

The consumption of well-being:
Developing consumption practices of well-being in the context
of medicalized water

Marketing
Master's thesis
Nelli Huikari
2016

Author Nelli Huikari

Title of thesis The consumption of well-being: Developing consumption practices of well-being in the context of medicalized water

Degree Master of Science in Economics and Business Administration

Degree programme Marketing

Thesis advisor(s) John Schouten, Jack Tillotson

Year of approval 2016

Number of pages 53

Language English

Abstract

Objectives

The main objective of this study belonging to the consumer culture theory (CCT) research is to investigate how consumers develop practices of well-being through the consumption of medicalized water. Another objective is to study how the dominant health and wellness ideology affects this development of health consumption and consumer identity projects.

Methodology

This research is qualitative and emergent in nature. Ten Finnish consumers of vitamin-infused water were interviewed and the transcripts of these interviews formed the empirical data of the study. The exploration belonged to the interpretive research approach and methods.

Key findings

The key findings in this study are that three elements – biomorality, power of body over mind, and enhancement strategies – contribute to the development of well-being consumption practices in the context of medicalized water. The ideology of wellness plays a crucial role in this development, and biomorality is an integral part of this ideology.

Keywords Consumption of well-being, consumer culture, consumer research, medicalization, health, wellness, well-being, ideology, identity, biomorality

TABLE OF CONTENTS

INTRODUCTION	3
THEORETICAL FOUNDATIONS.....	5
Health in consumer culture theory	5
The self and the body	8
Identity being formed by ideology	12
METHODS	16
Research design.....	16
Fieldwork	16
Data analysis.....	17
CONTEXT: THE TRANSFORMATION OF WELLNESS AND MEDICALIZATION TO EVERYDAY LIFE.....	20
Wellness syndrome	21
Medicalization	22
Medicalized water	26
FINDINGS	28
Biomoralism.....	29
The power of body over mind	33
Strategies of enhancement	37
Development of consumption practices of well-being	40
DISCUSSION	46
Health in consumer culture theory	46
The self and the body	47
Identity being formed by ideology	49
REFERENCES.....	51

INTRODUCTION

We can see a massive increase of medicalization in different aspects of life. Even normal aspects of human life, such as ageing, have been medicalized. A multi-billion dollar industry has formed around medicalization.

In his book *The medicalization of society: on the transformation of human conditions into treatable disorders*, Conrad (2007) offers an expansive examination of medicalization. Moynihan and Cassels (2005) focus on the integration of medicalization and business through the phenomenon of selling sickness; pharmaceutical companies marketing fear and new medical conditions in order to create new markets for their products among healthy people. Szasz (2007) examines medicalization from a psychological point of view, focusing on disturbing human behavior and medicine's response to medicalization.

This phenomenon has spread to everyday life, including eating and drinking. The medicalization of food – or functional foods – has been discussed mainly in the medical setting. For example Reinhardt Kapsak et al. (2011) focus on consumer attitudes towards functional foods, whereas Heasman and Mellentin (2001) concentrate on what they call the functional food revolution and examine the transformation of the food industry through nutrition policy, regulation and marketing activity.

The medicalization of food offers products providing consumers with health benefits. Thus, we must consider the context of health and wellness when discussing the phenomenon. The topics of health and wellness are becoming increasingly popular within consumer culture theory, not least because of an increasingly popular consumer trend of aspiring to increase one's wellness. In fact, Cederström and Spicer (2015) go as far as introducing the concept of the wellness syndrome which turns life into an exercise of wellness optimization. The wellness syndrome – or wellness ideology – is evident in every aspect of human life as a moral obligation. Within consumer culture theory, health and wellness has been examined by Thompson and Troester (2002) in their research of consumer value systems within the natural health context. Thompson (2004) looks at the marketplace mythology and discourses of power within the natural health marketplace. Giesler and Veresiu (2014) discuss the creation of a health-conscious consumer through consumer

responsibilization, while Thompson and Hirschman (1995) concentrate on consumers' body image and its effect on their consumption choices through a model of the socialized body.

Despite the large body of research examining health and explicit calls for understanding consumer welfare (Ahuvia, 2005), there appears to be a lack of research on health and medicalization, with a few exceptions that use the analytic case of plastic surgery (Schouten, 1991) and resistance to modern medicine through the natural health market. I address this gap by focusing on the health and wellness ideology in the context of medicalized food. Consumers are attempting to increase their health and wellness in everyday life and through their diet, of which medicalized food is an integral part. Those things being said, I pose the research question:

How do consumers develop practices of well-being through the consumption of medicalized water in the context of health and wellness ideology?

Through a social-cultural study of vitamin-infused waters I flush out three elements that contribute to developing consumption practices of health: 1) biomoralism, that promotes the axiom that if consumers feel good they are good people, and if they feel bad they are bad people, 2) the power of body over mind, where in some situations, such as bodily deficiencies, the body which is usually seen as controlled by the mind takes over and dictates what is needed, and 3) enhancement strategies that consumers use to strive for normalization, repair or performance edge. Together, these three components play a part in the development of consumption practices of health, such as drinking medicalized water.

THEORETICAL FOUNDATIONS

To lay the theoretical groundwork for this study I first discuss health and wellness and how they have been studied in consumer culture literature. Next I examine the consumer culture literature for its insights into the self and the body, as consumers embark on identity projects in order to comply with dominant marketplace ideologies, such as the wellness ideology important to this study. Finally, I concentrate on ideologies and how they form consumer identities.

Health in consumer culture theory

Thompson and Troester (2002) analyze values and meanings through which the natural health microculture is constructed by analyzing the narratives that consumers of natural health products use to describe the values they pursue by their wellness-oriented consumption practices. The narratives identified in their research represent the linkages between these values and the consumption goals that consumers pursue through their natural health practices. The authors identify four different values that the consumers obtain by pursuing resembling consumption goals: 1) harmonious balance by pursuing the goal of purification, 2) making connections by pursuing the goal of transformative insights, 3) mindfulness by pursuing the goal of thoughtful choice, and 4) flexibility by pursuing the goal of pragmatic moderation. These value-goal pairs are then linked to the four higher-order postmodern orientations of countermodernism, postmodern integrativeness, systemic risk awareness and postmodern reflective relativism.

The narratives and consumer values identified through them offer an interesting insight into the well-being practices of the natural health consumers. The value of harmonious balance assumes that well-being is the outcome of balance in one's life, and any health problems are the result of disharmony caused by mundane "life stresses", such as hectic lifestyles, job pressures and processed foods. The body is seen as a natural system whose purity is violated by modern-day contaminants, and therefore purifying actions need to be taken. The value of making connections, on the other hand, focuses on gaining extensive natural health knowledge through which the consumer can understand the holistic linkages that improve their well-being, health or even life. Making connections and seeking transformative insights is seen as the only way of understanding the ultimate sources of wellness. The third identified value, mindfulness, refers to a state where

an individual appreciates his or her own experiences, and opposes routinization. Therefore the consumers' goal is to make thoughtful consumption choices that increase their well-being and to take a critical stance towards the mainstream. Making mindful choices is therefore seen as thinking with one's own brain instead of trusting the myriad of abstract systems and socioeconomic institutions that affect consumer's daily lives. Finally, the value of flexibility seeks to find a balance between the natural health ideals and living in a modern consumer culture. Therefore consumers strive to obtain pragmatic moderation by compromising between their ideals of natural health and the daily demands of their everyday lives. The value of flexibility therefore relieves the pressure of strictly following the natural health ideology, allowing greater liberty of choice in consumers' well-being practices. (Thompson & Troester, 2002).

In his article, Thompson (2004) also makes use of the natural health marketplace, and examines the mythic narratives that consumers of these products articulate. He argues that marketplace mythologies draw from general cultural myths, and can be adapted to the competitive characteristics and exigencies of specific market structures and ideological interests. He states that myths have traditionally been exploited by advertisers in creating advantageous brand images, but now cultural myths are also being used by consumers in attaching meanings to their experiences. For this purpose, Thompson introduces the concept of advertisements as discourses of power; as advertisers make use of mythologies in promoting their products and brands, they simultaneously promote an ideal consumer lifestyle, seeking to guide consumer lifestyles and identities in a particular direction. When consumers consume these products and brands and therefore incorporate aspects of these marketplace mythologies into their own self-conceptions, they also form a relationship with the diverse discourses of power that circulate the marketplace and their everyday life.

Within the mythology of holistic well-being in the natural health marketplace, Thompson identifies a fundamental conflict between nature and technology. As discussed above in terms of natural health consumer values (Thompson & Troester, 2002), the natural community believes that modern technologies have caused an imbalance in the natural system of the human body, and also conventional medical science contributes to this illness-inducing imbalance of the body. This contrast between nature and technology, as well as well-being and illness, draws from the Edenic myth and humanity's fall from grace. The natural health community distinguishes itself from mainstream scientific medicine and promotes a return to nature as a path back to wellness,

drawing from the romantic and gnostic mythos as well. From the romantic perspective, the Edenic myth of the fall represents humanity's alienation from nature, whereas the gnostic mythos has to do with harnessing the healing powers of the nature to fit one's health goals, for example against aging or illness. (Thompson, 2004).

Giesler and Veresiu (2014) investigate the creation of a health-conscious consumer by developing a framework for consumer responsabilization. According to them, consumers should be actively managed as moral subjects in order to obtain responsible consumption. This management can be constructed through a four-step process the authors introduce as the P.A.C.T. routine: personalization, authorization, capabilization and transformation. Drawing from neoliberalism, the P.A.C.T. routine shifts responsibility of larger societal problems, such as illnesses, away from the state and businesses and onto the individual consumers. In the phase of personalization, the solution to a societal problem is redefined by the development of a morally enlightened responsible consumer, whose consumption desires, aspirations and choice capabilities are contrasted with the irresponsible consumer. Authorization draws on expert knowledge to display how the adoption of responsible consumption practices contributes to the solution of the problem at hand. During capabilization, responsible consumption is made materially possible by developing moralized products and services. Finally, during transformation, consumers adapt their behavior to adopt the responsibilities dictated by the moralized landscape.

In their article, Giesler and Veresiu (2014) indicate how the P.A.C.T. routine was utilized in creating the health-conscious consumer by the World Economic Forum (WEF). By indicating that collective health-care should be individualized – taking individual's health goals into consideration – instead of being collective and creating passive citizens who do not actively take action in order to improve their well-being, WEF engaged in the process of personalization. Authorization was achieved by circulating economically inspired studies on the medical and psychological effects of individual consumer behavior in solving the chronic illness problem. The authors of these studies also frequented roundtables of health and chronic illness. Materials, such as medical case studies and policy design reports, provided by the WEF invited business to join the fight against global health problems by developing a market for healthy products and services, displaying the process of capabilization. These processes of personalization, authorization and capabilization have shifted the focus of preventing chronic illness through controlling the market from offering unhealthy products to encouraging consumers to make healthier choices in terms of their consumption and

exercise practices. Therefore, according to the authors, consumers are urged to “understand the ongoing therapeutic improvement of self through the health market as an expression of freedom and a healthy lifestyle.” (Giesler & Veresiu, 2014).

The self and the body

Belk's (1988) article *Possessions and the Extended Self* can be seen as the fundamental article in CCT to spark interest in the ways consumers use consumption in defining the sense of who they are. Belk argues that consumers extend, expand and strengthen their sense of self by using key possessions, supporting his thesis by exploring special cases, such as collections. He understands the subjective perception of who a person is as a synonym to the terms *self*, *sense of self* and *identity*, and stresses that the self is a subjective perception that changes over time and across people. Belk also proposes a structure for the self, separating a core self that is expanded with items that become part of the extended self. According to Belk, different levels of group affiliations – individual, family, community and group – are also part of the self. (Belk, 1988). Tian and Belk (2005) suggest improvements to the concept of extended self – a self experienced through persons, places and things – by studying the meanings of possessions displayed in the workplace. They argue that the home self and the work self compete for dominance in the workplace possession displays, and therefore employees must decide which parts of the self belong to the workplace. Furthermore, in these negotiations about the self, the self can be extended, but it can also be retracted and hidden, such as in the case where people do not want to reveal personal details about themselves in the workplace. Based on their study, the authors also argue that while possessions can aid in stabilizing the self, they can also be used in shifting among various self-aspects to match workplace expectations and events. (Tian & Belk, 2005).

In his article, Ahuvia (2005) supports most of Belk's (1988) claims, but critiques the notion of a core self and an extended self as a confusing metaphor. Ahuvia (2005) finds support that loved objects are connected to the self by both expressing the self and transforming the self into a desired form. This support for self-transformation goes against Belk's (1988) romantic idea of an authentic, core self. Therefore, Ahuvia (2005, p. 182) suggests that “it may be simpler and clearer to keep Belk's thesis that products, ideas, activities, and so forth, have varying degrees of selfness for a consumer, without invoking the potentially misleading notion of a core self.”

According to Ahuvia (2005), there have been two major developments in consumer research on identity after Belk's (1988) classic article; the conceptualization of self as narrative and the concern with the challenges of identity construction. Referring to the sense of identity as a narrative means that, in addition to a list of attributes, the identity is constructed by linking these attributes to key episodes in one's memory, and developing a story line from these episodes. This identity narrative provides a connected identity from past to present and into possible futures, and facilitates people to make sense of who they are.

Ahuvia (2005) examines the use of loved objects and activities in constructing a coherent identity narrative. Ahuvia states that research has shown that loved people and objects have a strong influence on consumers' sense of self, and love has been proven to be a common consumption-related emotion. From his research Ahuvia draws that loved objects are a reminder of key events and relationships in the life narrative, assist in resolving identity conflicts and are embedded in a symbolic network of associations. He also identifies three different strategies consumers use to create a coherent sense of self: 1) demarcating, 2) compromising and 3) synthesizing. Demarcating refers to endorsing a specific, desired identity while rejecting an unwanted identity. Compromising, on the other hand, assumes the conflict between two competing identities as a zero game and tries to create an identity between the contesting identities. Finally, a synthesizing solution combines the advantages of the competing identities, and might even lead to a new possible identity with advantages not previously considered, offering a better solution than a simple compromise. In his study, Ahuvia found that loved objects tended to provide customers with either demarcating or synthesizing solutions to identity conflicts. Ahuvia argues that the synthesizing solutions contribute to consumption's role in positive psychology by presenting one solution with which consumers can resolve identity challenges. He states that previous research has shown that conflicts and tensions in the identity narrative are experienced as psychologically challenging, which makes the topic relevant for consumer well-being. (Ahuvia, 2005).

The difficulties in identity construction that Ahuvia (2005) refers to relate mainly to the coherence of the sense of self. As the contemporary culture is filled with choice – from who we want to be to what we want to buy – constructing a coherent sense of self is all the more difficult. As a result, constructing one's identity and representing the self has become a driving force in consumption. This focus on consumption in identity construction has generated two major discourses; postmodern fragmented multiple selves and the empty self. The postmodern view of consumer

identity promotes a fragmented and multiple sense of self, with no need for solving identity contradictions to reach a coherent self image (Firat & Venkatesh, 1995). However, according to Ahuvia (2005), other research has not found that consumers would willingly abandon the desire for a coherent sense of self, but rather they use consumption to create a coherent identity within a fragmented society.

A rather contradictory view to this postmodern fragmented self with its multiple identities is the concept of the empty self (Cushman, 1990). Cushman sees identity as a black hole which never fills up, no matter how many objects the consumer feeds into it. Cushman argues that this problem is due to consumers' desire for a coherent identity and the lack of social and cultural support for this endeavor, such as community, tradition and shared meaning. These shortcomings are then experienced as a lack of personal worth, leading to a "chronic, undifferentiated emotional hunger" (Cushman, 1990, p. 600). Therefore, Cushman argues, consumers are forced to engage in potentially endless rounds of lifestyle consumption, trying to identify and achieve the lifestyle that will bring fulfillment to their identity projects. This relates heavily to the dominant wellness ideology that guides consumer lifestyle selection and identity projects.

Contradicting Cushman's (1990) views, Schouten (1991) examines an extreme form of consumption, plastic surgery, as a means to both maintain and develop a harmonious, stable identity. The ideas of appearance, body and the self in his study greatly link to the themes of health and wellness, and the construction of identity to fit dominant ideologies of the body and self, such as the wellness ideology.

Schouten (1991) uses the idea of self-concept – the cognitive and affective understanding of who and what we are – as a means to understand this phenomenon. He states that researchers have not come to a full understanding of the definition of self-concept, but it is thought to include things such as "the role identities, personal attributes, relationships, fantasies, possessions, and other symbols that individuals use for the purposes of self-creation and self-understanding" (Schouten, 1991, p. 413). The self-concept can also be viewed as a cognitive construct built of systems of symbols called self-schemas, or possible selves, that motivate either approach or avoidance behavior. These hypothetical possible selves can act as sources of hope, fantasy, aspiration or fear (Markus & Nurius, 1986). Schouten (1991) states that these possible selves are constructed from aspects of past selves as well as various role models, and they are affected by personal fantasies, goals, values and perceptions of social expectations. When people are in a

liminal state, Schouten (1991) argues that they begin the identity reconstruction by formulating these possible self-schemas, approaching positive self-schemas and avoiding negative self-schemas. Therefore, Schouten states that there are three possible responses to a particular possible self; 1) inactivity, 2) active rejection or 3) actualization and incorporation in the revised self-concept.

According to Schouten, an important part of the self-concept is body image – the perception and evaluation of one's body. Schouten found in his study that dissatisfaction with a body part or feature was an important motive for altering one's body. Schouten also states that social roles constitute an important part of the self-concept, and the body can act as a relevant symbol of certain role identities, making it a possible instrument in impression management. Support was also found for the notion that appearance is symbolically meaningful in coping with role transitions. Schouten (1991) also found an emergent theme of control over one's body, which is specifically interesting in my study. Schouten states that taking control of one's body and appearance through goods and services, such as clothing, cosmetics, weight-loss programs or exercise equipment, provides direct control over one's appearance, which can provide confidence and power in social settings, such as occupational or intimate relationships. Therefore, Schouten argues, like with objects, also the ownership and control over the body can be used to maintain and express power in relationships.

Following Schouten's (1991) findings on the importance of body image in identity construction, Thompson and Hirschman (1995) examine the meanings and processes consumers associate with their body image, and the consumption choices affected by those perceptions. Drawing from a discourse analysis, the authors define a model of the socialized body, which is affected by three process-oriented themes: 1) the ideology of self-control, 2) the social processes of normalization and problematization, and 3) the operation of the disciplinary gaze. The model is also affected by the authors' poststructuralist point of view, emphasizing the dualistic conceptions and beliefs manifest in the Western worldview, mainly the one of mind and body. According to this belief, there is an immaterial self, the mind, which is housed in a material body. The mind observes and critiques the body and strives to transform it into a more desired state, dictated by the pervasive images of idealized bodies present in advertisements and media.

The model of the socialized body moves from this dualistic conception of self to an ethic, or ideology, of self-control, where consumers not only control the form of their body, but also the

foods, substances and environment that their bodies encounter. In their study Thompson and Hirschman (1995) find that consumers' desire to control the body as object was associated with important personal meanings, anxieties of failure and, most interestingly, motivations to use certain products and engage in consumer practices focused on the body, such as dietary regimes and exercise practices. They also note that deviating from this moral code might lead to acts of atonement to ease and perhaps erase the feeling of guilt from this deviation. The next part of the socialized body framework focuses on two opposing processes; the normalization and problematization of the body. Through medical science and mass media, a normatively acceptable conception of the body is created, and therefore a problematized body that deviates from these normative standards also becomes a reality. The authors mention that obesity has become a highly stigmatized condition in our society, partly because the physical appearance is often interpreted to represent the moral character of the self. Therefore, an overweight person is seen as lacking self-discipline and work ethic. Finally, the authors introduce the concept of the disciplinary gaze, the type of social control where an individual becomes his or her own surveyor of conforming to norms even when not being surveyed by others. In terms of the socialized body, this disciplinary gaze is apparent in the way individuals monitor themselves to engage in impression management and enhance their self-image.

Identity being formed by ideology

Following Hirschman (1993), ideologies can be seen as systems of meaning that channel and reproduce consumers' thoughts and actions to defend a dominant worldview in society. However, ideology can also be seen as the worldview or value and belief systems of a particular group or class of people, in contrast to those of a dominant worldview in society. According to Arnould and Thompson (2005), consumers are perceived as interpretive agents who either embrace the dominant ideals of consumer lifestyle and consumption portrayed in advertising and mass media through meaning-creating activities, or consciously oppose the dominant ideology. According to the authors, a general stream of research within marketplace ideologies is to explore how cultural production systems, such as marketing communications, guide consumers toward certain kinds of identity projects that follow the dominant ideology. The authors also introduce the term servicescapes that, similarly to a store design guiding consumers, through their narratives direct consumers' mental attention, experiences and related practices of self-narration. These

servicescapes transform cultural ideals into material realities, using cultural narratives in serving commercial aims and channeling consumer experiences in desired directions. Therefore consumer culture theory views popular culture texts as “lifestyle and identity instructions that convey unadulterated marketplace ideologies (i.e., look like this, act like this, want these things, aspire to this kind of lifestyle) and idealized consumer types” (Arnould & Thompson, 2005, p. 875).

Murray and Ozanne (1991), offer a countering view on marketplace ideologies by presenting the concept of the critical imagination. According to the authors, critical theory is a “systematic critique of social conditions that aims to help people envision a better society. It explicitly declares an emancipatory interest; that is, its aim is to release constraints on human freedom and potential” (p. 129). Therefore this research perspective supports the consumers Arnould and Thompson (2005) mention as consciously opposing the dominant ideology, as it supports consumer groups that have been constrained by dominant consumer behavior. The critical theory perspective follows two value judgements; first, human life is worth living, and second, human life can be improved. Therefore, the terminal value goal of critical theory is a form of social organization that makes freedom, justice and reason possible. Following this value, the critical imagination tradition opposes the traditional view of an ideology, as an ideology only supports the dominant ideals of consumer lifestyle. As discussed in the case of the socialized body (Thompson and Hirschman, 1995), those who do not comply with the ideal body type, such as overweight people, are heavily stigmatized.

The critical imagination framework created by Murray and Ozanne (1991) was critiqued by Hetrick and Lozada (1994) on the issues of interpreting critical theory, involvement of capitalist critique, core ideas of critical theory and justified methods of critical theory. In responding to this critique, the authors (Murray, Ozanne & Shapiro, 1994) present a more comprehensive account of the critical theory. Firstly, the authors argue that critical theory is not a unified approach and can therefore be interpreted in numerous ways. Therefore, according to their interpretation, “the internal contradictions of bureaucratic, statist models [such as ownership structure] can serve as a potential force for change” (p. 560). Secondly, the authors state that critical theory should include critique on capitalism, as this is the driving force for social change, but it should also critique all forms of domination, such as consumerism, technology, scientism, relations of domination in everyday life, and personal freedom and fulfillment.

These last points (i.e. relations of domination in everyday life and personal freedom and fulfillment) are especially interesting when thinking about the ideology of wellness, as they critique the idea of wellness becoming a moral obligation. When wellness becomes an ideology, those who do not comply with it are heavily stigmatized, which leads to the loss of freedom and fulfillment in everyday life. Thirdly, Murray, Ozanne and Shapiro (1994) stress the importance of understanding the tensions between subjective understandings and the outer public world in order for individuals to generate the will to act – critical imagination – for rational social development and change. In the context of the wellness ideology, this could mean that if people become aware of the fact that even though a person does not conform to the wellness command, they are automatically not bad people, they might develop the incentive to change the dominant view of biomorality.

While Murray and Ozanne (1991) and Murray, Ozanne and Shapiro (1994) highlight consumer resistance to capitalism and the traditional idea about ideology reflecting the beliefs and values of the society's dominant groups, Crockett and Wallendorf (2004) take a different stance on ideology and highlight the role of normative political ideology in consumer behavior, taking the focus of the conceptualization of ideology away from consumer culture and materialism towards a more politic stance. Political ideology is defined as follows: "a worldview readily found in the population, including sets of ideas and values that cohere, that are used publicly to justify political stances, and that shape and are shaped by society. Further, political ideology helps to define who are one's friends and enemies, with whom one would form political coalitions, and, furthermore, contains a causal narrative of society and the state. Cognitively, ideology refers to what one 'sees' and responds to in the social world" (Dawson, 2001, cited in Crockett and Wallendorf, 2004, p. 512).

The authors (Crockett & Wallendorf, 2004) claim that consumers, in their struggle for equality, express their political ideologies, such as the black liberalism and black nationalism, through consumption acts, whether it is clearly demonstrated or consciously unavailable. This is especially true in times when the consumers' involvement in more traditional political activity is decreasing. The idea behind this thesis is that when social relations, such as race, class, and gender inequality take commodity form as market relations, consumers seek to either alter or reinforce these market relations through their provisioning. In addition, in choosing and articulating their consumption choices, consumers also rearticulate these market relations back into social relations and demonstrate who should benefit from their choices and who they consider as antagonists. In

regard to the wellness ideology, the inequality groups of e.g. overweight or otherwise “unhealthy” people might be able to resist their stigmatized role in the wellness worldview by portraying normative political ideology in their consumption choices that support their chosen lifestyle.

METHODS

Research design

This study was designed around the structure of an emergent study, which is often used in qualitative studies (Spiggle, 1994). Due to lack of literature on my chosen phenomenon and context, a research design utilizing a priori themes and a certain theoretical framework seemed rather impossible. Also, as the study aims at understanding individual perceptions of health and experiences of vitamin waters, a set framework dictating the structure of findings did not seem appropriate. According to this emergent research design, I built my findings through rounds of iterations, checking relations between data and theory (see Eriksson & Kovalainen, 2008).

Research was conducted using McCracken's (1988) long interview framework. According to McCracken (1988, p. 2), the long interview is an especially suitable method for examining individual experiences, as it gives us the "opportunity to step into the mind of another person, to see and experience the world as they do themselves." Following this framework, a four-step method of inquiry was conducted, including reviewing of analytic and cultural categories as well as interview design prior to the interview procedure, interview analysis and discovery of cultural and analytical categories. Reviewing analytic categories consisted of an exhaustive review of the literature, concentrating on consumer culture theory (CCT) on health and well-being, ideologies and identity, as well as literature on medicalization. Reviewing cultural categories included an examination of the associations, incidents, and assumptions that surround the topic in my own mind, and aimed at being able to prepare for the questionnaire construction, prepare for the data analysis, and to establish distance from my own perceptions to be able to understand how my informants look at the world.

Fieldwork

The ten key informants used in this study all consume vitamin-infused waters, although at varied frequencies. Key informants were both male and female and all in the age category of young adults (aged between 22 and 29). Most were students, but some were occupied in full-time jobs. I also interviewed a Brand manager of water products at a Finnish beverage company in order to

gain supplementary data in the perspective of a company offering vitamin-infused waters. This supplementary data is mainly used in the discussion section of this study.

The key informants were recruited through my own network of friends and acquaintances. Some were recruited directly by me, some through the snowballing effect where the informant revealed a possible informant when being interviewed. Seven informants were interviewed individually, but due to location and time constraints, three informants were interviewed at once as a focus group. These three informants are still treated as separate informants due to the fact that the setting of the focus group also followed McCracken's (1988) framework and no noticeable differences can be seen in the data collected.

Interviews with key informants began with "grand-tour" questions (see McCracken 1988) focusing on their biographies and their perceptions of health and wellness, as well as vitamin infused waters. Interviews were kept as loosely structured as possible, allowing informants the freedom to broach topics in their own ways and to bring up relevant topics of their own. However, a loose interview guide was followed to structure the interview. Interviews were audiotaped and converted to written form by creating a verbatim transcript. Questions and observations that emerged during interviews later became the basis for specific probe questions.

Data analysis

The data analysis process followed McCracken's (1988) framework including five stages of the analysis process – each representing a higher degree of generalizability. In the first stage, each utterance in the interview transcript is treated in its own terms, ignoring any links to other parts of the text. Treating each useful utterance creates an observation, which are marked in the marginal of the transcript. The second stage focuses on these observations and develops them in three stages; 1) by themselves, 2) according to the evidence in the transcript, and 3) according to the previous literature and cultural review. The third stage focuses on the interconnections of the second-level observations, taking the focus out of the transcript into the observations themselves. The fourth stage collectively scrutinizes the observations to determine patterns of inter-theme consistency and contradiction. The fifth stage takes the patterns and themes that emerge from the fourth step, and analyze them in relation to the patterns and themes of all interviews of the project. (McCracken, 1988).

The data analysis also took into account the framework presented by Spiggle (1994) that includes the following steps: 1) categorization, 2) abstraction, 3) comparison, 4) dimensionalization, 5) integration, 6) iteration, and 7) refutation. In the categorization phase, I coded the interview data by highlighting passages with different colors and making notes of the codes. Once all interviews were coded, I moved on to the abstraction phase where more empirically grounded categories were collapsed into higher-order conceptual constructs, grouping codes identified in the categorization phase into fewer, more concrete categories. The third phase called for comparison of the differences and similarities across incidents in the data. In the fourth step, I analyzed the attributes and characteristics of the identified categories and decided to divide my informants into three different groups according to their level of taking care of their health; health nuts, health enthusiasts and health novices. All three categories of informants represent the main themes found in the data, but do so at different levels and some for different reasons than the others, which is why I saw it important to divide the informants in this way. Integration took place at the very end of the analysis process, where the four main themes presented in the findings section of this study were identified and developed from a larger pool of smaller themes. Iteration took place throughout the data gathering and data analysis processes, and findings were built through iterations of checking data and theory. Finally, refutation was achieved by taking advantage of negative case analysis, especially within the theme of biomorality. (Spiggle, 1994).

PERSONAL CHARACTERISTICS OF KEY INFORMANTS

Pseudonym	Sex	Age	Occupation	Vitamin water consumption frequency	Hobbies	Health group
Jaana	F	25	Student	Once/twice a year	Gym, group exercise classes, jogging, TV, travel, cooking	Health nut
Otso	M	25	Student, full-time worker	Once a week	Gym, computer games, movies	Health nut
Linnea	F	24	Student	Once a month	Student volunteer activities, meeting friends	Health novice
Mira	F	22	Student	Twice a week	Group exercise classes, gym, meeting friends, student volunteer activities	Health enthusiast
Antti	M	25	Student	Twice a month	Guitar, jogging, gym, parachuting	Health enthusiast
Sanna	F	24	Student, full-time worker	Once every two months	Gym, meeting friends, school	Health enthusiast
Liisa	F	24	Salesperson	Once a month	Being at home, playing with cellphone, walking	Health novice
Joona	M	29	Junior Brand Manager	Three/four times a week	Club activities, occasional gym and ball games	Health novice
Markus	M	27	Salesperson, jogging school instructor	Once/twice a week	Running, gym	Health nut
Hanna	F	26	Kindergarten teacher	Once a month	Jogging, gym, group exercise classes	Health enthusiast

Table 1: Personal characteristics of key informants

CONTEXT: THE TRANSFORMATION OF WELLNESS AND MEDICALIZATION TO EVERYDAY LIFE

The perceived meaning of health, wellness and well-being – which in a broad sense can all be used to mean somewhat the same thing – has increased tremendously in the modern consumer culture during the last few years. In fact, we can see a so-called wellness ideology, where the dominant worldview in society idealizes the values of physical and mental health. This ideology is reflected in the consumption practices of consumers, encouraging them to make better choices regarding their health. Good examples of this wellness ideology are the wellness syndrome and medicalization, which I will discuss further later on in this section.

In order to discuss the wellness ideology further, some conceptualization of health/wellness/well-being is in order. In his book *Aki Hintsa – Voittamisen anatomia (Aki Hintsa – the anatomy of winning)*, Oskari Saari describes the comprehensive model for success that Aki Hintsa, a doctor specializing in preventive healthcare, has developed and tested with such professional athletes as the F1 drivers Mika Häkkinen, Lewis Hamilton, Kimi Räikkönen and Sebastian Vettel (Saari, 2015, cited in Sammalisto, 2015). According to the model, the secret to success is, interestingly, well-being. This framework of well-being, also called the Circle of Success, comprises of the Core, and the six most essential fields of well-being: general health, sleep, nutrition, activity, biomechanics and mental energy. Although not academic or widely accepted and believed as such, this model follows most of my informants' perceptions of well-being.

According to Hintsa's model, the core is the source of motivation, and understanding one's core also facilitates decision-making. The core consists of contemplating the following three questions: 1) Do you know who you are? 2) Do you know what you want? and 3) Are you in control of your own life? The first question facilitates the understanding of one's own identity, while the second one clarifies the goals of one's life. Finally, the third question mitigates the realization of possible obstacles to the life according to these goals. Once people know who they are, what they are doing in their life and why, people will most likely already be more satisfied with their life. Furthermore, understanding these questions generates sustainable motivation to alter one's life for the better.

The first five fields of well-being are quite self-explanatory, but the final one, mental energy, is the most interesting one. According to Hintsala, mental energy represents coping, vitality and energy. Life should be built so that one's daily activities create more mental energy than they consume. Mental energy can be divided into a three-tier pyramid, with the foundation representing close relationships and the middle tier of the pyramid representing work. The top of the pyramid is for oneself. When a person devotes time for close relationships, work and him/herself, he/she becomes happier, more effective and more energized.

Wellness syndrome

As a special example of ideologies discussed above, and following partly the thought of a socialized body discussed earlier (Thompson & Hirschman, 1995), but taking it to the next level, Cederström and Spicer (2015) introduce the idea of the wellness syndrome. They argue that, in the current consumer culture, wellness has become a moral demand, turning life into an exercise in wellness optimization. This means, as consumers, developing a lifestyle aimed at maximizing one's wellbeing, even when engaging in the most mundane activities such as cleaning or baking. The authors argue that wellness has made its way into every aspect of our lives, dictating how we should live. Therefore, they argue that wellness has become an ideology, offering a set of ideas and beliefs that consumers should incorporate into their lives. And if they do not, they become stigmatized and labelled as lazy, feeble or weak-willed for not being able to look after their bodies. This same normalization and problematization of the body, with the associated stigma for not conforming to the social norms, was discussed previously in reference to the socialized body (Thompson & Hirschman, 1995). Cederström and Spicer note that this normalization and problematization of the body represents the concept of biomorality, which they define as the moral demand to be happy and healthy. They also quote Alenka Zupančič (2008, cited in Cederström & Spicer, 2015, p. 5) in stating that biomorality promotes the following axiom: "a person who feels good (and is happy) is a good person; a person who feels bad is a bad person."

Following the concept of biomoralism, Cederström and Spicer (2015) conclude that wellness is not just something we choose anymore, it has become a moral obligation and needs to be considered in every aspect of life. However, they note, consumers do not always know whether the command for improving one's wellness is imparted from the outside, for example through advertisements or

life-style magazines, or spontaneously arising from the inside, resulting in what Cederström and Spicer term the wellness command. It is when this wellness command turns against us, resulting in feelings of anxiety, self-blame and guilt for not being able to conform to it, that it turns into the wellness syndrome. As the authors put it, “when wellness goes from being a general idea of feeling good to something that we ought to do in order to live truthfully and righteously, it takes on a new meaning. It becomes an impossible demand that reconfigures the way we live our lives” (p. 6).

A part of this syndrome is an obsession with the body, and what we put in it. The authors note that eating has become a paranoid activity, and being able to eat correctly demonstrates one’s superior life-skills. Therefore, the authors cite Pascal Bruckner (2010, cited in Cederström & Spicer, 2015, p. 7) in that the dining table has become “a pharmacy counter where we keep an eye on our fats and calories and conscientiously eat food reduced to a form of medication.” Therefore, Cederström and Spicer argue that any pleasure that consumers indulge in only has one goal – to improve wellness. Therefore, eating or drinking unhealthily might be regarded as acceptable, as long as it can be included in one’s wellness plan. Apart from the obsession on one’s body, the wellness syndrome also promotes a desire for authenticity, as improving one’s body is usually seen as parallel to improving one’s self. Therefore, the authors claim, “the search for personal health and authenticity is regarded as a moral responsibility” (p.8).

Medicalization

Conrad (2007, p. 4) defines medicalization as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.” In his book, he argues that the number of life problems that are defined as medical, and the impact of medicine and medical concepts, have increased enormously in the past fifty years. In fact, Clarke et al. (2003, p. 161) suggest that the increase in medical jurisdiction is “one of the most potent transformations of the last half of the twentieth century in the West.” Even the most natural process of human life, ageing, has been medicalized, that is, it is defined in medical terms, described using medical language, understood through the adoption of a medical framework or treated with a medical intervention. Although to some people this medicalization of their problems brings peace of mind and even a cure for their situation, excessive medicalization

transforms aspects of everyday life into pathologies and narrows the range of what is considered normal and acceptable. Medicalization also places the source of the problem on the individual instead of the social environment, reflecting the idea of consumer responsabilization discussed previously (Giesler & Veresiu, 2014).

Conrad (2007) also introduces the term of medical markets. He observes that medicalization of everyday life problems is a regular part of the current professional, consumer and market culture. When consumers are urged to improve their health, well-being or appearance by using medical products, services or treatments, medical markets are developed. Therefore, due to advertising, the growing consumer culture for health products and services, and the standardization of medical services, medical goods and services have become commodified. A common phenomenon within this ideology of medicalization is to market diseases and disorders and then promote treatments for them, in other words, creating markets for medical products by selling sickness. (Conrad, 2007).

Another interesting point regarding vitamin-infused waters is Conrad's conceptualization of three types of enhancements that people seek. Conrad (2007, p. 70) speaks of enhancements as "strategies, techniques, or potions to make humans stronger, smarter, faster, live longer, or live with keener senses." The three faces of enhancements that he distinguishes are normalization, repair and performance edge. Normalization refers to using enhancements with the goal of aligning the body with what is perceived to be normal or socially expected standard. This idea is echoed in the normalization and problematization of the body in the model of the socialized body discussed above (Thompson & Hirschman, 1995). Using enhancements with the goal of repair refers to the urge to rejuvenate the body or restore it to a previous condition, such as improving skin, losing fat or restoring muscle. Finally, using enhancements for a performance edge focuses directly on performance instead of altering the body. (Conrad, 2007).

In their book, Moynihan and Cassels (2005) argue how medicalization has been integrated with business by the phenomenon of selling sickness, which was briefly mentioned also in Conrad's analysis of the medicalization of society (2007). Moynihan and Cassels (2005) note that large pharmaceutical companies are now aggressively targeting the healthy and the well in their marketing activities. Normal parts of everyday life are transformed into frightening conditions and disorders, making ordinary, healthy people worry about their health. As the authors put it, these advertising campaigns are "turning the worried well into the worried sick" (p. X).

The book argues that pharmaceutical companies have developed several strategies in creating more and more markets for their products; sometimes a hardly known condition is given renewed attention, an old disease might be redefined and renamed, or a brand new disorder can be created. One of the main strategies, though, is to change the way people think about their common everyday problems, convincing consumers that inconveniences they might previously accepted as a nuisance, for example wrinkles or baldness, should now be treated with medical attention. No matter what strategy is used, there is a common factor to them all; marketing of fear. The fear of specific outcomes, such as a heart attack, is effectively used in promoting medical solutions to bypass those outcomes. (Moynihan & Cassels, 2005).

In his book, Szasz (2007) takes medicalization even closer to the consumer by discussing the different aspects of the medicalization of everyday life. He notes that medical idioms are such an integral part of our contemporary culture that medical terms, even though commonly used for their metaphorical value, are understood literally, without question. According to Szasz, failing to see the difference between disease as objective physical condition and being a patient as a social status, combined with technological advances facilitate medicalization and the confusion between discovering diseases and creating diagnoses. He states that a disease is something that happens naturally, whereas diagnoses are man-made artifacts or constructs. The author argues that medicalizers, in creating diagnoses, have adopted the role of educating people that non-diseases, such as depression or alcoholism, actually are diseases.

As a solution to the medicalization problem, Szasz suggests identifying the medicalizers and exposing their motives. Also, he argues that it is vital to differentiate between two kinds of patient roles; a patient role forcibly ascribed and the other voluntarily assumed.

Medicalization has emerged even in the mundane activities of everyday life, such as eating and drinking. These foods are often referred to as functional foods, which Reinhardt Kapsak et al. (2011, p. 804) define as “foods and food components believed to improve overall health and well-being, reduce the risk of specific diseases, or minimize the effects of other health concerns.” According to the authors, these can include, for example, the healthful components in fruits and vegetables; whole grains and fiber in grain products, calcium in milk; fortified foods and beverages, such as vitamin fortified milk; and even dietary supplements. The authors argue that consumer interest in functional foods is thriving, as they allow consumers to take charge of their own well-being by making improvements to their diets. They state that many multinational food

and beverage companies are developing products that promote health in order to answer the expanding consumer demographics that demand functional food.

Reinhardt Kapsak et al. (2011) argue that functional foods have matured from the original 'food as medicine' concept to a more mindful and comprehensive concept of embracing health benefits of food in consumer lifestyles. They state that, as we move into a more health and wellness oriented society – or the wellness ideology – the importance of monitoring consumer interest in functional food intensifies. This is because, the authors claim, the understanding of consumer attitudes, perceptions and behaviors helps “food and health communicators tailor information that resonates with and motivates consumers to achieve optimal health through diet and lifestyle” (p. 806).

In their book, Heasman and Mellentin (2001) call this increase in functional food a functional food revolution, stating that the future of food will be about how it affects health and well-being. They offer another definition by the US Institute of Medicine, focusing on the modification of normal products into functional foods: “any modified food or food ingredient that may provide a health benefit beyond the traditional nutrients it contains” (American Dietetic Association, 1995, cited in Heasman and Mellentin, 2001, p. 5). The authors also make an important distinction between two types of functional foods; those that are aimed for people with specific medical conditions, such as elevated levels of cholesterol, and those that are aimed at preventing diseases and enhancing the health status of already healthy individuals, for example through improving the environment of the human gut.

Heasman and Mellentin (2001) also refer to the growing trend of health and wellness within consumer culture – what I have discussed as the wellness ideology – and its notable influence on consumer interest in functional foods. Relative to this health trend, the authors identify three factors that are driving the functional food revolution: 1) a truly ambitious health vision for the developed and developing world, 2) food companies buying into the market potential of a new type of consumer for health and 3) shareholder imperatives on added-value growth and profitability through functional foods. The first factor is in keeping with the view of Reinhardt Kapsak et al. (2011) of the pure intentions of food and health communicators in increasing consumer health through functional foods. However, the second two factors show a more negative side of the functional food revolution, where companies aim to benefit from the health trend by marketing products with health claims, and increase their profits by creating value-added

products of which high margins can be charged. Marketing claims of products' health benefits can be exaggerated and misleading, and the actual impact of particular foods and food products on individual health might not always be as straightforward as food and beverage companies would have us believe.

Medicalized water

Medicalized water – in other words functional water or vitamin water – is a good example of the transformation of medicalization to everyday life. As water is something every one of us needs to survive from one day to the other, the generalization of functional water is literally medicalizing our everyday life. What is more, medicalized water represents the thoughts and values of the wellness ideology perfectly. As discussed above, the wellness ideology aims at maximizing one's wellbeing even in the most mundane activities of daily life, of which drinking water is a good example. Therefore, by consuming medicalized water, consumers are simultaneously maximizing their well-being by drinking an improved version of regular water.

In the U.S., functional water has been in the market since the late 1990's, with one of the earliest brands being Vitamin Water by Glacéau. The same brand was one of the first ones to enter the Finnish market, even though it has remained as somewhat a niche product distributed mainly in coffee shops. A Finnish functional water brand Novelle Plus by Hartwall, however has generated a lion's share of the market, and is distributed in supermarkets as well as smaller grocery stores, kiosks and coffee shops. Since its first launch in 2008, the brand has introduced several different flavors and functions, and is by far the most popular functional water product in Finland. In my interviews, most of the informants spoke of Novelle Plus exclusively when discussing their vitamin water consumption, with only a couple exceptions who also consume Vitamin Water. An interesting notion that affects the Finnish water market in a fundamental way is that the quality of the tap water is very high. Therefore there is no need to purchase bottled water, and water is thought of as a commodity. In other words, for Finns, water is just water.

My interview with a water product brand manager at a Finnish beverage company offering functional water products also proved the connection of the wellness ideology and medicalization through vitamin water. The following passage from Heini's (pseudonym) interview ties medicalized water and the wellness ideology closely together:

“Because we have had this one thought of added-value waters, that it’s a kind of allowed enjoyment, a healthier option for soft drinks, and then the functionalities, although they are interesting, but the main point in the functionalities is that, well I can buy this with good conscience because I do good to myself at the same time.”

In Heini’s quote it is visible that, at least for some consumers, the actual functional benefit received from vitamin waters is not the main point of consuming them. Rather, it is the thought of doing something good for oneself while at the same time enjoying oneself. This is an interesting observation, especially considering that in another part of the interview, Heini states that enjoyment and taking care of oneself are just two sides of the same thing, which I also found in my interviews.

Heini also takes up the social benefit of functional waters, which also ties in with the wellness ideology:

“But if you think about show value i.e. social benefit, of course you signal with the product choice to others that I make these good choices, that I don’t walk around with a soft drink bottle in my hand.”

In this passage Heini states that by drinking vitamin water, consumers are signaling to others that they make good choices regarding their health, instead of drinking something that is perceived unhealthy, such as soft drinks. Therefore, for some consumers, consuming functional waters can also be a way of living up to the wellness ideology, as it signals that they are making an effort to maximize their well-being.

Heini provided an interesting insight that also affects the popularity of vitamin waters. According to her, functional waters can be matched to all three components that, at the moment, make up a perfect alcohol-free drink: 1) fresh thirst quencher, 2) for more and more individual needs of well-being, and 3) a source of enjoyment. This statement also fortifies the link of medicalized water and the wellness ideology, as it proves that a part of an ideal drink is that it answers individual needs of well-being.

FINDINGS

“If you have a substance that you think, for example magnesium that I know my body has some problem that there’s never enough of it. So if you know you have eaten nutritional supplements for it, then you easily choose a vitamin water with that vitamin, because you think that hey, here is a new medicine” (Sanna, informant).

This quote by an informant of this study, Sanna, provides an excellent example of what this study is trying to achieve. Sanna is a health enthusiast and actively trains at the gym, although her busy working-life schedule has forced her to easy and fast nutrition solutions that she is not entirely happy about. Sanna trusts her body to know what it requires, especially regarding the amount of water or vitamins, as can be seen in the quote above. As noted previously, the role of health and well-being has dramatically increased in the last years, and more and more consumers are striving to optimize their well-being. On the other hand, we can see an increase in everyday life problems being talked about in medical terms or being treated as an illness. By stating that consuming vitamin-infused water is a new form of medicine that increases her well-being, Sanna bridges these two areas together in one simple statement about medicine as a manner of living.

My findings consist of three large themes that together contribute to developing consumption practices of well-being; biomoralism, the power of body over mind, and enhancement strategies. These three themes are derived from my literature review, whereas the development of consumption practices of well-being emerged from my data as a new but all the more important theme. All four themes are discussed by presenting one or two informants from the three informant health categories identified during the data analysis process. The themes are discussed in more detail in the following sections. Figure 1 provides a summary of my key findings.

THE PROCESS OF CONSUMING WELL-BEING

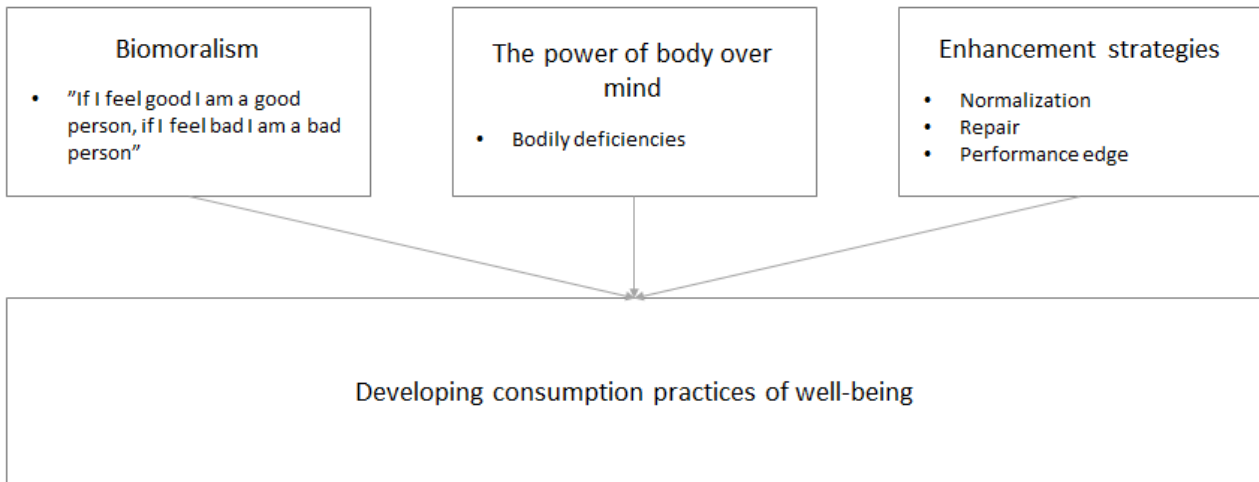


Figure 1: The process of consuming well-being

Biomoralism

In their article presented in the literature review of this study, Giesler and Veresiu (2014) argue that “responsible consumption requires the active creation and management of consumers as moral subjects,” and present a process of consumer responsabilization they call the P.A.C.T. routine (personalization, authorization, capabilization and transformation). Although morality plays a large part in the testimonies received from my key informants, they represent differing views on morality. What can be seen clearly in the interviews conducted in this study is the support for biomoralism, presented by Cederström and Spicer (2015) in the context of the wellness syndrome. Whereas Giesler and Veresiu (2014) stress the importance of educating the consumer and the freedom of choice, Cederström and Spicer (2015) talk of biomorality as the moral obligation to be happy and healthy, and promote the axiom of a person who feels good being a good person, and a person that feels bad being a bad person. According to them, wellness is not something we choose anymore, but has become an all-encompassing ideology that needs to be considered in every aspect of life.

This biomorality is visible in all three health categories represented in the key informants of this study. One of the strongest examples is Jaana, representing the “health nuts” health category. Jaana has always felt that she would like to be in better shape than she is. When she was younger,

her main goal was only to lose weight, whereas now her focus has shifted towards gaining muscle and a healthy, sporty body. Therefore she exercises six times a week, and watches strictly what she eats, although she has tried to learn to let go and not stress too much about food. The following passage reflects Jaana's thoughts on food and her body:

“Now for three days I ate about according to the plan or you know, I ate well, but then yesterday I took a hundred grams of chocolate and didn't feel a thing. But then if I keep doing it, then I somehow feel bloated or slight self-loathing, like now my stomach feels looser or something, or somehow I might feel lazier and more tired.”

By stating that she feels self-loathing when continuously eating unhealthy food, Jaana represents the idea of biomorality; when she feels bad, she feels like a bad person. This is tied to her appearance as well, as she states that she feels that her stomach starts to feel looser when eating unhealthily, and also this makes her feel bad and lazy. Therefore she controls her eating and exercise practices strictly, which makes her feel good and therefore a good person.

For Jaana, vitamin waters are an option when she wants to drink something else than normal water, especially if she is on the move. As Jaana does not wish to have to pay for water that she normally gets for free from the tap, vitamin waters are a good option when she is thirsty and cannot get access to regular tap water. In these situations, vitamin waters are a healthy option, and therefore help her to develop consumption practices of well-being. In Jaana's case these practices relate heavily to purchasing snacks, as she generally buys a sandwich and a drink to wash it down. Another interesting practice of well-being is Jaana's habit of using vitamin waters as mixers in alcoholic drinks, as she regards them as healthier and fresher than for example juice.

Biomorality can also be seen in the “health enthusiasts” health group. Sanna reflects Jaana's thoughts presented above, and also focuses on what she eats. Sanna exercises regularly and always tries to exercise more than she actually does. When Sanna moved away from home, she used to have an almost eating disorder type regimen, where she rather did not eat than ate. Therefore she is not in the habit of properly cooking for herself even today. Sanna also feels like a gourmet and she loves good food, but tries to limit treats for special occasions and to not eat unhealthily in her everyday life. The following passages represent Sanna's thoughts on nutrition:

“But maybe it’s the balance, it’s easy to start doing something over the top. And then I think for example eating is a bit difficult, it feels that if I don’t eat treats it’s too strict, and if I do then I feel bad and have bad conscience and so on.”

“It depends, usually it’s ok for me to eat something a little unhealthy, or now it’s a bit like if I eat then I have thought it so that it’s a sort of prize for something. Then sometimes I get these unhealthiness overloads, and they make me feel physically and mentally bad, I don’t know where that comes from.”

As Sanna states in these passages, she feels both physically and mentally bad when she eats unhealthily, getting bad conscience and making her feel like a bad person. Therefore she avoids these situations by limiting treats to celebration, so that she does not need to feel bad in her everyday life, even though she says she loves good food and treats. When she succeeds in not eating treats on normal days, she feels good about herself, reflecting the basic axiom of biomorality. However, eating good food or treats without bad conscience is possible for Sanna, but this has a lot to do with her overall well-being instead of just sticking to good nutritional values. According to Sanna, food or snacks that she enjoys are a reward that she has planned in advance. They might also be a part of a social setting, such as Sundays when the whole family gathers together for a proper three-course meal. On days like these, Sanna does not feel the need to focus on what she eats, as the social setting provides her the feeling of another kind of wholesome well-being. An interesting point to notice is that Sanna mentions that she does not usually purchase sweets, but might eat them if someone offers them to her. This reflects the thoughts of some other female informants, who seem to feel that it is not acceptable to buy sweets themselves, but it is all right to eat them if they are offered by someone else.

Sanna’s relationship to vitamin waters revolves heavily around the benefits the different vitamins and minerals in the drink provide for her. Therefore, if she notices that her body has a deficiency of a vitamin or a mineral, she regards vitamin waters with that specific substance as a possible solution to the deficiency. This, in turn, leads to consumption practices of well-being, where Sanna consumes vitamin water – especially the kind that contains magnesium – whenever she is feeling that her body could benefit from it.

Not everyone conforms to the idea of biomorality, though. In the health group of “health novices”, Linnea represents interesting variation to other informants by resisting the wellness command of

biomorality. Linnea is busy with school and student volunteer activities and feels like she does not have time to exercise, even though she knows that exercising belongs to a healthy lifestyle. She also feels that it is somewhat petty to count calories or worry about the amount of carbohydrates in a meal, and therefore eats very freely and what she feels like eating. Even though she has started to do everyday exercise, such as walking to places or taking the stairs instead of the elevator, she feels skeptical about overly worrying about her health and wellness. Here we can draw out that Linnea prefers to focus on everyday life and consistency, and avoids going to extremes in order not to fall out of that everyday perspective. The following passages reflect Linnea's thoughts on health and exercise:

"I actually don't really think about health, or maybe it's so that when you start thinking about it you know that it's not going that well. But it's not something I think about, like oh it would be nice to feel a little better, I could go to a mindfulness class. Not."

"You think about people who are very physically focused, how it links to their mental side, what they are trying to achieve if you think about these fitness people or something, that are they patching something with it."

It is obvious from these statements that Linnea strongly resists the basic idea of biomorality, and instead questions people who are conforming to it and the reasons behind them blindly following the wellness command. She is almost laughing about the idea of going to a mindfulness class and feels that when she starts thinking about her health, something must be wrong, contradicting Cederström and Spicer's (2015) idea of an all-encompassing need to maximize one's well-being. Linnea also suspects that people who are very physically concentrated, such as fitness people, are compensating weak mental well-being with efforts of maximizing their physical well-being. This is also in contrast with biomorality, as Linnea doubts that a person who is morally perceived as good, such as a fitness athlete, actually might not feel good. However, Linnea's opinions do reflect the basic idea of the wellness ideology, as she stresses the importance of balance between mental and physical health, especially when talking about very physically-focused people.

Linnea's vitamin water consumption is focused on days when she is feeling hungover. Although she does not quite believe in the good effects of vitamins in the drink, she believes that vitamin water hydrates her well in her state of dehydration, and is also fresh to drink compared to for

example soda or energy drinks. These beliefs have led Linnea to generate a consumption practice of well-being, where she consumes vitamin water when being hungover in the hope that the drink will make her feel better.

The first two informants presented here, Jaana the health nut and Sanna the health enthusiast, represent the majority of the key informants of this in their perceptions about health and wellness, which comply with the driving idea of biomorality; a person who feels good is a good person, a person who feels bad is a bad person. However, Linnea the health novice expresses interesting resistance to the moral obligation of maximizing one's well-being by questioning this obsession over exercise and eating practices, and almost laughs at people who are trying to comply with the wellness command presented by Cederstöm and Spicer (2015). Nevertheless, even Linnea is affected by the wellness ideology as she highlights the importance of balance between mental and physical health.

The power of body over mind

Thompson and Hirschman (1995) build their model of the socialized body, presented in the literature review of this study, on a poststructuralist point of view and emphasize the dualistic conception of body and mind manifest in the Western worldview. According to the authors, the immaterial self – the mind – observes the material self – the body – and endeavors to change it into a desirable form. Although the testimonials of the informants of this study also support the basic idea of the body and the mind being separate entities, it is clearly visible that it is not always the mind that controls the body. The data gathered from the informants reveals situations where bodily deficiencies, such as being hungover, actually reverse the roles of the mind and the body so that the body dictates what it needs over the commands of the mind.

This phenomenon of the body being the deciding force of the two selves is clearly represented in all three health categories of the informants. Of the health nuts, Markus is the strongest advocate of drinking vitamin-infused waters when being hungover. Markus exercises regularly, partly because of his education of a sports instructor and his current occupation as a salesperson at a gym and an instructor of a running school. He eats healthily, although he does not stress about it too much. He also feels that it is okay to party and drink every once in a while, and when he does,

he suffers from hangovers that he cures by consuming vitamin water. The following passage reflects Markus' thoughts on being hungover:

"Well I haven't necessary consciously thought about it, but now if I think that I have enjoyed vitamin water on a hangover day, I feel like it has made me feel better afterwards, probably part of it is illusion but it does have some plus of course since you drink water, but it also has vitamins that should help. ... I have noticed that it makes me feel sort of fresher, a fresher feeling."

Markus' comment reveals that he has not consciously thought about the decision to drink vitamin-infused water when he is hungover, supporting the finding that in some situation the body controls what is best for it instead of the mind. Markus also states that a part of the good influence of the vitamin water on his hangover might be illusion, again overpowering the mind with the feelings of the body.

Of the health enthusiasts, Mira is the one that shows most support for this phenomenon of the body taking control over the mind, even though in her case the mind still tries to fight for control by dictating the level of freedom for the body depending on the level of the hangover. Mira has struggled with her weight when she was younger and being overweight as a child still affects the way she eats and exercises. She loves to drink soda, especially Pepsi Max, but she tries to limit her soda drinking only to weekends in order to take care of her health and well-being. When she is hungover, she can choose what she drinks to cure her hangover based on the level of how badly she feels. If the hangover is very bad, she gives herself permission to drink soda, but if the level of the hangover is not at its worst, she should strive to drink something a little healthier, such as vitamin waters. These statements from Mira's interview provide an insight on her thoughts on being hungover:

I: "You talked about hangover, is that when you usually buy vitamin waters?"

M: "Well it depends on the level."

I: "Was it the middle level?"

M: "Yeah. So that, because I think it makes me feel better than coke."

I: "Why do you think so?"

M: "Well it's fresher and such. Because the soda that I usually drink is Pepsi Max, and it's anyway sort of heavy, so then this is a situation where you anyways have to get

something to drink, and when water is, when I don't like water so much, then this is a good choice."

I: "Okay, so does it make you feel better?"

M: "Well yes. I would say so, or then it's a sort of placebo, whichever works."

In Mira's statement the body's power over the mind is not as clear as in Markus' case, but it still indicates certain decisive power of the body. Mira states that the drink that she usually craves for, Pepsi Max, feels too heavy when she is (mid-level) hungover, indicating that the body needs something lighter to drink. This is associated with the healthy image of vitamin waters, making the mind retain some amount of control as it is striving to transform the body to a more desired form through not drinking soda. However, if the level of the hangover is very bad, the mind allows the body to drink what it wants. Mira also depicts that the effect of feeling good after drinking vitamin waters in a hangover might also be a placebo effect, again taking the power away from the mind, and what is left is the feeling of the body. The placebo effect in itself is a trick of the mind, as the mind understands that there should be no positive effects, even though the body can still feel them.

In the health group of the health novices, two informants showcase this power of body over mind strongly. Joonas is working full time in a busy job, and also likes to see his friends a lot. This has derailed his focus on his own well-being somewhat, even though he is planning on starting to exercise more and to eat healthily. Joonas still goes out a lot and ends up drinking quite often, making him suffer from hangovers on a regular basis. He prepares for a night out by buying vitamin water in advance for the next day, and also tries to prevent feeling bad the following morning by drinking water and possibly taking a vitamin tablet before going to bed. The following extract from Joonas's interview reveals his thoughts on vitamin water and hangover:

"Well it's difficult to say but I do believe in vitamin water being good for me on such a level that I keep repeating it every time I'm hangover. It feels healthy and maybe feels like it purifies my body more than if I drank a soda or ate something greasy."

This passage, once again, proves that the needs of the body go above the commands of the mind, as Joonas states that vitamin water seems to purify his body and feels healthy after an unhealthy activity – drinking. He also states that it is difficult to say if vitamin water actually helps, which

could mean that rationally thinking he is not sure if the good effect is real. However, his body feels better after drinking vitamin water when hangover, which is why he keeps repeating the activity.

The second informant to strongly support this phenomenon is Linnea. Linnea explicitly and repeatedly states that she does not really believe in any health effects of vitamin waters, but still mentions that she most often consumes them when she is hungover. The following part of Linnea's interview reveals her thoughts on hangover and vitamin waters:

“Well maybe on some placebo level. Maybe on some placebo level you think that hey some vitamins they help and all that, even though the damage has been done at that point so badly that I don't think so. But maybe you think about it so that at that point vitamin water is more for the thirst and such, that you think that this hydrates well.”

This statement clearly points out that Linnea does not believe in the good effects of vitamins on hangover, it does not make sense to her in her mind. However, she keeps buying vitamin water when she is in this state as her body signals her that this is what she needs, and she rationalizes it so that vitamin water hydrates her well, as she is dehydrated when she is hungover. Therefore her body is taking control over her mind, even though the mind tries to keep up and searches for more rational explanations for her behavior.

One possible – unconscious – explanation to this sort of behavior has to do with signaling to the external world. As can be seen from the previous section on biomoralism, consumers want to appear healthy in order to strengthen their image as good people. This idea can be seen in some of the interviews where informants talk about vitamin waters being a trend, and is especially broadcasted by the water product brand manager, Heini, when talking about social benefits of drinking functional waters and the way people display to others that they are making good choices regarding their health by consuming vitamin waters.

The four testimonials presented here showcase a clear phenomenon of the body taking control over the mind when the body is in a severe state of deficiency, in this case hangover. Although the different informants talk about the phenomenon in different ways and with different words, it is obvious how their bodies dictate the rules when in this state. For some, the mind attempts to retain some power by rationalizing the activity of the body or by setting some limits to that activity, whereas for others the body takes full control.

Strategies of enhancement

An interesting part of the medicalization discussion in the context part of this study is the conceptualization of three kinds of enhancements people seek; normalization, repair and performance edge (Conrad, 2007). As outlined previously, normalization attempts to align the body with what is perceived as normal or socially accepted, repair aims at rejuvenating the body or restoring it to a previous condition, and performance edge seeks improvements in the actual performance of the body. All three types of enhancements are visible in the data collected on the consumption of vitamin waters, although one person might not represent all three categories. The situations and goals for using vitamin waters as enhancements depend on the informants.

However, these enhancements are all bound to our understanding of what is considered normal and abnormal or healthy and unhealthy, i.e. the normalization of feeling good, to paraphrase Thompson and Hirschman (1995). What is considered a normal level of feeling good depends on the person and what is normal to them; is it normal that they exercise regularly or is that an abnormal activity, and so on. Despite this fact, we can still draw out a universal or socially accepted normalized state of feeling good by using the model of well-being presented earlier (Saari, 2015, cited in Sammalisto, 2015). According to the model, a normalized or expected state of well-being consists of general health, sleep, nutrition, activity, biomechanics, mental energy and the core: understanding one's identity, clarifying one's life goals, and taking control of one's life. Reflecting the thoughts of my informants, it is also important to find balance between the mental and physical health, instead of focusing too much on only one aspect.

In the category of the health nuts, Markus represents the thought of vitamin waters as enhancements strongly. From this group, Markus believes in the health benefits of vitamin waters the most, whereas the other two informants of this group, Jaana and Otso, are clearly more skeptical in their statements. Markus mentioned the goal of using vitamin waters as enhancements several times in his interview, but the part below best presents his thoughts on the matter:

"I agree that what is sold to people, in the end if you believe it works, it works. And at least I rather choose vitamin water over soda always. Soda makes you easily feel heavy and too acidic, it doesn't even help anymore, maybe gives heartburn and stuff like that. But then vitamin waters are usually easy and they really perk you up, you

get a good feeling and it's really better than just water, just because of the bubbling and the taste. And yeah, they neutralize the day."

Here Markus explicitly states that vitamin waters perk him up and he gets a good feeling when drinking them. Feeling good refers mostly to the enhancement goal of normalization; as has been discussed throughout this study, feeling good has become an ideology to live by and a socially accepted standard. However, it can also be thought as repair in case Markus is not feeling as good as he has previously and therefore tries to restore his body to that previous condition. The function of perking up relates mostly with the aim of performance edge as being perky and awake provides better performance than when a person is tired.

From the health group of health enthusiasts, two informants explicitly mention using vitamin waters as enhancements. The first person is Sanna, who mainly focuses on her bodily deficiencies of certain substances and the ability of vitamin waters to cure those deficiencies:

"Well I guess number one is that it tastes good and then it's a seasoned sparkling water, but then I do believe, for instance the magnesium water is so that now all cramps are gone when I drink this. So it does have a small, it definitely has a small thought that what if this does wonders to my skin or something else."

Sanna focuses on two cases in particular; magnesium in curing muscle cramps and Novelle Plus Zinc + E For skin in improving skin. Both of these situations aim at the goal of repair. Regarding magnesium, Sanna hopes that vitamin water infused with magnesium will make an end to the muscle cramps she suffers from, hoping to restore her body to a previous condition where she did not suffer from these cramps. In the case of the zinc water, which is the most popular vitamin water product in Finland and therefore often mentioned in the interviews, Sanna has a small hope that it will somehow do wonders to her skin, reflecting the goal of rejuvenating the body.

In the health group of the enthusiasts, also Antti provided support for this theme of utilizing vitamin waters as body enhancements. Antti represents a regular "proper" guy in the sense that he exercises regularly to maintain good condition, without really enjoying the exercise, and eats rather healthy basic Finnish food in appropriate amount. Antti usually drinks vitamin water when he is studying at school and buys a snack that typically includes a sandwich, a protein drink and a bottle of vitamin water. The following conversation from Antti's interview sheds some light on his reasons for consuming vitamin water:

A: "I'm referring to the, the bottles always say reload or drive or something like that, it promises that it gives you something like that. It's quite easy to believe those, like if you're a bit tired and you need to go and do schoolwork and you buy a triangle bread and then you don't buy an energy drink or soda with it but it's a vitamin water that says drive or something and it says it has caffeine and these vitamins, so when you drink it you get a feeling that you get more energy from it. So they always have a function like that."

I: "Do you focus on the vitamins they have?"

A: "Well I do probably have a quick look before I buy it, if it's magnesium or something then it's for a specific purpose, and if I want to perk up a little then it's a water that might have a little caffeine or some vitamins or such. So yeah I have a look but don't compare them for too long, like this one has this much of this and that."

This statement shows that Antti has at least two purposes for which he drinks vitamin waters; in order to perk up when doing schoolwork and in order to recover his muscles with magnesium. As in the case of Markus presented previously, the goal of perking up before having to do schoolwork clearly refers to the goal of gaining performance edge through an enhancement. Aiming to recover muscles is associated with the goal of repairing the body to a previous state, as was showcased above in the case of Sanna.

The health novice group also shows support for this theme, and Joonas is the informant who best puts it into words in his interview. As noted previously, Joonas is one of the strongest believers in the health benefits of vitamin waters, which is also reflected in his purposes of consuming them. The following part of Joonas's interview best reflects his thoughts on vitamin water uses:

"It sort of changes from situation to situation, sometimes it's the taste that's the main reason for choosing vitamin water, but then sometimes it is really important that it has vitamins, that it provides added value. Especially in hangover or after doing sports, or if you're on the beach on a hot day or outside in the summer, when you want to think about hydration and perk up and such."

Joonas's testimony reveals that his main purposes for consuming vitamin waters are to hydrate his body and to perk up. These two goals are somewhat interlinked in his mind as the situations where he most often consumes vitamin waters usually require both hydration and refreshment,

such as when being hungover, after doing sports or on a hot day. However, as seen with the informants presented above, the goal of perking up refers mainly to the assumption of gaining a performance edge through enhancements, whereas hydrating the body ties more with the quest of rejuvenating the body to a previous, more hydrated condition.

Although these purposes of consuming vitamin waters and the enhancement goals are not set in stone, it is visible that all three categories of enhancement strategies are represented in this study in the context of consuming vitamin-infused waters. Even though the targets of repair and performance edge seem to gain more support from the informants, normalization is also visible in the aspiration to feel good. In a larger sense, almost all vitamin water uses covered in this study can be associated with these three enhancement goals, providing strong support for Conrad's (2007) view of medicalization of society, where an increasing amount of everyday life problems are discussed in medical terms.

Development of consumption practices of well-being

From the interviews it is possible to see the development of well-being consumption practices among the informants. These consumption practices have clearly developed over a longer period of time and aim at complying with the ruling ideology of health and wellness on an individual level. The three themes discussed above – biomorality, power of body over mind and enhancement strategies – contribute to the development of these well-being consumption practices.

In the health nut group, Otso's storyline seemed to develop early on in the interview and grew stronger as the discussion progressed. Otso is an enthusiastic exerciser and used to go to the gym five times a week, although now he can only make it three times a week due to his busy schedule. Gym has been a big part of his life ever since high school, and it is the first hobby he mentions when asked about favorite pastime activities. Otso is very aware of how an athlete should eat although his busy work schedule prevents him from always following this nutrition plan. Therefore, his main concern regarding eating is to get enough calories as well as protein, carbohydrates and fat in order to maintain his muscles. In the following passage, Otso explains his thoughts on health and well-being:

“But isn’t health well-being? Many people wonder why I go obsessively to the gym, but if the gym brings me health and well-being, then why not? Or why I don’t want to get drunk and drink, so sometimes I think that it’s so unhealthy and is bad for my body, so then I don’t drink because I think that the bad is so much bigger than the good it brings. But then sometimes it’s really fun and when I decide to drink I have planned those days beforehand and then I drink properly.”

In this statement it is obvious that Otso takes his health and well-being very seriously, as he goes to the gym so often that people have started to wonder about it. He also refuses to drink alcohol or get drunk as he feels it is so unhealthy, and when he does decide to go out, he has planned it beforehand in order to prepare for the bad effects in advance. Otso’s obsession over going to the gym has to do with appearance and identity, as he later on reveals:

“I don’t really know why I must maintain my muscles but I feel that when you asked me why I am the way I am, I feel that my muscles also make me Otso, so I don’t want to lose them.”

Based on this paragraph we can conclude that the driving reason for Otso to keep such good care of his health and well-being is appearance and his sense of self that is built on his muscles. Even though Otso is now so busy that he does not have time to properly cook and therefore be as strict about what he eats as he would like, he still watches what he puts into his mouth:

“For some reason my taste has formed so that soda is so damn sweet that it almost tastes bad in my mouth. I don’t know why, I have somehow been able to attribute or connect a bad mental image and very sweet taste and I get a bad feeling if I drink or eat something really sweet, especially in drinks.”

Here we can start to see the development of Otso’s wellness consumption practices. As he is so focused on optimizing his wellness, he has managed to develop a taste where anything sweet actually tastes bad to him, making it very easy to refuse any treats or unhealthy drinks. He also seems to be happy about being able to achieve this state, most likely because it makes it easier for him to maintain a healthy lifestyle without any unhealthy cravings. Therefore Otso has generated a healthy treat for himself:

“Vichy is my super awesome substitute for any treat, it beats everything. A can of Vichy is so great, so good, or a half-liter bottle, ice-cold.”

Otso states that cold Vichy, a certain brand of highly carbonated water with added minerals, is his substitute for any treats or sweets. Even though it sounds very simple and overly healthy, it seems to satisfy Otso and provide genuine enjoyment for him. In the last years, as vitamin-infused waters have entered the marketplace, Otso has also adopted those into his diet, developing his consumption practices:

“Well it’s that you get something else than water, then what vitamin it has affects what option I choose, I rather take one that doesn’t have sugar, but that does have vitamins, or vitamin, and then I choose the vitamin I want.”

As Otso states here, he rather chooses a water that does not have sugar, or in other words that is not unhealthy or sweet, but that does have vitamins in comparison to water that does not have vitamins. The vitamins added in the water affect his choice of the product, and usually he chooses substances such as magnesium that affects muscles or zinc that affects immunity, reflecting his goal of optimizing his wellness. He also states that since normal water is boring and he does not like to pay for it, he is looking for added value in his drinks. Therefore he chooses carbonated water, and if it has vitamins, i.e. has a possibility of increasing his well-being, then that is a plus.

In Otso’s case it is clear that the ideology of health and wellness combined with his almost obsessive interest in gym and his feeling of his muscles being a part of his identity have developed his consumption practices of wellness into an almost overly healthy stage.

In the health group of the health enthusiasts, Mira provides another good example of how wellness consumption practices can evolve. Mira eats fairly healthy basic Finnish food and calls herself a “Sunday exerciser”, even though she exercises at least three times a week. Mira’s goal to exercise and eat healthily derives back to her childhood when she used to struggle with her weight:

“Actually the difficulties, well maybe not difficulties but the goal, comes from home. My mum also tries really hard, but the living room couch is just so much more comfortable. When I was small I actually was overweight and I struggled with it, or it shadowed me a lot when I was young. At that time I controlled my weight a lot with my diet rather than by exercising. But then this gym hobby, I have never really done any other sports, it has developed in the teenage or adult phase.”

It is obvious from this passage that Mira's consumption practices have been affected by her weight even as a small child, and that her appearance has been a difficult thing for her to accept even when she was quite young. As a child, she used to control her weight only through her diet, but later on she found exercise to support a more desired appearance:

"And then the physical side, well generally as probably with many others, the goal of exercise for me is not well-being, it's appearance-centric."

As Mira explicitly states, the goal of doing sports for her is not to increase her wellness but to achieve a desired body. As she has grown older and found more fun forms of doing sports, such as group exercise classes, she has also realized that she feels good due to exercising:

"That was maybe the starting point, of course it affects that if you are not happy with how you look, you do not feel good either, so it reflects to that as well."

For Mira, increasing the amount of exercise has made her body feel and look better, which has also increased her wellness and has made her feel good. However, the shadow of struggling with her weight is still visible in her eating practices, especially regarding treats:

"I actually have this thing that I try not to drink soda on weekdays. But at the end of the day it doesn't work that well for me. Or I always drink light soda not to drink all those additives, and so that my teeth would not suffer when I drink."

Mira loves to drink soda but limits the use only to weekends. She also chooses light soda instead of the real thing, trying to make her treat as healthy as possible. As for Otso, vitamin waters have also made their way into Mira's diet as a healthy option for soft drinks and a fun option for regular water.

In Mira's story, the ideology of being fit and thin has affected her consumption practices already from her childhood and still prevent her from enjoying herself to the fullest as she feels like she has to limit the amount of soda she drinks and she only allows herself to drink the light versions. Mira has been forced to look after her diet ever since being a child, and also exercise used to be a way of controlling her appearance instead of bringing health and wellness to her life.

Finally, in the health group of the health novices, Liisa presents a slightly similar story to that of Mira's. Liisa has never really done much sports as she did not use to have hobbies when she was younger and never managed to find an appealing form of sports to do. Liisa also eats somewhat

irregularly and is not properly aware of calories or nutritional values. Nevertheless, Liisa worries about her health and appearance and hopes to someday achieve a healthier lifestyle in order to gain her desired body:

“It’s always like, help, now I’ve gained a couple more kilos, so I try to stay in the limits of a certain weight. And of course the desire to someday be muscular. I dream about being very sporty and fit and muscular.”

For Liisa, keeping a certain weight is an important tool of maintaining her appearance as she does not exercise or eat in a very disciplined manner. The next passage reveals more about her strategies of keeping a specific weight:

“I mean, exercise is the first thing is someone asks about health, I always think about exercise. Maybe in my case it’s because I don’t do it, that I always subconsciously think that damn I should do more exercise, so that’s why I always think that health and exercise go together. But if we talk about nutrition, that’s maybe what I use to keep myself together, I look more at what I eat, even though I love treats so much.”

From this statement it is obvious that Liisa feels bad about not exercising, and she understands that she should do it more in order to maintain her health. However, she uses her diet as the strategy to maintain her appearance, even though she says that she loves treats. This has obviously to do with her consumption practices as she needs to limit what she consumes, especially regarding treats. Liisa also has another strategy for maintaining her wellness:

“Regarding wellness I always try to enjoy all small things, like sun is shining and I look out to the yard and think how wonderful life is just as it is. I try not to worry too much, not stress too much, and try to make myself feel good about everything that surrounds me, small stuff.”

Liisa strives to enjoy of the smaller things in life and gain a good feeling from everything around her, instead of only religiously watching what she eats or exercising several times a week. In a way, she has managed to learn a simple but effective way of increasing her well-being without beating herself up. This, as well as the fact that she has limited the amount of treats she eats, has affected to her wellness consumption practices, especially regarding vitamin water consumption:

“That’s generally the reason why I end up buying vitamin water, as soda is too unhealthy and water is sometimes too boring, even though it’s good to drink it as well. So then vitamin waters are a good middle ground.”

This passage shows that since Liisa strives to eat in a healthier manner, she refuses to drink soda. However, as she gains wellness from the small joys of life, always drinking plain water seems too dull. Therefore vitamin waters have provided her a good choice, as they are healthy but offer added value to regular water. Liisa especially enjoys the taste of vitamin waters, and also hopes it has some additional benefits to her health.

In summary, Liisa’s wellness consumption has developed from her desire to be fit and her habit of not doing any sports. This has led her to control her diet and limit the amount of treats she can eat. Therefore she refuses to drink anything unhealthy, such as soda. However, Liisa gains wellness from small enjoyments. She greatly enjoys the taste of vitamin waters and regards them as healthy, which is why they bring her wellness and a good feeling, in addition to being a healthy option for soda or other treats.

DISCUSSION

My research has focused on identifying how consumers develop consumption practices of well-being and on the identity work they engage in when doing so. In addressing my research question, I identified three factors that affect the development of well-being consumption practices: the concept of biomorality, the power of body over mind in the context of bodily deficiencies, and enhancement strategies of normalization, repair and performance edge. I now discuss implications of my work, comparing it with prior research.

Health in consumer culture theory

The article by Thompson and Troester (2002) discussed earlier studied the narratives the natural health consumers use to describe their natural health consumption practices. They raised questions about the underlying values that generate consumption goals that consumers strive to achieve by their natural health consumption. Thompson and Troester focus on value systems that drive the consumption of natural health. In particular, they link these value systems to the four higher-order postmodern orientations of countermodernism, postmodern integrativeness, systemic risk awareness and postmodern reflective relativism.

My insights suggest that to understand how consumers might develop consumption practices of health, it is important to attend not only to broad value systems, but also to individual goals and to the bodily component. Indeed, in my study the construct of biomoralism – if you feel good you are a good person, if you feel bad you are a bad person – has a profound role in the development of consumption practices of health. However, I have found that individual situational goals, such as gaining performance edge, can act as driving factors in consuming health. Moreover, in some cases, such as in the state of bodily deficiencies, the needs of the body overrule the values and commands of the mind, affecting the consumption of health.

Another important factor affecting the consumption of health is the concept of advertisements as discourses of power introduced by Thompson (2004). Thompson argues that advertisers make use of mythologies in promoting their products and brands, thus promoting an ideal consumer lifestyle and identity. By consuming these products, consumers then integrate these mythologies into their

self-conceptions. Taking into account the context of my study – vitamin-infused water – the effect of mythologies is prominent in the conducted interviews. Although my informants are not all acutely aware of the benefits of specific vitamins or minerals, they all seem to share the perception that vitamins should, at least in theory, increase one’s well-being. However, most of the informants explicitly expressed the need to see scientific evidence of the benefits of vitamins before actually believing in them. Therefore their perceptions seem to be based on the marketplace mythologies surrounding vitamins and minerals, which ultimately lead many of the informants to consume vitamin waters.

Even though my study shows support for Thompson’s (2004) thoughts on marketplace mythologies and their effect on consumption choices and consumer self-concepts, my results imply an important component of consuming health that Thompson does not mention: the body. My research shows that the needs of the body are an important factor in developing consumption practices of health, especially in situations of bodily deficiencies, such as being hungover.

Giesler and Veresiu (2014) focus on the creation of a health-conscious consumer by introducing a process of consumer responsabilization. Giesler and Veresiu talk about health from the perspective of morality, as their framework outlines that consumers are to be managed as moral subjects in order to obtain responsible consumption. Although my study highlights the role of biomorality in developing consumption practices of health, therefore supporting Giesler and Veresiu’s views, the authors fail to understand the more hedonic side of health consumption that I have found in my study through enhancement strategies and the power of body over mind.

The self and the body

Although Belk’s (1988) idea of a core self and an extended self can be seen as the foundation of interest in using consumption to form identity in consumer culture theory, Ahuvia (2005) explores the idea further by suggesting that products, ideas and activities can have varying levels of selfness without implying that there is an authentic, unchangeable core self. Ahuvia focuses on loved objects and activities in constructing and developing a coherent identity narrative, concluding that loved objects are a reminder of key events in the life narrative and assist in resolving identity conflicts. Ahuvia states that loved objects tend to provide consumers with either demarcating or synthesizing solutions to identity conflicts, increasing consumer well-being.

Drawing from my findings, the idea of loved objects could be further developed to include the body. As the body can be both a source of identity conflicts, and an instrument in impression management and power expression (Schouten, 1991), treating the body as a loved object or taking care of the body as a loved activity could be possible. By taking care of their body and therefore taking charge of their appearance, consumers are able to solve identity conflicts related to their body image. At the same time, this increases consumer health and well-being, generating positive or even loving feelings towards the activity and the body. This effect is evident in most of the testimonials of the informants of my study, especially in the health nuts health group.

Schouten (1991) approaches the topic of identity from the perspective of the self-concept, which can be viewed to be built of possible selves. These possible selves, or self-schemas, are constructed from aspects of past selves and various role models, and they motivate either approach behavior towards positive self-schemas or avoidance behavior towards negative self-schemas. This idea of possible selves relates heavily to the enhancement strategies and bodily deficiencies of the health consumption framework I have presented in this report. Regarding enhancement strategies, it is evident that consumers are pursuing either a better version of themselves through normalization and performance edge strategies, or a previously attained state of the self through repair strategies (Conrad, 2007). No matter which strategy is in question, the main goal of these consumption strategies is to obtain a possible self-schema that currently is not a reality for the consumer. The same goes for the situations of bodily deficiencies. When being hungover, for example, the consumption strategies are aiming at a possible self that feels good or normal, instead of the state of the body in the hangover situation. These notions are supported by the statements of the informants of this study.

Schouten (1991) also recognizes that body image is an important factor of the self-concept. Schouten states that the body is a possible instrument of impression management, and taking control of one's body and appearance through goods and services can be used to maintain and express power in relationships. Thompson and Hirschman (1995) take the notion of the body image further and develop a framework of the socialized body, which is affected by the ideology of self-control, the social processes of normalization and problematization, and the operation of the disciplinary gaze. Thompson and Hirschman's ideas are an influential force in my study, and the concept of the socialized body can easily be picked up from my interviews. First and foremost, the dichotomy of the mind and the body as separate entities, where the mind control and develops

the body, is of vital meaning for my study. However, while Thompson and Hirschman highlight the force of the mind in self-control, my results show that this power relationship can also be turned upside down, especially in situations of bodily deficiencies, where the body takes control over the mind. Secondly, the ideas of a normalized i.e. idealized body as well as a problematized body are clearly evident in the testimonials of my informants. Most of the informants seem to have a specific body type in mind that they are striving to reach, while their current body does not seem to add up to the expectations. Finally, the operation of the disciplinary gaze seems to be quite strong for most of my informants. This is especially true for female informants, who feel guilty after eating or drinking something unhealthy, and can even feel physically ill after such behavior.

Identity being formed by ideology

According to Hirschman (1993), an ideology can be seen as a system of meaning or values of a particular group of people, generally the dominant group in the society. Arnould and Thompson (2005) state that consumers either embrace the dominant consumer lifestyle ideologies, or consciously oppose them. Therefore, Arnould and Thompson (2005) argue that cultural production systems, such as marketing communications, guide consumers toward certain kinds of identity projects that follow the dominant ideology.

Currently, taking care of one's health and body has taken over as one of the most dominant consumer lifestyle ideologies, and it is visible even in the most mundane activities of everyday life. Following Arnould and Thompson's (2005) statements, the testimonials of the informants of my study showcase that some consumers embrace this dominant ideology, whereas some consciously oppose it. Although I can see both consumer groups in my study, the resisting reaction is remarkably rarer than the embracing one, and even the resisting consumers seem to be affected by the dominant ideology in their lifestyle choices.

Murray and Ozanne (1991) offer a different viewpoint to ideologies by presenting the concept of critical theory. According to Murray and Ozanne, critical theory aims to critique social conditions in order to help people envision a better society and to release constraints on human freedom and potential. As discussed previously, the viewpoint of Murray and Ozanne supports the consumers that reject the dominant ideologies present in societies. Although some the informants of my study showcase similar thoughts as Murray and Ozanne, Murray and Ozanne focus mostly on

social organization whereas my study concentrates on individual identity projects and the dominant consumer lifestyle ideology.

Crockett and Wallendorf (2004) provide yet another way of viewing ideologies by presenting the concept of normative political ideology in consumer behavior. Crockett and Wallendorf claim that consumers express their political ideologies, such as black nationalism, through consumption acts, especially when consumer involvement in more traditional political activities is low. However, my study did not focus on political aspects of consumer behavior and therefore my informants did not portray signs of normative political ideology in their testimonials. Despite this fact, it is visible in the testimonials that consumers do express their values and beliefs through their consumption activities.

REFERENCES

- Ahuvia, A. (2005) Beyond the Extended Self: Loved Objects and Consumers' Identity Narratives. *Journal of Consumer Research*, 32 (June), p.171-184.
- Arnould, E. & Thompson, C. (2005) Consumer Culture Theory (CCT): Twenty Years of Research. *Journal of Consumer Research*, 31 (March), p.868-882.
- Belk, R. (1988) Possessions and the Extended Self. *Journal of Consumer Research*, 15 (September), p.139-168.
- Cederström, C. & Spicer, A. (2015) *The wellness syndrome*. Cambridge & Malden: Polity Press.
- Clarke, A., Shim, J., Mamo, L., et al. (2003) Biomedicalization: Technoscientific Transformations of Health, Illness, and U.S. Biomedicine. *American Sociological Review*, 68(2), p.161-194.
- Conrad, P. (2007) *The medicalization of society: on the transformation of human conditions into treatable disorders*. Baltimore: The Johns Hopkins University Press.
- Crockett, D. & Wallendorf, M. (2004) The Role of Normative Political Ideology in Consumer Behavior. *Journal of Consumer Research*, 31 (December), p.511-528.
- Cushman, P. (1990) Why the Self Is Empty: Toward a Historically Situated Psychology. *American Psychologist*, 45(5), p.599-611.
- Eriksson, P. & Kovalainen, A. (2008) *Qualitative methods in business research*. ISBN 978-1-4129-0316-5.
- Firat, Fuat A. & Venkatesh, A. (1995) Liberatory Postmodernism and the Reenchantment of Consumption. *Journal of Consumer Research*, 22 (December), p.239-67.
- Giesler, M. & Veresiu, E. (2014) Creating the Responsible Consumer: Moralistic Governance Regimes and Consumer Subjectivity. *Journal of Consumer Research*, 41 (October), p.840-857.
- Heasman, M. & Mellentin, J. (2001) *The Functional Foods Revolution – healthy people, healthy profits?* London & Sterling: Earthscan Publications Ltd.
- Hetrick, W. & Lozada, H. (1994) Construing the Critical Imagination: Comments and Necessary Diversions. *Journal of Consumer Research*, 21 (December), p. 548-558.

- Hirschman, E. (1993) Ideology in Consumer Research, 1980 and 1990: A Marxist and Feminist Critique. *Journal of Consumer Research*, 19 (March), p.537-555.
- Markus, H. & Nurius, P. (1986) Possible Selves. *American Psychologist*, 41 (9), 954-969.
- McCracken, G. (1988) *The Long Interview*. Newbury Park, CA: Sage.
- Moynihan, R. & Cassels, A. (2005) *Selling Sickness: How Drug Companies Are Turning Us All into Patients*. Crows Nest: Allen & Unwin.
- Murray, J. & Ozanne, J. (1991) The Critical Imagination: Emancipatory Interests in Consumer Research. *Journal of Consumer Research*, 18 (September), p.129-144.
- Murray, J., Ozanne, J. & Shapiro, J. (1994) Revitalizing the Critical Imagination: Unleashing the Crouched Tiger. *Journal of Consumer Research*, 21 (December), p. 559-565.
- Reinhardt Kapsak, W., Rahavi, E., Childs, N. & White, C. (2011) Functional Foods: Consumer Attitudes, Perceptions, and Behaviors in a Growing Market. *Journal of the American Dietetic Association*, 111(6), p.804-810.
- Sammalisto, S. (2015) Mistä hyvä elämä koostuu – Aki Hintsan 7 kokonaisvaltaisen hyvinvoinnin rakennuspalikkaa. Viisas pääsee vähemmällä, [blog] 30 August. Available at: <<http://viisaampaatyota.com/2015/08/30/mista-hyva-elama-koostuu-aki-hintsan-7kokonaisvaltaisen-hyvinvoinnin-rakennuspalikkaa/>> [Accessed 23 September 2015].
- Schouten, J. (1991) Selves in Transition: Symbolic Consumption in Personal Rites of Passage and Identity Reconstruction. *Journal of Consumer Research*, 17 (March), p.412-425.
- Spiggle, S. (1994) Analysis and Interpretation of Qualitative Data in Consumer Research. *Journal of Consumer Research*, 2 (December), p. 491-503.
- Szasz, T. (2007) *The Medicalization of Everyday Life: Selected Essays*. New York: Syracuse University Press.
- Thompson, C. (2004) Marketplace Mythology and Discourses of Power. *Journal of Consumer Research*, 31 (June), p.162-180.

Thompson, C. & Hirschman, E. (1995) Understanding the Socialized Body: A Poststructuralist Analysis of Consumers' Self-Conceptions, Body Images, and Self-Care Practices. *Journal of Consumer Research*, 22 (September), p.139-153.

Thompson C. & Troester, M. (2002) Consumer Value Systems in the Age of Postmodern Fragmentation: The Case of the Natural Health Microculture. *Journal of Consumer Research*, 28 (March), p.550-571.

Tian, K. & Belk, R. (2005) Extended Self and Possessions in the Workplace. *Journal of Consumer Research*, 32 (September), p.297-310.