Promoting Health, Producing Moralisms?

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Based on an ethnographic study of 34 Danish consumers, the aim of this paper is twofold. Firstly, it presents discourses of health promotion in a public and commercial domain. Secondly, it presents a typology of discourses that are employed by consumers in their social construction of healthy food and addresses the moralism, which consumers attach to food and health. The overall argument is that under the pretext of promoting health the dominant public discourse on health actually contributes to the creation of new moralities in consumers’ discourses and to the production of anxiety and social stigma in certain parts of the population.

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INTRODUCTION

“Consumers don’t eat as healthily as they should”. This is a claim that a vast amount of people all over the world now accepts as a truth. Due to the individual and socio-economic costs of the current obesity-epidemic, there is great public concern about healthy living. This is underlined by various reports from translational health agencies as well as national agencies in America and Europe but increasingly also the Asian region and was mentioned as one of the most important issues to be dealt with by transformative consumer research in the introduction to a recent special issue of the Journal of Consumer Research (Mick 2008).

The traditional way of dealing with public health promotion has been trough promotional campaigns that provide consumers with information on healthy eating: education on healthy diet, nutrition labels on food products, campaigns trying to promote healthy product categories like fruits and vegetables, etc. This reflects a nutrition policy that typically focuses on individual food choices and how they can be best informed (Holm 2003: 534). However, nutritional information and education is not sufficient to change consumer behavior. One major review of 58 European studies and reports concluded that there is a widespread interest in nutritional information on labels, that there is a positive attitude towards simplified information on the front of the packaging, but also that there is little knowledge about how nutritional information and labeling is used in real-life shopping situations (Grunert & Wills 2007).

The work of Wansink and Chandon (2007, 2006) has tried to sophisticate the “nutritional labeling approach” and thereby overcoming some of its limitations by addressing the lure of “health halos”–health claims from suppliers that are thought to provide relatively healthy food—which makes consumers underestimate the caloric content of the food consumed. Furthermore, Wansink and van Ittersum (2007) and Wansink, Painter and North (2005) investigated the effects of visual cues such as the impact of portion sizes on quantities consumed. Considering the widespread affirmative signs that we are in the middle of an obesity-epidemic, it is not surprising that 6 out of 13 contributions to the abovementioned recent special issue of Journal of Consumer Research dealt with health, and four of those more specifically with eating patterns and obesity issues. Three of these contributions are more or less direct extensions and qualifications of Wansink’s research on visual cues, this time focusing on packaging size and investigate for example avoidance of extreme package size (leading to industry motivations to “upsize” standards) (Sharpe, Staelin & Huber 2008), and perverse effects of package size leading consumers to consume more when packages are smaller, contrary to what was found by Wansink in his studies (Coelho do Vale, Pieters and Zeelenberg 2008). Finally, in the third of the three articles, similar results were reported by Scott, Nowlis, Mandel and Morales (2008) with the significant addition that the “perverse effect” (consuming more when packages are smaller) was found to be dependent on whether the consumer could be classified as so-called “restrained eater” or not. These studies highlights the relationship between package size and inclination to consume as well as the importance of distinguishing between different types of consumers and their personal life worlds when it comes to health-related eating behavior. Most notably, the study of Scott et al. (2008) points towards the relevance of such issues.

Consumer researchers may look towards CCT related research (Arnould & Thompson 2005) in order to better grasp the social context of eating and health-oriented behaviour. It is therefore interesting to note that health-oriented behavior is relatively absent from the tradition of CCT. Closest to establishing such a tradition is the work of Craig Thompson with its focus in the socialized body (Thompson & Hirschman 1995), the consumption of natural health and the mythologies attached to it (Thompson and Troester 2002; Thompson 2004), and the risk perception linked to “natural birth practices” (Thompson 2005). Beyond this stream of research, there is relatively little coverage of health-oriented consumption in the CCT literature. Within the consumer research tradition pertaining to the general issues of relations between eating behavior and health policies there exist only a few studies (Holm 2008, Järvellä et al. 2006).

Mick (2008) calls for a more contextually embedded insight into consumer behaviour in the daily shopping and cooking practices, and how the contemporary discourses about health influence (or fail to influence) this behavior. He notes that “the problems and challenges related to consumer behaviours today include, but are not restricted to, unhealthy eating… (p. 377)”. Such a broadening of the scope on consumer behaviour related to health and eating reflects the call for new approaches in relation to improve strategies for health promotion (World Health Organization 2003; 2007) following the prevalence of changing life styles and dietary related diseases. The Danish government and its agencies for public health and nutritional information have decades of experience concerning informational campaigns about relations between food consumption and health. However, these campaigns have almost exclusively been based on providing information to consumers, thus tacitly adopting the picture of the consumer as an information-processing agent, who will change evaluation of food alternatives based on information about their potential impact on personal health.

As a consequence of this search, and in order to test new strategies for changing consumers’ eating behaviours, The Danish Strategic Research Council has sponsored a large, cross-disciplinary research project in order to investigate the usefulness of branding techniques as a supplement to or a replacement for the traditional information based approach. The study, which is cross-disciplinary in character, includes an ethnographic study of consumer discourses relevant in the social construction of health, a major study evaluating various ways in which branding techniques can be applied for the promotion of healthier eating behaviour and a philosophical study of the ethical issues permeating publicly sponsored health branding efforts.

THE STUDY

In this paper, we present initial results from the part of the general health branding project that investigates the social con-
struction of “health” in consumers’ everyday lives and their construction of consumption practices based on contemporary ideas about health as well as inherited and/or adopted food cultural patterns. This project, then, aims at obtaining a deeper understanding of symbols and meanings that consumers relate to in response to health. An interdisciplinary group of researchers, including an anthropologist, two consumer researchers, and a philosopher specializing in ethics, conducted the study. The primary data consists of in depth interviews with 34 consumers (25 women and 9 men) between 20 and 60 years of age. In some cases also family members were included in the data collection. The study includes in depth interviews about food culture and eating behaviour, observational studies in shopping and cooking contexts and a follow-up interview on health and brand symbolism. Within the limits of the study, we have tried to get a rich picture of the consumers’ life styles. The focus of the analysis has been on moral values and perceptions of healthy food/unhealthy food (Warde 1997), brands & health claims (e.g., Evans 2008), dietary recommendations, notions of performance and body image (Thompson & Hirschman 1995; Turner 1997).

Approximately half of the interviews were conducted in the capital city of Denmark, and half were conducted in a major provincial city. Due to space limits, we will not go any further into demographic and geographical differences here. A preliminary coding and analysis of the interviews demonstrated that the post-structuralist life style dimensions (Holt 1997) used as a frame of analysis of American and Danish women’s relation to the use of cooking fat and their culinary life styles (Askegaard, Jensen & Holt 1999) were prevalent also in the current material. Thus, these dimensions have been applied in order to analyze similarities and differences among our informants and the discourses concerning health and eating. Furthermore, the application of this framework of analysis has permitted the updating and qualification of a two-by-two matrix reflecting fundamental variations in social meanings concerning health and eating behaviour. As a consequence, it can be used to distinguish different kinds of discourses in relation to health and eating.

THE PUBLIC HEALTH DISCOURSE IN A DANISH CONTEXT

Contemporary commercial marketers and public health campaigns in Northern European countries perceive health as a notion associated with personal responsibility, informed choice and the availability of healthy food products (Vallgård 2001, 2007a, 2007b; Yoder 2002). Thus, both public health promotion and commercial health branding is based on the notion, that citizens and consumers make voluntary, responsible and healthy choices, if proper information and healthy food products are available. Another underlying link and a powerful incitement for improving health condition of the citizens is the association between health and economy. As stated in a recent article “If consumers are unable to process and comprehend the needed information, they will be unable to make the healthiest and most financially prudent decision. The result is increased cost to society” (Levy & Royne 2009: 368). The moral and social implications of this viewpoint have been pointed out by several scholars, among these Scott Yoder, who argues that a discourse based on personal responsibility and autonomy often leads to a victim-blaming “We are told how to improve our health or reduce our risk of illness by eating properly, exercising regularly, or taking a aspirin daily. While this information empowers us, it also burdens us. If we can control our health, we can be blamed for being ill” (Yoder 2002: 23).

Turning to the Danish context similar ideas emerge. According to the historian Signild Vallgård Denmark, Norway and Sweden share the same major health problems, that is, cancer, heart disease, diabetes, musculoskeletal diseases, and mental illness (Vallgård 2007: 205). The political strategy to deal with health problems, however, varies to a high degree. By comparing public health white papers from Denmark, Norway and Sweden, Vallgård argues that the Danish programme differs from its Norwegian and Swedish counterparts with regard to explanations and suggested solutions to the problems. Whereas the Danish programme stresses the importance of individual behaviour, personal responsibility and autonomy, the Norwegian and Swedish counterparts stress social relations, living conditions as well as political responsibility. Furthermore, the Danish programme focuses almost exclusively on lifestyles and risk factors associated with certain forms of behaviour (Vallgård 2007: 208). In Denmark all age groups are hit by the obesity-epidemic. From 1985-1994 massive national public campaigns were conducted to reduce the fat intake in the Danish population (Astrup 1998: 573).

Key areas in current health promotion include; tobacco, alcohol, diet and exercise. The public authorities have the obligation to inform the population about risky and unhealthy behaviours as well as to deliver messages and provide solutions (Vallgård 2001: 390). Thus, in the public health discourse in Denmark unhealthy behaviour is primarily regarded as the major cause of disease and behaviour that is dependent on the individuals’ free choice. Therefore, the individual is assumed to be responsible for his/her health condition (Ibid). In the Danish white paper it is phrased in the following way: “Individuals are responsible for their own lives. Everyone has the right to live their lives as they wish: to make their own choices”. “Respecting individual autonomy is decisive. The public sector should not control our lives” (cited in Vallgård 2007a: 208). The health improvement strategy is to help citizens make their own informed choices. As a consequence poor health is overall depicted as the result of individuals inappropriate behaviour (Vallgård 2007b: 45). However, and very importantly, the role of the state is much more active with regard to “vulnerable” and “disadvantaged” adults, who should be introduced to health programmes in order to change their behaviour. This intervention normally takes place through public health professionals. Respecting the autonomy of these groups seem to be less of an issue (Vallgård 2007a: 209).

The Danish public discourse on health leads us to hypothesize that, in the consumers’ life worlds, the notions of the individual responsibility and autonomy is strongly present. In fact, it was crucial for the people in this study to show that they were capable of controlling their food consumption acting as responsible and morally respectable citizens. However, this focus on individual control, discipline and principles, also creates various moral dilemmas, especially in the relation to the notion of health risk and the consumers’ capabilities to respond to this. Further the public discourse of health apparently produces different health discourses.

Commercial marketers use branding to build strong relationships (positive associations, identification, and loyalty) between consumer and healthy products/brands (Evans 2008), and thereby encourage the individual consumer to make “the right” choices. The disadvantaged groups were by the social democratic minister of health Birte Weiss in 1998 described as “people who belong to a high-risk social group and who also suffer from bad health and may therefore require help from social agencies as well as health services, are often found among long-term recipients of disability benefits and dole money, as well as among people with frequent contacts with social services department, doctors and hospitals” (Weiss 1998, cited in Vallgård 2007b: 50)
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FIGURE 1

A typology* of four different approaches to food and health

*We are currently validating the consumer discourses through a quantitative survey of 400 Danish respondents, thereby also turning the mapping of discourses into a potential tool for distinguishing between different consumer “health segments”. However, as of this writing, the survey is still in the data collection phase, and we are not able to discuss the more specific character of each of the potential segments, nor are we able to generate reliable estimates of the relative size of different segments. Due to the recurring structure distinguishing principle versus pragmatic orientations and gastronomical versus medical-functional orientations as found also by Askegaard et al. (1999), we are confident, however, that the structuring principles will not be or only be slightly modified by the survey results, since a pilot study has already been carried out in order to eliminate the variables of insufficient reliability with satisfying results.

and classifications of people in the consumers’ life-world. By presenting social meanings and moralisms, which Danish consumers attach to health and eating, we would like to question the idea of the consumer as an independent and rational agent who makes rational choices if properly informed. It is important to show that consumers’ health behaviour is emotional and embedded in a social context rather than rational, because the notion of the consumer as a rational decision maker is still a prevalent assumption in public health promotion in Scandinavia. The findings are supported by Bourdieu (1992), Lindblad & Lyttkens (1992), Thomson & Hirchman (1995), and Rose (1998), who all underline that a strictly individualistic and rational-agent approach is insufficient to account for health-related behaviour. This is because such an approach it fails to consider the social order and political agenda and its emergent discourses and its impact on consumers’ discourses.

TOWARDS A SOCIAL UNIVERSE OF HEALTH DISCOURSES

Our findings show that the informants respond very differently to the notions of health, risk and morality. On this backdrop, we suggest a typology of four different types of consumer discourses: “common people’s discourse”, “informed discourse” “resigned discourse” and “the indulgent discourse”. Figure 1 illustrates the relationship between these four discourses. One of the oppositions, on which this approach is based, relates to a medical and functionalistic approach to food based on a perception of health risk (medical functionalism axis) as opposed to an approach of gastronomical and a notion of “the good life” (food cultural principles). The main principle behind medical functionalism is that consumers are more interested in the functional content of food and health risk thus sacrificing taste or quality (i.e. a “gastronomically” good life). This means that this type of consumers are willing to compromise on taste or quality (i.e. a “gastronomically” good life) to reduce risk and/or optimise nutritional content. On the other opposition, food cultural principles are associated with culinary pleasure; as a consequence these consumers are willing to sacrifice healthy eating for the sake of a culinary pleasure. The other opposition is between an idealistic approach to the structuration of eating behaviour (idealism axis) and a pragmatic approach (pragmatism axis). In terms of healthy eating, the idealistic approach is related to firm principles towards a healthy diet as a response to health risk. On the other hand, the pragmatic approach is regarded as an aversion towards firm principles in relation to healthy diet and a movement towards compromises.

The discourse of what we dub common people is the most dominant one. Its main characteristic is a balanced and relaxed attitude towards health claims and health in general. These consumers are concerned with food cultural principles, living a good life and not being too extreme towards healthy eating. In contrast, indulgent consumers are closely aligned to a discourse that put strong emphasis on food cultural principles and the “good life” and who are not much concerned about health risk. To them taste and quality are the most important product characteristics. Informed consumers – as opposed “common people” – stress strict discipline and firm principles and are very conscious of health risks and healthy eating. To some extent resigned consumers resemble “com-
mon people” due to their pragmatic attitude towards healthy eating. However, resigned consumers have to a certain degree adopted the discourse of the informed with its emphasis on health risk, but apparently lack the balance between indulgence and discipline. The resigned tend to think that an unbalanced lifestyle is partly produced by external conditions and constraints, and partly caused by a morally weak character. In the next section we will exemplify the theoretical model through a presentation and discussion of major findings from our qualitative study.

COMMON PEOPLE: THE SIGNS OF AN UNHEALTHY BODY

“Cola makes you fat and unhealthy. You do not see fat people on the street without a cola in their hand. They always come strolling down the streets with this 1/2 litre bottle of cola in their hand... people seem addicted to that stuff... and again, those fat people, I cannot stand the thought of it... drinking cola is one of the great sins for the real overweight people... it makes me... uhh... cola is being gulped down in huge amounts. Maybe we should ration the purchase of cola. Then each family could buy no more than one litre of cola a week... that would be a great idea... of course it is up to people themselves if they want to be fat... but some just need help... when I look at all the teenagers and grown ups who are getting fat I feel really sorry for them. No one feels good about looking fat... I feel so sorry for them”

The quote is from Rikke, a middle-aged woman living in a major Danish city, who in recent years has gained an increased interest in healthy living due to her daughter’s diagnosis of rheumatism. Rikke leads a healthy lifestyle as this is crucial to both her own and her family’s well being. She is very concerned about family-life and traditions, loves cooking and thinks she has always been aware of eating quite healthy in the sense that vegetables have always been a part of her daily food intake. She is trying to reduce high fat and sometimes buy organic vegetables, and does not consider highly processed food as healthy.

Even though Rikke has become increasingly health conscious during the last year, she can still be characterized as belonging to the discourse of the common people, because she is primarily concerned with living a good life and does not adhere to strict discipline and principles towards healthy eating. She aims at what she considers a sound balance between indulgence and principles towards healthy eating. There should be a space for sinning and for both healthy and unhealthy eating, but in a regulated and controlled way. Rikke herself has a love for cakes, and feels a bit guilty, but also manages to control her desire. Though in no way fanatic, many people as Rikke associate fat intake with morality. If you eat too much fat food or consume too much cocoa cola, you feel “guilty”, while exercise and eating vegetables makes you feel good “in the soul”. As indicated in the quote from Rikke common people seem very judgemental towards people who do not control their intake of unhealthy food. And the bodyweight seems to be the indicator for whether you lead a problematic life in the sense of being socially incapable of controlling your own life.

In other words common people are not too concerned about health on a daily basis, but do connect health risk with lack of control of food consumption. In the quote from Rikke cola stands as the direct cause of obesity and an unhealthy body condition, and the consumption of cola is considered a sign of an unhealthy body. Moreover the quote illustrates the perception among common people that health is first and foremost an individual responsibility; the consequence is that obesity is perceived as a consequence of lack of discipline and therefore connected to moral meanings and judgements. Those who fail to make healthy choices, are the ones to pity as well as the ones who are exposed to a moral judgement that questions their capacity to live a good life and to make healthy choices. In the quote it is suggested that the state should interfere. Here we clearly see the parallel to the public discourse on health, which exactly considers that the state should take a more active intervening role in connection with “vulnerable” groups. To Rikke such a group is represented as “fat people with uncontrolled consumption of cola”. Rikke as many other consumers attributes positive characteristics as the ability to self-manage and control impulses to people who have the right body size. Furthermore many associate healthiness with a hard-working character. Hardly surprising many of the common consumers describe unhealthy people as “people without character” as “lazy” and “people who do not work”. A 42-year-old woman described this the following way: “To me an unhealthy person is one who is overweight and who neglects himself, and might also be unemployed”. The physical appearance is here taken as the major sign of a person’s moral character.

Gudrun is 59-year-old woman, who is very concerned with good quality in food. This contributes to an increased life quality in her family life. She is a mother of two, and together with her husband she used to run a clothes shop. However due to her husband’s health problem (heart condition) they have both retired. Now they are very occupied with enjoying the last part of their life. Gudrun likes food and cooking and always goes for the best quality, which to her is associated with good vegetables, fruit, and low fat meat. She prefers well-known and Danish brands and likes to shop in local shops, for instance the local butcher. The bread is always homemade. She avoids fat and sugar, and exercises regularly to keep fit and slim. To her health is very much about the display of personal responsibility of being healthy, which she associates with discipline and good manners. Gudrun associates discipline, health, moral character and physical appearance in this way:

“A healthy person is someone who takes responsibility for his own life. You yourself have to do something, this also concerns health. I know that there are people who become sick, who cannot do much about it, you can still become sick even though you live healthy. But if you smoke 40 cigarettes a day then you have NOT taken the responsibility of being healthy.

I: How would you describe a healthy person to me?
B: A healthy person is one who is not too blurred. I am here referring to physical appearance, but also to good behaviour. It makes me totally insane when you go to Copenhagen and you see people in a café with their legs on the chairs. I simply cannot tolerate that. Then you don’t respect people around you”.

As in the quote from Rikke, we see how health is closely intertwined with a notion of self-control and to the idea that the state of one’s body is a material sign of a moral character (Thompson & Hirschman 1995). To many consumers who can be said to represent the discourse of common people, health is connected to moral discourse that echoes Christian notions of morality, where unhealthy eating and drinking (mostly of fat food and alcohol) is considered “a sin” that makes you feel guilty, while healthy living makes you feel “good in the soul”. Gudrun seems to be rather influenced by recent health campaigns; she mentions a campaign of eating fish twice a week that sat a standard for consumption of fish. She has consumed lots of fruits for many years, but after the launch of campaign “6 a day” (which aimed at increasing the average intake of fruit and vegetables to six a day), she reports her intake of fruits
and vegetables to have increased. Each morning she eats what she estimates as “400 gram of fruits”. That means that she is close to the target of eating 600 grams or 6 a day already from the beginning of the day. But eating healthily is not considered the main factor in securing a good quality in life.

“What is healthiness? It is not just a matter of what you eat, but it also has to do with your life quality. I consider it of vital importance that you are happy and satisfied with your life, that you are not stressed that you are content with husband and kid. Frankly speaking that is more important than what you eat”.

However, Gudrun feels there is too much focus on health today, and that there are to many conflicting messages “one day they tell you that red wine is healthy, and the next day they forbid it”. There also has to be room for the “sinning”, which in Gudrun’s case means having a glass of good quality beer or wine and some sweets or good chips. As she says: “When I sin I do it properly”. She opposes herself strongly to people, who adapt to strict rules and regimes in eating and to all fanaticism.

“If young ladies think it is necessary to get up early and make fibre rolls in order for you kids to survive, then things have gone completely wrong. It must be difficult to be young today and live with all those rules. When I was young and had small kids, we used to slaughter pigs, and of course we ate all of it. Of course we also ate all the bacon. And my kids became competitive swimmer and they are both healthy and big. They did not suffer any injuries. In that sense I believe it is all very exaggerated”.

In this way the discourse of the common people both put moral judgements on those failing to control and discipline their food consumption, as those too concerned about health risk with very strict principles in regard to eating.

THE INDULGENT: LIVING THE GOOD LIFE

The discourse of the indulgent evolves around the desire of living a “good life”. For the consumers aligned with the indulgent discourse taste and quality are more important product characteristics than healthiness. Hence they are willing to spend more money to get the best quality. The discourse represented by the indulgent is autonomy in the sense that most recommendations from neither the food industry nor the public health authorities taken into account. This does not mean that the indulgent is leading an unhealthy lifestyle, but he feels comfortable judging for himself what is “good or bad”.

Per represents a typical consumer living through the discourse of the indulgent. Per seems very relaxed concerning all aspects in life, and to him living the good and pleasant life is highly prevalent. He is of course concerned about societal affairs such as for example animal welfare and environmental aspects, but nothing seems to bother him to such an extent that it would interfere with his food preferences. To him the good life is pretty much about one of the big qualities in life is being able to enjoying the best of food. Eating tasty and good food is important not only as an individual pleasure, but also as a social act. Per is quite suspicious and sceptical towards commercials and advertisements promoting healthy food, and when choosing food he feels better off judging from own experience and common sense. The indulgent is convinced that the producers do only have a commercial interest in selling their products and are not very concerned with moral aspects towards the consumers as such. When it comes to food the general perception is that when you buy food of good quality it is also healthy—or at least not that unhealthy. Consequently the principles of eating for this kind of consumer is associated with high quality food which equals good taste. Fast food is only an option in very few occasions if you are really busy. That is enjoying life and life quality plays a dominant role, while healthiness plays a minor role in their everyday life and food choices.

THE INFORMED; KNOWLEDGE, DISCIPLINE AND THE SEARCH FOR THE UNSPOILED

Another consumer discourse is represented by the informed, who is characterized by having firm principles and a strict discipline with respect to healthy eating. Consumers aligned with this discourse are very concerned about both healthy eating and nutritional knowledge, and are constantly seeking information on how to find healthy food. Generally food they refer to health food as “natural” and “pure”. The informed does not seem to trust experts, authorities and food claims from the food industry. He is skeptical and therefore filters and evaluates any type of information he receives. The informed considers health as a more important characteristic of his diet than quality and taste and any advice to healthy eating should resonance with either scientific proof or/and his inner feelings.

Lars is a medical doctor of 38, married with three children, and lives in major city in Denmark; he describes himself as very health-conscious. As a consumer he is of course also confused by divergent health messages, but never gives up trying to navigate through the health jungle, and his medical training here provides him with certain skills. He is aware of the premises or conditions for scientific knowledge, and the fact that it is sometimes difficult to live in accordance with this knowledge, as it changes and brings up divergent messages. But he will, unlike the more pragmatic types, never give up trying to evaluate what is healthy or unhealthy. He is kind of calculating with a certain margin for being mistaken once in a while.

“Even though it is annoying never really feeling secure that you do the right thing, I never give up. I remember when my girl was a baby; I loved her so much and only wanted to do the best for her. So I bought this cold-pressed organic thistle oil for her, and later on it was taken off the marked because it turned out to be bad to your health.”

So the informed are characterized by being very resolute in the search for the right things to do, as the alternative to sometimes being mistaken, is to give up and become resigned. As he says: “what is the alternative, should I just accept to eat something bad and mass produced food…oh I can’t even think of it, so I just have to accept the conditions…”

Lars is a consumer, who is often referring to scientific statements, numbers and specific claims, and is typically reflecting upon the messages trying to evaluate possible risks and benefits of food. The primary motivation for eating healthy is as Lars claims: “if you eat unhealthy, there will be a bill to pay later on”. In this way Lars is quite judgemental against people—as the common people—who fail to reflect on health risk and to adopt a strict dietary regime based on nutritional knowledge. Here most informed perceive natural and organic as nutritional, while anything artificial and ready-made food is considered as unhealthy and potentially risky to eat, therefore one should keep one’s intake of additional and e.g. artificial sugar at a minimum. And of course this kind of consumer knows the scientific words for different ingredients. The informative label is of interest to this consumer, and different labelling systems are
referred to and are well known. Lars is almost reflecting, counting and evaluating everything his children eat, and he is very worried if they will not eat the amount of fruit and vegetables he has planned for them to eat. Then he starts compensating. And he is quite upset because most of what they want to eat is from the bottom of the food pyramid. He then starts to calculate what they actually eat during the day, and feels a little relieved when he concludes that maybe they do not get that many vegetables but on the other hand they eat a lot of fruit. He spends quite some time considering how he makes them eat “the right things”.

Other informed are less concerned with scientific proof and calculation and prefer to depend on what they coin “their own inner feelings”. Their notion of health is based on holism that is a equilibrium between body, mind, and spirit. An example is the 41-year-old Birgit, who considers healthy eating as absolutely crucial for feeling good about one-self. She is characterized by a profound scepticism against authorities and marketers, whom she accuses for not being “truly” concerned about the health of the people. Hardly surprising she is often criticising information from the health authorities for being too simple and sometimes even misleading, even though she is sympathetic to some campaigns, for instance the advice of eating “6 a day” and a campaign for eating fish twice a week. But she feels that she lacks clear guidance of how actually to eat healthy. She has also a pronounced scepticism towards the food industry, which she blames for not being responsible towards people’s health but only interested in financial profit. This is shown in the way they add unhealthy ingredients to many food products.

Birgit: “I really find it grotesque that it is so difficult to find a pure product. Apparently they put all sorts of things into it such as colouring, food additives, and apparently also sugar. And I ask myself, why has it developed in this way, why hasn’t it been more concerned about healthy food. I find it really strange, is it because it is much cheaper adding all these things than doing it in a healthy way?”

Hardly surprising, the scepticism towards commercials is also very profound. Christine a 28-year old tension educator says:

Christine: “There is so much seduction in commercials. They just want to tempt you to buy something that will not make you any happier. Ideally people should not need commercials to find out what they need to put in their shopping basket. The horse knows by itself that grass it what it needs. We should feel inside ourselves, what we really need”.

She believes that common peoples’ belief that fat is the main risk for a good health, is far too simplified and even misleading and they accuse them of ignorance and lack of principles in health matters. To her health is strongly associated with clear principles and ethics, and she finds really no excuse for not eating healthy, if you want to feel good about yourself. By putting emphasis on priorities and principles, the informed somehow escapes the oscillation between healthy/ unhealthy eating, and its associated characteristics of sin/ guilt. The informed in a way admits to feel superior to people who fail to prioritize and find no valid excuses. As Christine says:

46 is to be understood as recommendations to eat 600 grams of fruit/vegetables a day

“It is really a question of priorities. I buy a lot of fruit and vegetables that are sometimes a bit costly, but then I would never consider buying a Coca Cola or a pizza. I don’t have a television, I don’t smoke, I never go out to have an expensive drink (laughs) when I am in town. It is really a question of priorities”.

Healthy eating is a top priority, and for this reason Christine uses quite a lot of energy in seeking information about healthy food products through social circles, books, public debate, and the Internet. She also prefers shops with clear ethical, humanitarian and environmental principles, and doesn’t mind to pay extra for a product. In sum the informed are characterized by a strong awareness of health risk; this creates various moral dilemmas, firstly their own quest for finding “really” healthy and “pure” products that fulfil their criteria, secondly their demand for full control of both their body and the marketplace is very ambitious. Here knowledge–based on science or their own inner feelings–is the most important tool. However this very occupation with knowledge and principles often make them appear too fanatic and hysterical in the eyes of other segments, as the example with Gudrun shows. Furthermore it may go to such an extreme that the informed become obsessed with healthy food, the so-called ortorexia nerviosa, a term proposed by the American doctor Steven Bratman. Most informed, hardly surprising, however, are quite upset about this term, and do find their own interest in health as sound and necessary.

THE RESIGNED: THE BURDEN OF THOSE FAILING TO LIVE HEALTHILY

The last type of discourse that we will present in this paper is presented by consumers being judged as “unhealthy” by others. In this context we prefer to use the denominator the resigned. To a certain degree these consumers have adopted the discourse of the common people with their pragmatic alternation between principles/ discipline on the one hand and indulgence on the other, however with one crucial difference. That is they themselves have not managed to balance indulgence and discipline, which they themselves explain as a result of a lack of time due to long working hours (working for a “living”) or more often through the lack of personal discipline and moral character (“the guilty ones”). The resigned do have knowledge about health risk, which they mostly associate with uncontrolled intake of fat, sugar and additives. To some extent they have adopted the ideology of self-control and discipline as the way to a healthy and morally correct life. In this way their self-perception is informed by the discourses that surround them, of which health risk plays a crucial part.

Mogens is a 41-year-old factory worker, who has moved from a smaller city to the capital Copenhagen. He is single and hard-working man, and finds it difficult to find time and resources to live and eat healthy: “A lot of us eat the wrong things. I eat too much of that (points to a cake) and many are eating at McDonalds far to often . . . I have considered going on a diet. But I need to be stronger first”. Mogens is quite health conscious, but lacks clear principles and the discipline to follow them, as he often feels overruled by his desire for the “forbidden”. Mogens has given up on actively searching for health information but remains a passive receiver of any health information that may come up. In this case, however, this leads to a moral judgement–both by consumers aligned with the other discourses–and by himself. He claims that he fails to live up to a healthy live style as he gives into temptation far too often.

Sara is a 20-year-old girl in high school. She is the daughter of Yugoslavian immigrants, but is born and raised in Denmark. As most high school girls she seems very occupied with her look: She
is smartly dressed wearing a lot of jewellery along with a perfect make-up and seems very well-articulated. Apparently she is also very concerned about eating the “right and healthy food” and gave us a long lecture on tasty and healthy eating at the first interview in the supermarket. Getting a closer glance of her world, one realizes that she lives in a world full of rules that she can not herself live up to, as well as a constant anxiety caused by her failure to keep a strict diet. She really likes vegetables and fruits and does normally go for low fat and light products in order to keep fit and healthy. However, she complains about her failures in keeping slim. She has tried what she refers to as a “tons of diets”, and does regularly have periods where she exercises very intensively. However, she lacks perseverance, and also suffers from “attacks, where she indulges in sweets and cakes. She regards her overweight as the main indicator of her “failure” to keep a strict discipline, a fact that she constantly returns to in conversation. Another theme both she and her mother—a cleaning assistant—bring up, is the social isolation and lack of resources they felt as belonging to people with another ethnic background. However, as in the discourse of common people, Sara is sure that obesity is a clear sign of the unhealthy body, and that the main sinners are fat and sugar. Nevertheless even though she considers fat as unhealthy, she herself believe she has a weak character, in this way she also connects obesity with morality, but claims to have given up. Even though she in no way considers herself as “healthy” she is actually quite occupied with health risk, at the point of having monthly tests taken at the medical doctor.

Interviewer: “Is it some special days?”
Sara: “It is not like that I eat a kilo of bread and potatoes. I don’t—also do eat healthy food, but sometimes I just have days, where I just need to have something sweet.

Interviewer: “And have you experienced that some people could not accept the way you look?”
Sara: Yes, bloody hell. One day a guy said that fat people would be prohibited to go to McDonalds. I felt like hitting him. Why on earth should he decide whether I could go to McDonalds?

We here see a link between the public health discourse in Denmark and Sara’s self-perception. As a person who consumes “unhealthy” food products (cake, sweets, cocoa-cola) and who is also overweight, she is not adhering to the picture of the responsible and autonomous consumer who takes informed and healthy choices. In the consumers’ discourses this is expressed as an association between physical appearance, principles and morality. The fat person is a person who lacks discipline and principles and consumes the “wrong” food in an uncontrolled way; this is taken as a threat to public morality. To avoid this threat that the fat body presents, it is proposed that society regulates the food consumption of these morally weak persons. As the suggestion of prohibition of going to McDonalds, and as Rikke suggests; if people are not capable of being responsible in their own lives, society should take over the regulation. Hence we have a public discourse that regards health as first and foremost an individual responsibility and ascribes autonomy and personal responsibility to the capable citizens, furthermore it proposes intervention in the case of the more “vulnerable” group. It is interesting seeing how this discourse is echoed in the consumers’ discourses, but in a somewhat distorted version. In Sara’s case, being fat is not explained with reference to any genetic disposition, nor is it seen in the light of her social and economic background. Rather the overweight is the display of a public failure to take control of ones life: to this reason she is considered an “economic burden”. No wonder Sara responds to the “pointed fingers” in a quite aggressive way. Furthermore, hardly surprisingly, she is also overtly self-defensive and argues in the following way “I actually think it is possible to have 40 kilos overweight and still be a good person”.

CONCLUSION

In this paper we have presented preliminary data from a qualitative study of consumers’ perception of healthy food. Food represents part of our identity construction, and as Fischler (1988) puts it: “Food makes the eater”. Hence food defines and communicates who you are, and within this construction a dilemma arises: the balance between desire and control. A negotiation between health risk, the good life and control (personal restraints that comes from body images, public health claims etc); this is mirrored in life style and identity (who am I, what do I want to signalize to myself and the surroundings). Since nobody (or very few) seem to escape the oscillation between the pleasures of eating and the potential health consequences that are often associated with eating and food prices of the unhealthy and reduce the prices of the healthy.
choice, we concur with Wilk (2001) that the sin/guilt cycle provides a basic rhythm of consumer culture. The food market definitely constitutes a domain of “moral conflicts over consumption”, as Wilk calls it. Additionally, the current discourse of obesity epidemics allegedly drawing many parts of the world adds new, ironic and for some tragic meaning to the moral discourse of (and against) overconsumption.

We have described the public health discourse in Denmark and its focus on individual responsibility and autonomy. We have presented how this discourse has penetrated consumers’ notion of health as closely connected to notions of personal responsibility, discipline and control, as well as moral meanings and judgements. We have proposed that the public discourse has produced four main discourses among consumers that both serves to classify people and as displaying a guiding principle in eating behaviour. In the paper we have described four types of consumer discourses, which we have labelled discourses of the common people, the informed, the indulgent and the resigned. Lastly we have suggested that by individualizing health factors and by failing to take into consideration genetic, structural and social determinants of health, the dominant discourse of health among Danish consumer poses a risk of stigmatizing people suffering from especially life style diseases (Ogden 2003). Furthermore by attributing responsibility to individuals for their own health you risk blaming people for being ill and for taking “unhealthy” choices, as in the case of Sara. The consequence is that overweight and obese persons come to present a failure to respond to health risk though discipline and control, despite the fact that the correlation between what is taken as a failure to respond to health risk through discipline and control, as well as moral meanings and judgements.

We thus conclude, that under the pretext of promoting health the dominant public discourse contributes to creation of new moralities in consumers’ discourses that implicates a construction of social stigma and lower life quality in certain parts of the population.

REFERENCES


