

## BENLİĞİ, SAĞLIĞI VE BEDENİ UMUT VE AHLAK SÖYLEMLERİYLE DENETLEMEK

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### ÖZET

Modern tıp ve sağlık kültüründe üretilen sağlıklı yaşam anlayışları ve söylemleri kapitalist bir toplumsal ve finansal hareket halini almıştır. Bu hareket, hem estetik hem de sağlıkla ilgili konular olan obezite ve zayıflama sorunlarını gündemine alarak çeşitli yaşam tarzları, umut, ahlak ve tüketim söylemleri üretmiştir. Bu tıbbileştirilmiş ve metalaştırılmış süreçte, artan sayıda yatırımcı grubu, beden politikacısı, tıp, kozmetik, kimya ve medya endüstrisi profesyonelleri insanları “hastalar” ve “müşteriler” olarak tanımlamaya başladı. Bu tür egemen paradigmlar, nihayetinde hastalıklı bir toplum algısına yol açabilir. Bu bakımdan, biyoiktidar oluşturan bu güç grupları, toplumu hastalıklı bir toplum söylemi üzerinden manipüle edebilmek için umut ve ahlak söylemlerini kullanmaya başvurmaktadır. Bu çalışmada hem teorik argümanlar hem de anket sonuçlarını sunmayı, online (çevrimiçi) anketimin sonuçlarını tüketim-karşıtı ve eleştirel bakış açıları çerçevesinde yorumlamayı hedefliyorum. Aşağıdaki bölümler öncelikle teorik argümanları tartışacak ve son olarak bulgular tartışılacaktır.

**Anahtar Kelimeler:** Umut, ahlak, sağlıklı yaşam, tüketim kültürü, kitle iletişim araçları

## REGULATING THE SELF, HEALTH AND BODY THROUGH HOPE AND MORALITY DISCOURSES

### ABSTRACT

Healthy life understandings and discourses produced in contemporary medical and wellness culture have become a capitalist social and financial movement. This movement has produced various lifestyles, hope, morality and consumption discourses after putting obesity and slimming issues, which are both aesthetics and health-related matters, into their agendas. In this medicalized and commodified process, people have begun to be defined as “patients” and “customers” by an increasing number of investor groups, body politicians and professionals in medicine, cosmetics, chemistry and media industries. These kind of dominant paradigmas eventually may lead to a perception of an ill society. In this respect, these power groups constituting the biopower resort to utilizing hope and morality discourses to be able to manipulate the society into an ill society discourse. In this study, I target presenting both theoretical arguments and survey results and interpreting the findings of my online survey within the context of anti-consumerist and critical perspective. The following chapters will firstly discuss theoretical arguments and finally the findings will be discussed.

**Keywords:** Hope, morality, healthy life, consumer culture, mass media effect

## 1.INTRODUCTION

I want to adopt the approach by Lupton where the limits of both biological and sociological construction of body are welcomed. She favours a dialectical approach to body. This approach recognizes the location of bodies in nature, but also the ways in which discourses are utilized to construct bodies and bodily experiences in certain ways over which individuals have only a limited level control (Lupton, 1995, pg.5). In a similar vein, Shilling explains, 'people build their bodies through labour, sport and play, but they do not make them in circumstances of their own choosing'. Hence, throughout the lifespan the body is transformed by social relations, but within certain limits imposed by biology (Shilling, 1991, pg.665)". The possibility of constructing these ideal bodies has limitations due to biological, financial and cultural factors (social, cultural and economic capital etc). According to Lupton, a big set of expectations about health and the body without any conceptual limits prevails in western societies:

We expect to feel well, without pain or disability, long after middle age, we expect all children to survive birth and infancy, all women to give birth with no complications, all surgery and medical treatment to be successful. And for the majority of individuals these expectations are indeed met, serving to reinforce them even more strongly (Lupton, 2012: VII).

The limits of the body and healthiness are being defined everyday by countless developments in health, medicine, genetics sector and healthy life philosophies. There is an established cultural health belief that people will start living longer by following or adopting the norms and imperatives of the healthy life system or healthism. This belief has been commodified and combined with a consumerist life style. In this regard, many types of products, philosophies, drugs or nutrients, either they are effective or ineffective, original brands or proliferated ones, are marketed and sold easily for the sake of a healthy life without any legal or financial constraints. In this process, the medical, pharmaceutical and many other industries exploit the risk, hope and morality concepts to be able to influence the perceptions of consumers in an easier way.

The doctors are forced to prescribe as already supported by many reports. For Busfield, the patients as active consumers are more demanding than in the past...The reproduction of a consumer-oriented healthy life culture may be associated with a growing public demand for medicines, because such a culture may urge people to search for help for their problems and to demand medicines (Busfield, 2010, pg.937). The doctors are will probably welcome this demand and prescribe a medicine when it is demanded (Carthy et al., 2000).

At the present day, people from various backgrounds and cultures are becoming more interested in self care and healthy life habits and philosophies as these ideas are distributed or even being bombarded to them by mass media. Thanks to the developments in digital media, smart and internet based technological applications, the medicalization is spreading in Turkey as in all over the world, but my focus in this study is not only the medicalization process, but also the spread and expansion of the healthy life doctrines and the production of healthy body ideals in the minds of people in this dissemination process. This healthy body ideal, also a beautiful ideal body concept, has been constructed by many industries. These industries encourage

people to consume for health-related issues. This commodified ideal is frequently manifested in many healthy life advices, health promotion practices and popular healthy life style philosophies. For quite some time, people have adopted these practices and these applications within the context of the dominant healthy lifestyles and culture. Afterwards, the healthy life market and communication have boomed and overloaded the people with ideal products, behaviours, drugs, services, therapies, diets etc.. Many kinds of healthy lifestyles have been imposed as imperatives to help maintaining “a so called longer and more healthy life”. Some of these are supported by many reports, findings and studies as efficient for the body and mental health of people, however, the market, the distribution and the usage of these also present inefficiency (Oguz, 2015). The adaptation to and adoption of these practices may also lead to the utilization of these ideals by various sectors such as wellness, sports, medicine, pharmacy, alternative medicine etc within the context and discourse of hope and morality. The medical profession and side sectors have utilized such far-eastern cultural and medical practices as yoga, bio-feedback, acupuncture, relaxation techniques, macrobiotic diets, meditation, massage and also aerobic fitness, visualization techniques and other health phenomena. These have traditionally been largely ignored by Western medical science. Further research has indicated the therapeutic value of plants, pets, music, colour, views from windows and even laughter, and especially tender loving care, positive attitudes and the will to live (Synnott, 2002, pg.35). There are so many other new techniques, services and products that are recommended in mass media, in professional health relations and in public life interactions. These new products and techniques have changed the meaning of health, longevity and bodily capacities. Indeed, as Synnott observes and tells about the earlier instances of these (Synnott, 1993, pp.34-35):

“The body increasingly becomes plastic (i.e. able to be moulded at will); it also becomes bionic (with cardiac pacemakers, valves, titanium hips, polymer blood vessels, electronic eye and ear implants, collagen fibre and silicon rubber skins, and even polyurethane hearts); communal or interchangeable through organ transplanation surgery; engineered through new forms of gene therapy; and even 'chosen' or selected from a growing number of ovum and sperm banks” (Williams & Calnan, 1996, pg.1612).

The utilization of these kind of technologies by different sectors may help with the supply for the demand concerning healthiness and may be an effort for expanding the limits of the body, lifespan and the idea of longevity and eternal healthiness. According to Williams and Calnan, medicine has become a fountain of hope and font of despair as its 'limitations' are exposed as never before (Williams & Calnan, 1996, pg.1612). The expansion of medical and pharmaceutical sectors has allowed these power groups to take over the moral power and roles of religion. Now that the medicine promises a longer and healthy life and there are many financial and social reasons in delegating the roles of religion to health-related sectors in promising longer, healthier and quality life experiences. The pharmaceutical corporates, especially the multinational ones, are in a constant search for expansion in their markets and target increasing the profit through increasing the demand (Angell, 2005). The healthy life sectors are among the most exploited sectors in public health consumption issues and these corporates take the liberty to regulate the self and body thanks to the exploitation of the anxiety produced through the scaring strategies of health promotion. These discourses are formed with hope and morality only to increase consumption and anxiety.

In the following chapters, I will present some discussions about how the self is reproduced by the health promotion discourses within the context of consumerism perspective to shape the body and health and to have a practice of power over people in various classes. In defining the

theoretical limits and context of discussion, to start with the process of utilization and exploitation of hope will be better.

### **1.1. Consumption of Hope And Healthy Life Imagery**

Hope is increasingly connected to consumption of medical alternatives and solutions, therapies offering and promising cures, alleviating suffering and facilitating the construction of new selves (e.g. bodily enhancement and cosmetic technologies, psychotherapeutic technologies), (Petersen & Wilkinson, 2015, pg.115). This privatized, therapeutic orientation to hope can be clearly distinguished from the earlier sociopolitical and emancipatory conception of hope that was prevalent in the middle of the 20th century (Petersen & Wilkinson, 2015, pg.115). In recent years, positive psychology developed “hope-focused” self-help literature and co-operated with healthcare (Petersen & Wilkinson, 2015, pg.116). This hope discourse produces an individualized and active patient notion and focuses on the relationship between mind, hope and the illness. (Groopman, 2005).

Medical research seeks for funding with offer and promises of hope and new remedies are marketed to health professionals and the patients (Petersen & Seear, 2011, pp.329-346). Pharmaceutical industries facilitate the spread of hope talk and, in this way, it becomes easier to medicalize the human life (Brown, 2005, pp.331–355). In a need and hope for a reconstruction in the self health and body, this legitimation of clinical or nonclinical interventions or regulations into the self, body or lifestyles of people comes to the fore as a norm. This legitimation produces a “hope market and economy”. It can be commodified, utilized and to some extent exploited by anyone, any corporation or institution targeting to take over the financial or political power (biopower), because, in this hope market, a “healthy self” and “healthy body” ideal can easily be commodified and marketed to health-care consumers thanks to the influencing power of the fear factor. Fear is created by some poor-quality health communication and with the exploitation of the moral power of medicine. Fear provides a fountain of hope and promises as people will need solutions when they feel anxiety. When there is fear, there is also hope. Certain tasks of this hope market are imposed as imperatives via scientific and semi-scientific health information. In collaboration with psychology, the health sciences construct hope for a higher quality of life health and longevity. The health sciences and psychology can be seen as forms of power/knowledge that construct and limit our ways of knowing and fabricate subjects and shape subjectivities (Petersen & Wilkinson, 2015, pg.115). The self and subjectivity are produced by healthy life and hope markets within health promotion and medicalization activities with conceptions about limits and limitlessness.

The allure generated by hope takes a significant role in the “magic system,”. In this system people are persuaded to a notion that consumerism means achieving self-actualization and happiness (Williams, 1980, Peterson & Wilkinson, 2015, pg.113). In this respect, the agenda of healthism is comprised of many stages starting with the production of magical cures for a better health, body and life, continuing with the distribution and marketing of many services, products, drugs within the health communication and health promotion activities. Various sets of rules and moral imperatives are disseminated within semi scientific health philosophies as well as scientific and quality ones. Hope, in this manner, can be the grounds for the healthy body in following the imperatives of this new consumption system. In healthcare and medical practice,

'hope' is advocated as a life orientation, personal attribute, or as an acquired set of values and provides the basis for "resilience" and the strength of will required to promote healing (Petersen & Wilkinson, 2015, pg.114). A willingness to submit one's self to new treatments or regimes of care may enhance one's own future prospects (Petersen & Wilkinson, 2015, pg.116). This is a further step of aforementioned legitimation of health norms.

In the past, the churches functioned as a center of the construction of self and mental healing. It required the individuals to follow the norms of the religious system and not question the power relations of the church. At the present day, the medicine has a similar power to that of the church, even though medicine and other sectors are open to criticism, and there are extensive measures and pressures for the individuals to adopt the norms produced by medical institutions. Both institutions, church and medicine (and related sectors), have made use of hope to manipulate individuals and society to reproduce their own social and financial power especially via the health promotional activities, publishings, internet-based advices and philosophies. However, "hope" can be "misguided" or "false"—based on faulty premises or no evidence. It may lead to unknown destinations and harmful situations (Rettig et al., 2007). Thus, as Rettig et al. explain, "the power of hope", or "fountain of hope" can lead to commitment to clinically unproven treatments or care regimes that may, in time, be shown to have no benefit and may even be dangerous (Petersen et al., 2014, Petersen & Willson, 2015, pg.116). Health promotional information dissemination should be developed with special information pollution-filtering and decision support systems in health care. In this way, people may have increased awareness about conflicting information and information pollution and we as social scientists should contribute to generating a critical health literacy mechanism which will make people be more aware of the contradicting information and of the consumption with no benefits for health.

## **1.2. The Regulation of Self, Health-Care and Bodily Habits Through Morality**

Due to the information overload in many areas of life, the dominant self, self-care and body-care norms have been under the influence of semi-scientific and moral assumptions. These kinds of moral assumptions get their sanction power from the traditional practices of applying scientific information. The assumptions, useful or useless for the body and health clinically or non-clinically, are used by health authorities, cultural immediateries and lay people. This process starts with the production of healthy life products, services or philosophies. Anyone can find in their own lives various cases in which they use imperatives to distribute semi or fully scientific health information, however, no improvement in the health perception or health status emerges as a result.

The morality is used to provide a cultural adaptation of medical and healthy life information so that they can be rendered as influential on the emotions of people. The morality in healthy life is penetrated into the public life of lay people in many ways and approaches. Metz and Kirkland's interpretation of the morality in our neoliberal healthy life advice systems is striking:

"You see someone smoking a cigarette and say, "Smoking is bad for your health," when what you mean is, "You are a bad person because you smoke". You encounter someone whose body size you

deem excessive, and say, “Obesity is bad for your health,” when what you mean is, “You are lazy, unsightly, or weak of will”. You see a woman bottle-feeding an infant and say, “Breastfeeding is better for that child’s health,” when what you mean is that the woman must be a bad parent. You see the smokers, the overeaters, the bottle-feeders, and affirm your own health in the process” (Metzl and Kirkland, 2010).

Through these kinds of discourses, the self is continuously disciplined and reconstructed by the constantly changing health and body politics and the norms of the consumer society. The consumerist and commodified healthy life philosophies include a vast number of moral norms which do not belong to medicine area but imposed as if it was so. One of the main frameworks used in health communication between people and media is the healthy nutrition practice. According to simple descriptive statistical results of my online survey in 2015, 62,2 percent (n=61) of the respondents stated that they were aware of the warnings among people about and against ‘unhealthy’ diets, habits lifestyles and nutrients.

Spoel et al. found out in their study that the individuals discursively negotiate the moralizing framework of self-regulation and self-improvement central to healthy eating discourse. According to them, healthy eating is a ‘principle of perfection’ that citizens are encouraged to strive to achieve (Spoel et al, 2012, pg.619). Since 1960’s, during the years when the communication and marketing technologies were developed at an accelerated pace and gender norms started to change due to social and post-modernist movements all over the world, the main moral agendas of contemporary society have become overweight, obesity, ideal nutrition and self and performance improvement in terms of healthy life.

Today’s ideal body norm is healthy consumption for healthy body, especially for women. Chamberlain gives a striking example for this gender-based discourse of health promotion:

The women are positioned as immoral, both as individuals and as mothers if they do not engage in ‘correct’ dietary practices. Further, their ability to determine which foods are ‘healthy’ or ‘unhealthy’ is undermined through a distrust of ‘facts’ and scientific evidence, and they are rendered susceptible to exploitation through claims made for food as health promoting (Chamberlain, 2006).

In line with Chamberlain’s study, 60 percent (n=30) of female respondents in my study stated that they were indecisive about which nutrients and behaviours are healthy or unhealthy. This rate for male respondents was 46.7 percent (n=21). The ability to determine is the decision-making in sociological and psychological terms. Many sources of health information impose that their theories and doctrines are the hypercorrect or the truest. This certainty in the processed or transformed scientific information in mass media, social media, digital media and social interaction between people increase people’s awareness about the conflicting information. The consumers are left with doubts about the correctness of a specific hypothesis about whether a given nutrient and behaviour is healthy or not. In this case, with ultimate certainty in the dissemination of health information, the morality and health promotion produce indecisiveness and do not make an efficient contribution to an improved health status.

Healthy eating is a major thrust in health promotion activities. It is exemplified by a variety of food pyramids and healthy eating campaigns are offered in health promotion

activities. Health professionals have become increasingly concerned with people's weight and obesity has become increasingly bound up in health. Food, eating and diet are consistently linked to health in contemporary media (Madden & Chamberlain, 2010, pg.292). Along with the advancements in health monitoring and social media technologies, many health-related issues have disseminated widespread and habits of people have been transformed in the direction of health promotion policies and strategies.

Healthy eating issues have become prominent as a result of the association between obesity, cancer, heart diseases and lower body image. In this regard, the whole responsibility of controlling and regulating the weight and health is given to the individual. The social, cultural and socio-economic factors start to be ignored in health promotional activities. Thus, the imperatives for getting over the dissatisfaction or eliminating health problems concerning overweight are associated with moral categorizations to define various kinds of behaviour and subjectivities subjectivities to be imposed upon.

Discourses constructing obesity as a problematic and epidemic are widespread. These function to render the 'obesity problem' as an individualized problem. Nutritional and medical sciences and health communicational channels reinforce this individualization, particularly through body fat measurement tools such as the Body Mass Index (Jutel, 2006). These kinds of indexes may prove useful; however, they also can stigmatize them, leading to a victim-blaming culture (Campos, 2004; Campos et al., 2006; Rich & Evans, 2005, Madden & Chamberlain, 2010, pg.293). Monaghan, Madden and Chamberlain argue that this may bring along negative moral judgements and panic, produce a culture of fear in which especially women make efforts to become good, worthy citizens by adopting the slim body ideal (Monaghan, 2005, Madden & Chamberlain, 2010, pg.293).

The stigmas and categorizations such as healthy and unhealthy are turned to 'good' and 'bad' categories in morality. As a result, the whole behaviours and decisions of people from nutrition to physical activities, from the choice of habits to everyday life activities are evaluated and labeled as healthy and unhealthy (beneficial or dangerous). This, in turn, may continue with such processes as attaching moral meanings to habits, lifestyles, behaviours and perceptions of people.

According to consumerist healthism and aestheticism beliefs, women become worthy citizens, to adopt the culturally-defined ideal personality and bodily characteristics by being engaged in proposed healthy eating practices. In this regard, women engage in dietary practices both for physical well-being, and for thinness (Lelwica, 2006, Grogan, 2006; Lupton, 1996, Madden & Chamberlain, 2010, pg.294). The discourse of weight or overweight creates a 'religious duty' discourse under the health category as in medicine and fashion industries. Dietary principles are coded with moral and cultural values of the group where people or women live. Neoliberal markets and power groups including the political ones regulate the aesthetical-medical discourses in a consumption-oriented direction. These markets and power groups are in the inclination to regulate health and aesthetical perception, decision and behaviors of people with moral discourses. In such cases, despite the possibility of being categorised as immoral for behaving in the 'unhealthy' manners, women use differing strategies to resist being positioned as immoral. They point to structural factors to excuse themselves from eating healthily and construct dietary practices as a means to enjoy life. In doing so, the women

legitimate any potentially immoral dietary practices they engage in, and alleviate the guilt and disgust they are prone to experience (Madden & Chamberlain, 2010, pg.299). The women have been under pressure to obey the rules of cultural beauty system and ideology for ages and the pressure has for quite some time been increasing as today we have very effective information dissemination technologies utilized to impact the aesthetical and health perception of consumers, especially women. When they do not adopt the thin body ideal, they can be socially stigmatized as uncontrolled and undesirable. Taking responsibility for weight and health control means attaining a worthy citizen status. When women engage in 'bad' dietary practices around pleasurable and 'forbidden' foods, this positioning as immoral is reinforced with ramifications for their subjectivities, producing feelings of guilt and anxiety (Lupton, 1996; Paquette & Raine, 2004, Grogan, 2006, Coveney, 2006, Madden & Chamberlain, 2010, pg.305). Even though there are strong hints about the consumer identities associated with women, resistance against neoliberal consumption norms also emerge among women.

### **1.3. Selfcare as a Means to Manage Healthy Life in an Individualist Medicine Age**

Health perception is organized, manipulated and constructed through consumerism in health care. Modern medicine is a part of a more extensive system of disciplinary techniques and technologies of power. These technologies and techniques regulate the morality and 'normalization' of the population thanks to the medicine dominion's cultural and political power (Turner, 1987, Williams & Calnan, 1996, pg.1610). Life is being occupied and regulated by medicine through both an "anatomy-politics of the human body" and the "bio-politics of the population". Modern disciplines, systems of surveillance and control, and contemporary forms of knowledge/power are now increasingly focused on the body and its reproduction (Turner, 1984, Foucault, 1979, Williams & Calnan, 1996, pg.1610). According to Crawford, health offers control and release functions for production and consumption imperatives in capitalist consumer culture. Body has taken over a central point in medicine and many social issues are involved in these practices (Crawford, 1985, Williams & Calnan, 1996, pg.1618).

In contemporary societies, the health understandings are a way to surveil people and there are several focuses to regulate people's perceptions and consumption. Glassner indicates that the current focus is on such concepts as health promotion, fitness and the 'postmodern self' (Glassner: 1989). Foucault suggests in his later writings (Foucault: 1988) that control begins to move from panopticle structures to 'technologies of the self' (Williams & Calnan, 1996, pg.1610). Biopower, the market or body politicians hinder their responsibilities by individualizing the health responsibilities so that they will get away with these responsibilities and costs (Sezgin, 2011, pg.55). Under circumstances, they will be able to focus on and are motivated for developing new health and self control mechanisms, communication channels and products by being able to derive profits instead of dealing with costs.

According to Clarke and Bennett, self care is a moral responsibility. In their study, the data from male participants supported this hypothesis. The men tended to emphasize the importance of self-care for the achievement of masculine ideals of control and invulnerability (Clarke & Bennett, 2013, pg.211). As for women, self-care allowed them to maintain feminine norms of selflessness and sensitivity to the needs of others. In this way, self-care enabled the men and women to reframe their aging, chronically ill bodies as moral, socially valued bodies



(Clarke & Bennett, 2013, pg.211). Self care is suggested as a commodified salvation in which guilt and regret one will have for not following and adopting the norms of health promotion and habitus is eliminated. Self-care is carried out with the use of postmodern health ideologies, healthy products and services. It is commodified and rendered as a consumerist health ideology. In this regard, as Leontowitsch et al. stated, it is done through agency and individualization discourses:

Greater emphasis is now placed on expectations of self-agency and choice. Allied to this is the growing role of consumerism as a way of organizing key aspects of social life. Not only do these changes place increased emphasis on individual responsibility for health, but they also engage individuals in various forms of health consumerism (Leontowitsch et al., 2010, pg.213).

Self-care using non-prescription medicines appeared more governed by hope than by evidence or knowledge of the treatments concerned. Such a pluralism of approach reflects the growing consumerism in health (Leontowitsch et al., 2010, pg.213) and there is a trend that the individual is expected to be an active consumer of health care (Clarke & Bennett, 2013, pg.211). The consumer of the health care should pay attention to every detail of the nutrition practices and usage of healthy life products and services. This consumer identity positions the consumers as people who care about their own selves and bodies and should regulate these according to their own values as well as the adopted healthy life philosophies. In this case, choices about food consumption are not based merely on rational scientific formulations of energy, fat, vitamins, minerals and protein content, but also on what food symbolises socially and culturally (Chamberlain, 2006). Baudrillard points to an important aspect of this ideology, for him, in this system, the consumer has a duty to take care of oneself as one has to cultivate one's mind. It is considered as a mark of respectability (Baudrillard, 1998, pg.140). S/he manages the self and bodily devotions according to scientificness and respectability of the practices, products and the associated values within the society.

#### **1.4.Delegating Health-Related Responsibilities to Consumers**

In modern cultures, people are constructed as active consumers of health advice. They are kept responsible for maintaining their health and also for constructing a socially appropriate and acceptable body form. The demands for this are constantly increasing under the conditions of post-modern consumer culture (Featherstone et al., 1991, pp.170–196, Crawshaw, 2007, pg. 1607). In the neoliberal economies, under the influence of commodified health ideologies and practices, the individual is turned to be a consumer position from the patient position. In this way, a significant market which can be exploited not only by the health sector but also the media sector is created. Thus, in this context, media imposes various information to consumer audience about which things should be done and be purchased. They are deemed to be those who do not know how to manage their health are imposed through the media (Sezgin, 2011, pg.53). The healthy lifestyle advices are presented by the healthy life industry and media. These industries attempt to regulate the bodies through health discourse due to their commercial concerns. Some scholars also discuss that the medicalized social control makes it invisible to see the exploitation through healthy lifestyle advices which are cared by people (Sezgin, 2011, pg.55, Erdogan, 2013, pg.150).

In recent years, a proliferation of reality-based media focusing on the body, diet and exercise have sought not only to entertain audiences, but also to operate as pedagogical sites through which to encourage populations to undertake surveillance of their own and others' bodies in order to address a so-called 'obesity epidemic' sweeping across western society (Rich, 2011, pg.4). The body has become a project (see: Turner, 1984) as many sociologists stated. This project has generated a consumption ideology and system in which healthy lifestyle philosophies are easily commodified and disseminated in digital medias such as social media websites, healthy lifestyle smart technologies such as phone applications smartwatches, activity control devices etc. The pursuit of health has become a highly valued activity in modern and contemporary life, commanding enormous resources and generating an expansive professionalization and commercialization along with attendant goods, services and knowledge (Crawford, 2006, pg.401). For quite some time, the healthy life-related information has gained importance in related practices and health-care management as well as self management. Mass media and internet has played very important roles for the individualized health management. Today, hundreds of thousands of people have decided to change their occupations as influencers and lifestyle coaches who manipulate their followers' body-related perception, decision and behaviors. Especially, the Instagram<sup>®</sup> application has taken a central place in the aesthetical-oriented healthy life advice and image dissemination system and culture.

Williams, Calnan and Manning state that mass media has three functions, but not limited to these. The mass manipulation of public opinion, the education of public opinion by independent professional journalists and the media's response to the demands of the lay populace for "newsworthy" stories (Manning,1985, Williams & Calnan, 1996, pg.1615). The education of public opinion is carried out by cultural intermediaries in health communication process. Culture intermediaries (Bourdieu, 1984, pg.359) including health professionals, experts etc. prepare some healthy life style philosophies and some lists of "dos and don'ts" concerning psychological and bodily health. These newly produced lifestyle and body philosophies are disseminated in social relations and communication technologies. The information acquired through newspapers, books, journals, internet forums, social media platforms and also body tracking technologies may go through active interpretation, empirical observation and trial and error processes. However, a remarkable amount of hearsay information about body and health is also disseminated in this process and in many cases, the management of the body and health may simply be done through this word of mouth information. Media and internet have been used intensely to market the healthism. So many cultural immediateries have become the bodily opinion leaders. In internet media, there are countless lifestyle and health coaches and experts commenting on the healthy and ideal body. Social media and internet based communicational channels have especially become a fountain of information pollution as they host many unlicensed lifestyle coaches and philosophies etc. Today, people have professions as counsellors who can educate or manipulate their customers through Whatsapp<sup>®</sup>-based or social media-based practices. They are paid money as freelancers for the products and services they develop or they can organize prosumption activities.

## **2.METHODOLOGY**

In the topics below, I will briefly present some results and datas about the methodological details of this study.

### **2.1.Data collection**

I conducted an online survey with health literate consumers (n=100) between 1st of August and 31st of August, 2015 in Istanbul. The data collection was made with a paid survey software service of freeonlinesurveys.com. The main goal of the survey was to collect data and information about the trends concerning how much the individuals are influenced by the hope and morality discourses disseminated in mass media, social media and social circles and concerning how people react to dominant health promotion ideologies.

### **2.2.Sampling**

The sample was health literate adult consumers. The sample was composed of the respondents from social media channels such as Facebook<sup>®</sup>, Instagram<sup>®</sup>, Eksisozluk<sup>®</sup> and internet forums.

### **2.3.Quota**

51 percent (n=51) of the respondents were female and 49 percent (n=49) were male. The age range covers between 21-43 years old even though there are several people from other age groups. The datas will be applicable for the mentioned age-group, not the other groups.

As for the educational status, a large majority of them were university graduates. As the educated young people are those who use internet more than any other age and education groups, reaching them through online survey was considered and expected to provide a more target-oriented result, because, the awareness for health-related information and health promotion is in the inclination of increasing by educational level and by internet use (Ayers & Kronenfeld, 2007, pg.327).

### **2.4.Analysis**

All the analyses to be mentioned below was made with IBM SPSS Statistics 23<sup>®</sup> software. The results will be briefly presented. According to reliability results, Cronbach Alpha value was calculated as ,819. This result has shown that the developed scale provides the reliability efficiency. As for the factor structure, Kaiser-Meyer-Olkin (KMO) result was calculated as ,534, this means that a factor analysis can be conducted. Besides these two analyses, a frequency

analysis and a crosstab analysis (by gender) were conducted. Some of the frequencies were presented within the text. These are not applicable to generalization; however, they can give some ideas for further investigation.

## 2.5. Popular Healthy Lifestyle Tasks

People are continually bombarded with media messages and advices about healthy lifestyles and images of body beautiful (Williams & Calnan, 1996, pg.1615). Especially, the women are overloaded with information and messages about beautiful body and nutrition relationship. According to the study of Madden and Chamberlain, the women are aware of the relation between healthy dietary practices, weight management and 'beauty'. This renders them susceptible to exploitation through nutritional health messages, as these have a double meaning, referring to health and beauty. In order to resist this positioning, they maintain an overall scepticism towards healthy food claims (Madden & Chamberlain, 2010, pg.297). In line with the study results of Madden and Chamberlain (2010), 60 percent (n=30) of female respondents in my study were found to more be skeptical than males, 46 percent (n=21) about the healthy food and behavior claims and they state that they follow and adopt these healthy nutrition norms less. This trend may be caused by the fact that women may be against the social control and surveillance on their bodies and health due to a long and painful history under the influence of patriarchy.

One of the most convenient ways to find healthy life-related solutions and information in everyday life is to follow mass media, social media and internet sources as there is a booming variety of health information distributed through these platforms. As we may all observe, googling any kind of disorder or health issue has for some years been among the popular habits of the information and consumer society members and that can easily be observed empirically. According to some studies, the more frequently a person uses the internet as a source of health information, the more likely they are to change their health behavior (Ayers, 2007, pg.327). In the analysis of my study, I have found out some interesting differences between men and women in terms of health behaviours and health information and advice seeking habits. 48.9 percent (n=22) of male respondents and 34.4 percent (n=17) of female respondents were found to take the recommendations of healthy life experts into consideration and start investigating the health issues discussed. Male respondents are in the inclination to follow and adopt the healthy life philosophies and experts more frequently than women and they seem to be more interested in building their body with various methods such as exercise, walking and limiting the food intake. This is another supporting material for studies displaying the increasing interest in male ideal body cult and ideology. Namely, men are becoming as worried as women in terms of body image. Those who follow the norms of health promotion may be under the effect of these campaigns more than ever. There may be more than one explanation for the adoption of healthy life information and advices by male respondents. The first is that the awareness or interest in the recommendations of experts concerning health emerges as a result of an increasing level of education (literacy=health literacy). The literacy and health literacy increase linearly according to some studies, and the educational level of women is lower than men in Turkey (Altuntas, 2018), so the awareness and the habits of changing behaviour after learning new health information may increase in line with educational level. The second possibility may be a resistance in women against the bodily control by patriarchy (including a patriarchal information dissemination) and they may not want to be easily manipulated or to behave under

the influence of social discipline any more. The women seem to be more skeptical about the uses of some specific nutrients categorized as “healthy” or “unhealthy”. This may also be related with the long history of body control and management experiences of women for hundreds of years, but most importantly for the last 100 years. Chamberlain summarizes the recent trends of manipulation of the market which lead women to indecisiveness:

The women’s scepticism and distrust of scientific ‘evidence’ and ‘facts’ place them in the position of anxious consumers, rendering them as fearful, anxious and confused about whether they are eating the ‘correct’ diet... The rules around what should be eaten to stay healthy are complex and contradictory. At the same time, they must strive to eat the ‘correct diet’ in order to maintain their health (Madden and Chamberlain, 2010:304).

In line with Chamberlain’s (2010) study, 68,9 percent (n=31) of male respondents’ state that they have interest, belief and trust in the recommendations of experts and change behaviour, however, the rate for women is less, it is 48 percent (n=24). Female respondents have been found to be more indecisive and the lower rate of adaptation to and adoption of these healthy life philosophies may be because of these doubts.

I found strong social influences in the form of health-related warnings by others and professionals on my respondents. 42,9 percent (n=42) of people state that they are influenced by the warnings of other people about health issues and 79,6 percent (n=78) state that they are influenced by doctors and health professionals. We can assume that most people may be more frequently in interaction with other people than they are with health professionals. And the more frequent social interaction with lay people – not the medical profession- may have more influence on public health behavior. People may not change their opinions, decisions and behaviors even when they receive these advices and information from lay people on several occasions. However, within their own habitus, if they are frequently provided with healthy life advices by other people, it may have more effect than health professionals as their beliefs about anything are socially constructed most of the time. The accumulation of the received messages may determine the direction of the beliefs, whether poor quality information or good quality information. According to analysis results of my survey, 69,4 percent (n=68) of people share with other people the health-related information they learn through mass media, books, journals or internet. This may mean that the healthy life philosophies start to be disseminated in the social relations after being received from mass media and internet. The health-related beliefs and attitudes, in this respect, will be shaped by social interaction as well as individual information seeking efforts and behaviors. Even though, the hearsay information and everyday life conversations are not good quality health information and not scientific enough, it may probably have significant effects in changing behaviours and body image of lay people. In the course of time, due to the developing health communicational technologies, people have been engaged in more and more health and body talks in their social interactions. Especially, since 1960’s, body and health-related issues have occupied a central location in the social interactions in consumer societies. 60,8 percent (n=59) of respondents stated that they consult other people to get the opinions of others concerning their own bodies and health. 75,5 percent (n=74) of respondents are aware of the fact that other people discuss healthy life issues and health related information in their daily conversations and they act upon this interaction. These high rates may imply that health is considered by people as an individual and collective construction. The health-related information seems to have a moral power and importance in these conversations, interactions or communication and the health may be partly constructed within the context of

collective information dissemination. Moral assumptions and hearsay information and opinions are frequently included in these health talks.

## **2.6.Social Control of Health Behavior**

47,4 percent (n=46) of respondents' state that their social circle have similar health perceptions, behaviours and protection motivations with the respondents'. The rate of those who state that their social circle enforces them to behave in similar manners (46,5 percent (n=46) and shares the information they acquire from mass media, internet or other people is almost the same as those who state that their social circle has similar perceptions or motivations, 47,4 percent. There is a social control mechanism in which people have their own beliefs and they share these beliefs with others to construct a new self and body in others. Receiving the health promotional information will influence the habits of sharing this and enforcing or encouraging others so that they can reconstruct their body and health in the light of these newly produced health ideologies and lifestyles. However, this simply does not mean that everyone will accept the notions of others in health and body talks. Many people are increasingly having more awareness about these issues and they may perceive whether those who share this information are knowledgeable with good quality health information or not. According to analysis results, 49,5 percent (n=49) of people think that those who share the health-related information from mass media explain these clearly. They decide on whether others who disseminate these messages have acquired good quality health information and explain it well upon their own background knowledge. Almost half of respondents seem to confide in their social circle's health-related information level.

## **2.7.Health perception, Body Image and Overweight Issues**

More and more people start to feel bodily dissatisfaction as slimmer bodies are associated with activeness and success whereas overweight bodies are associated with laziness and weakness of will in the ideologies of consumption and beauty (Baldil, 2017). 40 percent (n=40) of respondents stated that they feel overweight and this rate is close to the calculated obesity rates in Turkey (Public Health Agency of Turkey, 2015). We can conclude from this result that people are influenced by aesthetical and health-related cultural norms which are distributed within mass communication and social interaction. According to TURDEP-II survey, the rate of obesity calculated for women was 44 percent in 2010 while it was 27 percent for men (Public Health Agency of Turkey, 2015). Although I do not focus or investigate on the obesity directly, I can say that the coincidences between my study and these national studies show that the perception and discourse of overweight have already started spreading within the society. When I conducted a correlation analysis on the answers of those who state that they are overweight and answers of those who state that they should lose weight, I found a correlation at an important rate: ,819. Whoever feels overweight due to popular obesity and overweight norms is in the inclination to feel the need to lose the extra pounds. This may well mean that nearly half of the population feel a negative body image. The results in this study are of course not claiming this but may present some clues about the existence or possibility of such a phenomenon.

As for the alternative medicine and health practices and applications, 78,3 percent (n=76) of people do not have trust in these even though they are being more popular in the world. We can say that in Turkey, biomedical understandings are found more reliable and gets much more credit. I have already asked some control questions concerning this and found out that there are some correlations between the concepts to be investigated. There is a meaningful correlation between the answers of those who have interest and trust in alternative health applications and publishings and the answers of those who buy products or drugs from herbalists - the main repository of alternative medicine and health practices. The correlation rate is ,619. The consumption and usage of alternative medicine products and services increase in line with the interest and trust in these kinds of publishings which market these products and philosophies. The increasing level of awareness about health-related information may be enforcing and encouraging people to behave in the recommended ways and to adopt the consumption norms and habits as required by the beliefs and moral structure developed in the health communication and medicalization process.

I found another correlation between following healthy life-related TV shows and publishings and feeling the need to protect their health (.664). The respondents stated that they feel anxious when they have increased awareness about their health problems after watching these kind of TV shows. They also added that they live a healthier life thanks to their habit of following these kinds of information in mass media. We can see from this correlation that the presentation of risk factors and policies in the popular literature of health management may motivate people to adopt the healthy life ideals and habits and the consumption of services and products. However, there are enough hints that this warning culture should be regulated with high quality information and promotion practices.

### 3.CONCLUSION

In this study, I tried to explain the influences of health promotion by presenting theories from anti-consumerist and critical perspectives and results from my online survey. There are strong hints from different empirical observations of mass media and social media that the medicalization and health promotion process is carried out with hope and morality discourses. In my survey, I found out from several results of analysis that people may have the inclination to share what they learn and to enforce others to behave in similar manners. This social interaction forms one part of health communication. I also asked questions about media monitoring habits and found out that young and educated people use internet as the principal source to construct their healthy body and to conform to the healthy body ideal. Hope and promise discourses are usually used in the news or articles in mass media to motivate people to adopt health ideologies and to consume and to use services. As for morality, it provides the medicine and health-related sectors with the sacred power to govern and manipulate the public health behavior for a better health and also for a higher profit in neoliberal economies. These sectors have enough reasons to reconstruct the self and to manipulate consumers into purchasing many products and services to be healthier. The medicine or health related sectors view people as potential patients and customers and as consumers lacking the health-related information. This may be seen in the reports and discourses prepared by them. However, these industries have the courage to define literacy, health illiteracy and a new consumerist morality to manipulate the consumption and for reproducing their political and spiritual powers. It should not definitely mean that they can have a legitimation to define, limit and shape the self and

bodies in everyday life. Now, due to dominant neoliberal profit maximization targets and marketing activities, such a surveillance system, a commodified healthy-life panopticon seems to be constructed by an information overload in healthy life advices. There should be a control mechanism and information filtering which can tell public about the contradicting points and health ideologies should be constructed for various fragmentations within the society, but not in a one-size-fits-all fashion and manner.

Even though there is a trend of individualizing the health responsibilities, there is also a resistance against over-medicalization and people are constructing the bodies and health in health talks, in either healthy manners or unhealthy manners. This resistance or anti-medicalization phenomenon should be investigated in further studies.

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