the fear of losing face for individuals in collectivist

cultures. With this it is meant that the consumers' fear of losing their dignity and even honor as valuable workers and human beings is very much emotionally invested as issues within the mind and mental health are something of a defining nature for them. Now days within the Finnish society most jobs are far from manual labor and as a result your mind is your most important instrument for staying competitive within the job market. And although issues like burnout are more openly discussed in the mass media these days, within the challenging economic situation in which terms like cooperation negotiation are becoming common conversation topics, staying competitive as an employee is important especially for career oriented individuals. This is something to consider when discussing the stigmatic identity work of the consumers.

Next the three different aspects of stigmatic identity work that emerged from the research data are discussed: stigmatic identity work as an active and agentic effort and the identity work as a social process.

11.1.1 Stigmatic identity work as an active effort

Many modern life situations demand active identity work (Alvesson, 2010) this is the case especially in life's crisis (Watson, 2008). For the consumers burnout, whether less or more serious, turned out to be an experience that made them stop and ponder on their life and especially their sense of the self. In their situation inconsistencies pertaining to answering the question of "Who I am?" (Svenigsson and Alvesson, 2003) and who others think they are, require more solid identity work (Lutgen-Sandvik, 2008) aimed at coming to terms with their stigmatized selves. Stigmatic identity work, thus, offered a possibility of actively trying to take control of their own life and address the stigma that is connected to work-related burnout.

Insecurities are central for one's identity and demand identity work in order to alleviate the situation that is too taxing for one's identity (Collinson, 2003). In the case of the consumers the experience of burnout probed a variety of insecurities, the most prominent ones being psychological and social insecurities as well as especially in the case of the more serious burnouts existential insecurities in addition. This sort of situation seemed to be emotionally as well as cognitively demanding as the consumers tried to make sense of their experiences. However, instead of staying still and accepting the stigmatization (Miller and Major, 2000) consumers made active efforts to fight the stigma of burned out by addressing their insecurities. The analysis showed that consumers engaged in various

stigma management strategies in order to make the perceived burned out identity others attached to them more of their own and viewed in more positive terms. In attempting to redefine their stigma, in their own terms, the consumers drew from a multitude of discourses in effort to construct a self that is more preferred (Brown and Toyoki, 2013) or aspirational (Thornborrow and Brown, 2009). With that the stigmatized burned out identity was deemed too taxing emotionally, socially and psychologically, underlining the unattractiveness of such lacking and in many terms inconsistent identity.

When burnout is considered to be a significant life event that requires active stigmatic identity work the attempts of alleviating the stigma of the self needs to be goal-oriented (Lutgen-Sandvik, 2008). For the consumers this meant authoring versions of the selves that better respond to their personally perceived sense of the self. The drive for the identity work is understandably greater if the stigma is strenuous and threatens the ontological security of a person. With this the consumers who had more severe cases of burnout engaged in more persistent efforts of managing their stigma. Indeed threat to ontological security caused by a more severe case of burnout was present in Minna's talk. Thus her efforts were more focused and directed towards distancing (Miller and Kaiser, 2001) oneself from the stigmatized identity. However, for all participants the negotiation of the stigma of the burned out provided some purpose and direction for their active identity work.

Furthermore Link and Phelan (2001) have noted that the value of stigmatization is inherent in its utility. Similar kind of logic seems to apply to the different, sometimes even conflicting, roles the consumers tried to connect to as an active effort of addressing and alleviating inconsistencies caused by their stigmatized identities. Indeed the repertoires of identities people hold contain multiple identities (Alvesson, Ashcraft and Thomas, 2008, Toyoki and Brown, 2014) which draw from competing discourses and thus can be contrasting and antagonistic (Clarke, Brown and Hailey, 2009) as was the case within the consumers. Here we come again to discuss the utility of these contrasting roles and identities that consumers tried to adopt and connect to. By adopting at times even contrasting roles of the burned out person, the understanding human being and the good employee the identities were employed in an order to present the consumers' experiences of burnout as higher order life learning experiences, which are something exclusive to the group of people who have suffered burnout. Thus, the consumers tried to quite skillfully and actively construct discursively versions of the self that are more satisfactory for them than that of the stigmatized burned out identity. This is to say that contrary to what some have found (Lutgen-Sandvik, 2008)

even the consumers whose sense of self was shocked by a more serious burnout actively tried to repair and address their fractured identities. However, the ones who felt the stigma wasn't as central to their sense of self engaged in less vigorous stigma management strategies (Crocker and Major, 1989; Link and Phelan, 2001, Kozinet, 2001). Though this is not to say that they didn't actively engage in efforts of trying to repair their stigmatized identity and shape it to become more of their own. In the contrary, active efforts (Henry and Caldwell, 2006; Frank, 2013; Toyoki and Brown, 2014) were needed to create a more consistent and satisfactory self.

11.1.2 Stigmatic identity work as an agentic effort

The previous section considered the consumers' stigmatic identity work as an active effort on behalf of the consumers. Related to this is the notion of agency, in other words who holds the keys within the meaning-making activities (Alvesson, 2010): the consumers or outside sources. Since consumers' process of negotiating their stigmatic burned out identities is an active and goal-directed effort, such power seems to be possessed by the consumers as they reject the identity template of the burned out that has been shaped by dominant discourses. In this section agency within stigmatic identity work will be addressed in more detail.

Watson (2008) as well as Thomas and Davies (2005) convey that since identity workers encounter a multitude of competing and conflicting discourses identity workers cannot only be passive participants in the meaning-making process. This view is supported by the analysis of the data. The analysis showed how consumers actively constructed version of the selves by engaging in multiple stigma management strategies that weren't mutually exclusionary. Most of the strategies focused on challenging the dominant discourses that shape the proposed identities. This was done by negotiating them so as to better respond their own views of themselves by seeking aspirational or preferred identities. Compensation (Miller and Major, 2000; Miller and Kaiser, 2001), socially skillful behavior proving the prejudice of other people wrong, was one mean of fighting the dominant discourses in the form of i.e. presenting burnout as valuable life experience that can be used to educate the ones without such experience, taking up the role of an understanding human or a good employee. These kinds of efforts are based on embracing the stigma and leveraging it in an effort to fight the negativity attached to the stigma. This shows how contradictory stigmatic identity work efforts of the consumers can be: on one hand the stigma is acknowledged and leveraged and on the other hand such leveraging strategies rely also partly on protecting oneself from the

stigmatization by i.e. addressing the normalizing discourses of the medical aspect of their condition and undermining the authority and expertise of the medical professionals when it comes to burnout. Moreover, although insecurities may play a role in enforcing existing power relations (Collinson, 2003) when it comes to the consumers the earlier discussed insecurities can also have opposite outcomes. This seems to be the case when considering the relationship of the consumers and medical professionals: consumers actively and by assuming agency of their meaning making activities from their experience of burnout try to break free from pre-existing power relations which seem to normalize them. Here applies what Thompson (2003) calls medico-administrative identities which consumers seek to reject by trying to cut their authority and expertise in the sphere of the burnout. Seemingly trying to move the burnout conversation out of the touch of medical professionals, consumers try to take matters in their own hands over their sense of the self. From this perspective the findings support the view introduced by Toyoki and Brown (2014) that stigmatic identity work can be an expression of autonomy. For the consumers such expressions are utilized amidst strong discursive pressures.

Embracing a role can insinuate accepting a categorical role others associate to you (Snow and Anderson, 1987). Thus, adopting the role of the burned out could be considered to diminish the agency for the consumer, since on the face of it seems that they are exposed to and succumbed to the dominant discourse that stigmatizes people who have suffered from burnout. However, as was discussed in the previous section consumers quite elaborately utilized the burned out role in their favor as something that served as one of the defining moments of their life which turned out to be positive one in the end. Nevertheless, undoubtedly consumers do sacrifice agency momentarily when engaging in such strategy. However, it is noteworthy that this diminished agency serves the purpose of the consumers, as they do not completely adopt the dominant discourse that stigmatized work-related burnout.

11.1.3 Stigmatic identity work as a social process

Although stigma is something that may attack the very core of one's being and thus is experienced as something very personal, stigmatization is a social process (Goffman, 1963) as has been discussed previously. The stigma of the burned out posed psychological, social and even existential insecurities for the consumers. Indeed social life is the sphere from which such pressures usually stem (Schwalbe and Mason-Schrock, 1996). This was also visible in the data as consumers tried to

discuss socially available notions (Watson, 2008) of their stigmatized identities by engaging in various stigma management strategies. Next this social aspect of stigmatic identity work is discussed.

Consumers perceived themselves in the eyes of the others as mentally, organizationally or in another way lacking. This anticipation of rejection, prejudice and labeling needed to be addressed by active and agentic identity work strategies. Mead (1934) explains that the self is inherent in the process of social experience resulting from individual's relation to other individuals within that process and the process as a whole. Since the self is formed in relation to other socialized individuals and their reflection of the person and thus is dependent partly on taking the role of the other, identity work can be considered to be a social developmental process. However, when the discussion is on the management of stigmatic identities, the analysis showed that, at least to some degree, the consumers tended to disregard the selves learned from social processes like interaction with colleagues at work or attending doctor's appointments. By drawing from multitude of discourses consumers utilized the learned notions of the self and drew from them, however, only the act of adopting the role of the burned out seemed to actually embrace such developmental selves without further questioning. From this perspective, thus, taking the role of the other is an important concept when it comes to stigmatic identity work, however, the socially learned selves serve, at least in the case of the consumers, as readily available discourses to draw from in coming up with a more satisfied sense of the self. As Collinson (2003) has noted identity work is reflexive, moreover, such notion is supported by the social dimension of stigmatic identity work that the consumers engage in.

Furthermore the consumers' efforts in adopting the role of the burned out could be considered as assuming the social identity of a burned out person (Snow and Anderson, 1987). This underlines their social status as burned out, however, such a status is unsatisfactory as it has negative associations for the consumers as essentially having failed as individuals and workers who have somewhat diminished mental health. Thus, socially desirable roles of understandable human beings and good workers with higher order life experience are sought after while the medical discourses pertaining to burnout are challenged and in some cases rejected. If all this would take place in a social vacuum the hand of the consumers would be stronger. However, since stigmatic identity work evidently is a social process that draws from multitude of available discourses, consumers' identity work can be at times challenging, when sought after identities aren't necessary available for

them in the eyes of the others. In situations like these the importance of the sympathetic others (Goffman, 1963) who share the stigma or, so to say, the wise ones who otherwise understand the predicament of the consumers is confirmed: The burden of the stigma is too heavy to bear alone without anyone to share it with. From this perspective also stigmatic identity work is a social process and the success of consumers' identity work is dependent on this aspect of the process of coming to terms with their stigma.

11.2 Medicalization and the consumer

The object of this research was to understand the stigmatic identity work of the consumers within the Finnish burnout marketplace. Bearing this in mind the three previous sections developed the analysis of the consumers' discursive stigmatic identity work further by presenting them as active, agentic efforts of a socially invested process of negotiating the stigma of burned out. This section builds on these findings in the sphere of the Finnish burnout marketplace finally adding the issue of medicalization into the discussion.

A marketplace is an ideologically rich playground which is shaped by institutions among other participants and in which a plethora of practices and discourses take place (Sandikci and Ger, 2010). As ideologies are mostly based on extensively shared cultural values (Crocker and Quinn, 2000) and cultural representations (Dovidio, Major and Crocker, 2000) consumers face an array of ideological pressures within the burnout marketplace. When considering the stigmatic identity work efforts of the consumers, their attempt to construct a more coherent and tailored identity is colored by the varying ideologies of the marketplace.

It was already established in the previous section that stigmatic identity work as well as stigmatization itself is a social process. Here it is noteworthy to mention that stigmatization of certain conditions, behavior and the likes is also a cultural process which is affected in addition to social processes by cultural as well as historical forces (Dovidio, Major and Crocker, 2000). Thus, stigmatization of burnout within the Finnish society as well as the Finnish burnout marketplace is a more complex issue that has its roots deeper in the society. At present burnout is a topic that is increasingly present in the media. Rather often you can read from the tabloids, magazines and newspapers about burnout: there are tests to see if you have the symptoms of the condition, informative pieces as well as stories of experiences from "normal" people as well as those with

celebrity status. As a topic and phenomenon burnout is thus more present in the mass media and in conversations within the general public: chances are you know someone who has experienced burnout. However, there still are present multitudes of discourses that stigmatize the condition. One such discourse addresses burnout as a personal failure in working life as well as life in general. As was earlier discussed in this chapter, the fear of stigmatization of work-related burnout resembles that of losing face within collectivist cultures. This may be due to the long tradition of Finns deeming themselves as hard working people. We Finns have started from the fields and forests, progressed to factories and service professions to engineering, startups and gaming industry. In other words, Finns like to portray themselves as people who get the job done, every time, year after year. Generations of children have been brought up to the socialized standard of "Get an education and as a result a good permanent employment and then you are set for life". Indeed, socialization into a certain culture offers grounds for stigmatization (Link, 1987). However working life and culture has changed during the years as a normal progression and most recently due to the challenging economic situation: many employees have temporary employment, companies let people go and the ones who have permanent employment have to do more with less resources. From this perspective the discourse that stigmatizes burnout and the ideology behind it (the hard working Finn) seems to be outdated and not adapted to present day. Thus, work-related burnout is still widely seen as a personal failure in working life and generally in life.

Furthermore, paradoxically the consumers, by adopting the role of the good worker, draw from the same ideological discourse of the hardworking Finn that also partly enables their stigmatization. Thompson (2004) has indicated that resistance to one discourse subordinates the identity worker to another. In the situation of the consumers, however, sought after identities were as Toyoki and Brown (2004, p. 731) call it "culturally sanctioned". Thus, from this perspective the issue of agency rises again and needs to be reconsidered. Although consumers' efforts in trying to author more satisfied versions of their selves are arguably agentic, the level of agency is more suitably considered as sophisticatedly agentic (Thornborrow and Brown, 2009) due to efforts of the consumers that can be considered to be self-discilplinary.

Although the identity of the good worker is self-disciplinary, the consumers' efforts on presenting their experiences as higher order learning experiences seem to essentially teach them something about life in general and people (Goffman, 1963). Thus, these sort of active stigmatic identity work efforts are important for the coping of the consumer with their stigma. In order to be able to move

on with their life after such life crisis as burnout is, their experiences need to be considered in their own terms and satisfyingly made sense of even though such attempts can be less agentic than appeared at first glance.

When it comes to consumers' efforts in presenting the stigma in their own non-medical terms and questioning the authority and expertise of the medical professionals, such efforts can be considered to be aimed at turning down prevailing marketplace ideologies (Firat & Dholakia, 1998 cited in Thompson, 2004). The earlier many times mentioned medico-administrative identities convey those ideologies. Most of the discourses stemming from the medical field that the consumers drew from were normalizing towards the consumers. Medical professionals, especially doctors hold expertise and authority within the medical field, being the ultimate experts whose jobs are protecting human life. However, the normalizing medico-discourses and medico-administrative identities were treated as something not conveying the true identity of the consumers. Such standard identity positions, though, are hard to completely escape if one seeks medical help for their condition. As Minna told you are on the doctors' mercy, while the consumers are presented by mass-mediated ideologies as docile patients, who within the medical science sphere hold diminished power. Social institutions indeed do convey social hierarchies that convey standard identity positions (Thompson, 2004). In addition to resisting the medico-discourses most of the consumers actively resisted the pharmaceuticals' authority within the sphere of burnout, by rejecting medicine as legit treatment of the condition and even turning to alternative remedies. Such stigmatic identity work may serve in coping within the wider society (Henry and Caldwell, 2006). Consumers tried to come to terms with their stigma of burned out, make it more of their own, however, subjecting oneself to a position in which the situation gets so "serious" that one must use medication, there is a chance that the consumers are seen in the eyes of the others as more lacking and this time in medical terms. The fear of being labeled as mentally ill is one more insecurity for the consumers that touches upon their existential insecurities.

When it comes to the Finnish burnout marketplace defining problems that have earlier been considered to belong to normal human life as medical problems (Conrad, 2007), in other words medicalization, is one of the main drivers of the consumers' stigmatic identity work. The marketplace itself is suffused with medical ideologies and discourses that mostly render the consumers as docile patients. Although the authority and expertise of the medical field is contested by the consumers, escaping the medical field is practically impossible especially if one has to take a

sick leave due to the burnout: a doctor has to be consulted. Rejecting the medical aspect of their burnout may serve personal purposes and help them to come terms with their stigma and alleviate unresolved tensions, however, few succeed in escaping medicalization within the burnout marketplace. Thus, the problem lies in the ways human problems are decontextualized, also within the Finnish burnout marketplace, and attention is given to individuals instead of social processes (Kawachi and Conrad, 1996). In other words the threat of being defined in medical terms loomed over the consumers.

11.2.1 Contribution to the CCT

As a study of medicalization in the context of Finnish burnout marketplace this this research has essentially discussed how consumers negotiate their stigmatized identities by drawing from the various discourses or the "heterogeneous palette of resources" (Arnould and Thompson, 2005, p. 871) of the marketplace. The Consumer Culture theory depicts the structuring effect of the marketplace for consumers' identity work as the marketplace produces proposed identity positions for the consumers to assume or to reject (ibid). In addition to shedding light to the previously disregarded topic of medicalization within consumer research literature, this study by showing how ideologies and power affect the stigmatic identity work of the consumers within the Finnish burnout marketplace, make it a lesson of value for the CCT.

As has been mentioned Thompson (2004) proposes that within a marketplace resisting one dominant discourse may lead to succumbing to another dominant one that may in turn sustain the given marketplace. This Master's thesis builds on this work by proposing that this "self-perpetual ideological paradox" (Thompson, 2004, p. 173) applies in the case of the consumer patients as by drawing from the marketplace discourses in an attempt to come up with a more satisfying version of their selves they unconsciously draw from the same discourse of power that enables their stigmatization. From this perspective consumers can as active and sophisticatedly agentic identity workers, even though unintentionally, predispose themselves to the same discourse of power they wish to reject. Thus, this research offers valuable insight in terms of CCT, since such a self-disciplining act underlines consumers' active role within the marketplace trying to negotiate the discourses of power and ideologies behind such discourses, but also underlines, as was presented by the case of the hard working Finn-ideology, how consumers can by doing that simultaneously sustain historically and culturally bound discourses that hinder their own standing within the

marketplace. In simpler terms, consumers play an important role in sustaining discourses of power that limits their own repertoire of socially available identities within the marketplace, although drawing from multitude of discourses and authoring varying versions of the self mitigates these consumers' self-disciplining actions.

12. Conclusion

This section presents the conclusions of the research. Following that the limitations of the current research are presented and suggestions for future research are discussed. Next the theoretical implications of this research are presented.

12.1 Theoretical implications

The objective of this research was to create an understanding of consumers' stigmatic identity work within the Finnish burnout marketplace; as such the study was presented as one concerning the topic of medicalization. In more detail the research studied how consumers engaged in discursive stigmatic identity work efforts aiming at alleviating the insecurities stemming from the stigma of being burned out. Discursive approach was chosen in order to get more personal view on the highly personal topic that stigmatization is. The chosen approach has shed light on the before disregarded topic of medicalization within the field of consumer research and thus, advanced knowledge on this matter.

Stigmatic identity work was established as active and sophisticatedly agentic socially invested process which is ideologically infused. Instead of viewing the holders of the stigma as passive victims, they are seen as actively fighting the stigma by addressing their insecurities. Furthermore agency is assumed to a degree that allows the stigmatized to take control of their meaning-making activities but also render such control. Stigmatic identity work was regarded as a socially developmental process that relied on socially learned roles. Medicalization was regarded to affect the stigmatized as the threat of being defined in medical terms was evident in the data.

With this the thesis contributes to the Consumer Culture theory by building on Thompson's (2004) articulations on ideologies of the marketplace and discourses of power. This thesis suggests that consumers, by the act of self-discipline seek after culturally sanctioned identities and as a result sustain discourses of power that limit identities available to them.

12.2 Limitations of the research

Like all academic research this Master's thesis is not without limitations. The research in this work is subject to the context that was studied: The Finnish burnout marketplace. As such this research is a take on the particular subject of Medicalization within the above mentioned context at this particular time. Although generalizability is not an aim in constructivist research, this limitation is important to bear in mind. Another important point is that this discursive research and the analysis as well as the interpretations are a single researcher's take on a very complex topic. With that the researcher's previous knowledge, attitudes and background affected and guided the analysis. Although the focus of the research was on consumers and their stigmatic identity work within the Finnish burnout marketplace, at least two of the main stakeholders of the marketplace were not empirically included in the research: the medical professionals as well as the pharmaceutical industry.

12.3 Suggestions for further research

The focus of this research was on consumers' stigmatic identity work within the Finnish burnout marketplace. However, looking into the same phenomenon from the perspective of other stakeholders of the marketplace like medical professionals and the pharmaceutical industry would produce more in-depth understanding of medicalization and stigmatic identity work within this sphere. Moreover, medicalization is a topic that has remained quite untouched by the field of marketing and consumer research especially. Although this research has shed light on the topic within consumer research, more in-depth research is needed to understand the current topic of medicalization and its implications to consumer behavior. With that said more consumer behavior focused approaches are needed. Additionally since the overall topic of medicalization has not been well studied from marketing perspective also approaches which focus on the other stakeholders of the phenomenon would produce valuable insights.

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