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Published in:
European journal of marketing

DOI:
10.1108/EJM-04-2018-0296

Publication date:
2020

Document version:
Accepted manuscript

Citation for published version (APA):

Go to publication entry in University of Southern Denmark's Research Portal

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Download date: 15. Sep. 2023
Powered by healthism?  
Marketing discourses of food and health

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Forthcoming in *European Journal of Marketing*

**Purpose** – Driven by the visible proliferation of marketing scholarship dedicated to the topics of food marketing and consumer well-being, this study sets out to critically examine the prevailing meanings and assumptions around food and health in marketing research.

**Design/methodology/approach** – Following the guiding principles of Foucault’s archaeology of knowledge and the methodological orientation of critical discourse analysis, we analyse a systematically produced corpus of 190 academic articles from 56 publication outlets.

**Findings** – The study identifies three discourses of health and food dominant in marketing and consumer research. Each of the three discourses blends the ideology of healthism with market(ing) ideologies and provides a unique perspective on the meanings of health and health risks, the principles of appropriate consumer conduct and the role of marketing in regard to consumer and societal well-being.

**Research limitations/implications** – The study contributes to research into ideologies in and of marketing by introducing useful concepts that help explain the role of healthism in marketing discourse.

**Practical implications** – The finding of three dominant discourses could help reduce at least some of the existing complexity in regard to conflicting knowledge existing in the domain of health and food, and thus could inspire a more reflective body of work by researchers, policymakers and marketers towards improved food-related well-being.
Originality/value – This analysis of assumptions and consequences of the meanings mobilized by the dominant marketing discourses contributes to a better understanding of the current state of knowledge about health in the market reality.

Keywords: healthism, food, marketing discourse, critical discourse analysis, TCR

Paper type: Research paper
Introduction

There is an insight that is far from new, that marketing as an academic and practical discipline carries with it its own ideological legacies and presuppositions (see e.g. Marion, 2006), yielding a burgeoning field of research (e.g. Carrington, Zwick and Neville 2016; Eckhardt, Dholakia and Varman, 2013; Levy & Luedicke 2013; O'Reilly, 2006; Tadajewski 2010). This ideology is characterized by the benefits of the institution of free market exchange and the idea of the sovereign (and thus empowered) consumer, as underlined by a Foucauldian analysis of the power/knowledge nexus in marketing (e.g. Shankar, Cherrier and Canniford, 2006; Skålén, Fougère and Fellesson, 2008). This ideological role of marketing is sometimes mitigated by social marketing practices, i.e. marketing applied for “the greater good” (Hastings and Saren, 2003) such as preventing health-damaging eating patterns or, conversely, promoting healthy eating patterns. In a biopolitical age with much public focus on the linkage between the lifestyle, eating patterns and health conditions of various populations, this mitigation can easily conceal the fact that research for the greater good also carries with it its own ideological underpinning. Consequently, this particular application of marketing has been subject to less reflection of the ideological framing of its workings (though see Askegaard et al. 2014 and Cronin et al., 2018 for rare exceptions). Our work here represents an attempt to alleviate that by looking at the marketing research in food and health, particularly focusing on the presence of the contemporary discursive and practical role of health ideology, known as healthism (Crawford, 1980, 2006).

Healthism stands for an individual’s preoccupation with and responsibility for health raised to the level of super-value, a “metaphor for everything that is good in life” (Crawford, 1980, p. 365). As a form of “medicalization of everyday life” (see also Fitzpatrick, 2001; Lupton, 1995), healthism has become a powerful cultural discourse pressuring individuals to (re)frame their lifestyles around the pursuit of better health. Today, in most developed economies, health consciousness has become practically unavoidable (Crawford, 2006). Yet the implications of healthism have generated some controversy. Some argue that it produces a foundation for consumer empowerment through higher health awareness, increased health involvement and political democratization, while others focus on increasing health-related anxieties, massive pathologizing, articulating inequalities bordering on discrimination, a potential for the
distortion of medical and healthcare priorities, and un governable increases in private and public health costs (Anker et al., 2011; Fitzpatrick, 2001; Kristensen, Lim and Askegaard, 2016). In a social reality increasingly defined and structured by markets (Sherry, 2011; Zwick and Cayla, 2011; Fırat, 2013), the understanding how marketing discourse frames ‘health’ in the context of food may be one of the most important yet overlooked aspects of understanding healthism and the relationship between food and well-being.

If we assume that marketing research claims a strong voice in the debate about health and food alongside medical and nutritional research, we also have to acknowledge that this research is not neutral, but instead “adopts some social vision and thus embraces a substructure of assumptions, sentiments and values” (Murray and Ozanne, 2006, p. 48), potentially leading to the risks of exclusions and stigmatizations. For this reason, and following the call by Askegaard et al. (2014) arguing for major marketing scholars’ reflexivity about their research questions, designs and conclusions, we essentially question whether the ideology of healthism informs marketing and consumer research in the domain of food? And if so, how does healthism operate as an ideology in marketing research and what consequences does it produce?

Such critical inquiry becomes pressing with the surge of news about one of the most influential research groups in the field publishing studies with numerous data irregularities and statistical inconsistencies (van der Zee, Anaya and Brown, 2017) while tweaking the results to fit pre-conceived ideas, all for the sake of sensationalist headings, media coverage, attracting private and public research funds, and advancing careers (Newburger, 2018). Some might argue that a current shift in understanding of health from a physiological/biomedical notion of “absence of disease” towards a more multidimensional conception of “good life” and “well-being” (see e.g. Block et al., 2011; Cavusoglu and Demirbag-Kaplan, 2017; Nabec, 2017) to some extent alleviates the problems of “healthism”. However, while there is certainly much truth in a focus on (mental, social) well-being rather than merely (physical) health, the concept in and by itself does not propagate a less ideologized approach. As has been demonstrated with a number of terms referring to social discourses and practices for improving existential individual and social conditions – including therapy (Furedi, 2013; Illouz, 2008), optimism and positive psychology (Berlant,
In order to critically question the presence of healthism in academic marketing discourse, this study will first create a conceptual connection between ideologies of health(ism) and ideologies of market(ing). Further, we will examine the prevailing meanings and assumptions around food and health in marketing discourse. We will do it in a systematically produced corpus of 190 academic articles following the guiding principles of Foucault’s archaeology of knowledge (Foucault, 1972) and the methodological orientation of critical discourse analysis (Fairclough, 2010; Lupton, 2010). Thus we will generally contribute to the current body of reflexive analyses undertaking research into the ideological precepts in academic discourse itself, not only in marketing but also in consumer research (Eckhardt, Dholakia and Varman, 2013; Fitchett, Patsiaouras and Davies, 2014; Fougère and Skålén, 2013; Grier, Thomas and Johnson, 2019; Hackley, 2003; Hirschman, 1993; Levy and Luedicke, 2013; Skålén, Fougère and Fellesson, 2008; Thompson, 1993). More specifically, we will contribute with the first systematic analysis of healthism in marketing research pertaining to food consumption.

**Theoretical foundations**

*Ideologies in and of marketing*

As argued by Eagleton (1991), who recognizes at least 16 distinct uses of the term, the common definition of ideology will probably remain an illusion because it has several useful and not always compatible meanings. In this study, however, we use the term in the social constructionist sense (Berger and Luckmann, 1966), as a particular type of social knowledge whose implications are concerned with establishing, maintaining, enacting and transforming the relations of power. Power relations here refer not only to
an authoritative and sovereign conception of power, but to a whole range of more flattened, distributed and less antagonistic discursive power relations (e.g. between ethnically and culturally diverse groups, men and women, rich and poor, adults and youth) (Denegri-Knott, Zwick and Schroeder, 2006; Fairclough, 2010; Shankar, Cherrier and Canniford, 2006).

Ideology is only a secondary construct in marketing, useful and instrumental for some arguments, but rarely one of fundamental importance (O’Reilly, 2006). A more explicit focus on ideologies is visible within socio-cultural and critical views on marketing as an “impossible” hybrid of economy and culture (Slater, 2011), which operates “as an ideological screen—rather than simply a technique—that aims to arrange the world (class, ethnicity, gender, life course, and core/periphery relations) according to a singular vision of the good life as the ability to consume commercially produced, private (rather than public) goods and services” (Zwick and Cayla, 2011, pp. 15–16).

Elaborating on this general situation of marketing in a neoliberalist ideological framework, we suggest three different types of market(ing) ideologies.

First, we can talk about market ideologies or sets of shared ideas and values that act as mechanisms or discourses legitimating market existence, expansion and/or creation. Such legitimizing processes could operate through a variety of discourses such as political engagement (Crockett and Wallendorf, 2004), responsibility (Giesler and Veresiu, 2014), sustainability (Humphreys, 2014), ethics (Carrington et al., 2016), communism (Zhao and Belk, 2008), etc. in such a way to absorb and/or redefine these discourses in a manner that helps create consumer subjectivities (Yngfalk, 2016; Zwick and Bradshaw, 2016) and preserve existing (Humphreys and Thompson, 2014) and/or contribute to formation of new markets (Humphreys, 2010).

Second, a system of knowledge that justifies marketing per se can be thought of as marketing ideology. This embodies the worldview shared by marketing practitioners, researchers and commentators, helping them maintain commitment to their occupation (Marion, 2006) and being used publicly to justify marketing actions (Levy and Luedicke, 2013). Examples of the functioning of such marketing ideologies range from support for a neoliberal consensus (Fitchett, Patsiaouras and Davies, 2014; Wensley, 2010), belief in marketing’s universality (Marion, 2006), fixation with customer focus (Brown, 2005;
Skålén, Fougère and Fellesson, 2008) and (consumer) data-centrism (Addis and Podestà, 2005), prevalence of masculine (Hirschman, 1993) and Western-centric worldviews (Varman and Saha, 2009), command of managerial imperatives (Tadajewski, 2010) and branding ideology (Levy and Luedicke, 2013; Sherry, 2011).

Finally, marketing as ideology can be understood as an ideological expansion of marketing’s “way of seeing” well outside market settings (as suggested by Fairclough, 1993) to the extent that “market” has become a root metaphor through which individuals explore, identify and experience the world around them. “Marketing-speak” has replaced the language of democracy to talk about individual freedom and dignity (Fırat, 2013), and even acts of market resistance end up in the vortex of marketing (Izberk-Bilgin, 2010).

Healthism as market(ing) ideology

Healthism is an operand in each of the ideological formats. It functions as a discourse that holds together the market and the consumption system of many kinds of health products and services (Crawford, 1980; Giesler and Veresiu, 2014; Skrabanek, 1994), which arguably makes it a powerful market ideology. As one of the major driving forces of neoliberalism (Crawford, 2006), healthism is closely allied with marketing ideologies. And, considering the way that social reality is now increasingly defined and structured by marketing as ideology, health cannot be considered an exception in the global “marketization of life” (Sherry, 2011, p. 343). We now delve a little further into these interconnections.

As argued by Crawford (2006), the logic of healthism redefined health as a problem of individual responsibility. It should thus not be underestimated in the ascendancy of policies characterizing the neoliberal social order. The triumph of the ideology of individual responsibility for health has “proved to be particularly effective in establishing the ‘common sense’ of neoliberalism’s essential tenets” (2006, p. 410) and therefore the spread of rationality that favours privatized market solutions over, or at least in addition to, collective responsibility for economic and social well-being.

Healthism shapes the responsible self that is susceptible to consumerism and its freedom of choice ethos, rather than to a position of an obedient patient (Crawford,
2006), giving rise to an increased scepticism of conventional authorities. A healthist lifestyle is a continuous risk (reduction)-management operation (Kristensen, Askegaard and Jeppesen, 2013), supported by the shift towards “anticipatory medicine” (Lupton, 1995; Skrabanek, 1994), the rise of “expert patient” consumers (Henderson and Petersen, 2002), the culture of “doing your own research” and of “seeking a second opinion” within or outside the conventional medical profession. Consumers exercise their right to choose and assemble solutions for their health through a combination of expert systems, autonomous strategies of self-care and, of course, the market.

By reinforcing the privatization of the pursuit for health, healthism is indeed a rhetoric actively involved in producing market and consumption systems (Crawford, 1980; Giesler and Veresiu, 2014). It commands enormous resources and binds consumers to an expansive list of commodities, where official medicine is only a minor share. Natural and holistic medicine markets (Thompson and Troester, 2002), self-tracking (Ajana, 2018; Fotopoulou and O’Riordan, 2017) and the markets of various health-enhancing foods and devices have grown considerably thanks to heightened health consciousness. Moreover, since personal responsibility for health entails acquiring and constantly updating knowledge, even health-related information becomes a market in its own right, boosting the business of self-help books, health/dieting advice services, lifestyle blogs and TV shows.

Within healthism, food consumption is one of the main domains of individual responsibility enactment, representing simultaneously one of the major risk factors and sources for individual self-care strategies. As a “liminal object” that crosses the border between the outside and the body, and becomes “incorporated” within body boundaries through the act of eating, food is a risk that is perceived as more imminent and intimate, compared to global warming, environmental degradation, radioactivity and other technology risks happening on the “outside” of the body (Lupton, 1996). More importantly, in contemporary societies food consumption offers a dynamic platform “for the practical translation of moral and political visions” and becomes a “way in which people start to imagine a different world” (Sassatelli, 2004, p. 177), making it the “natural” context for exerting individual responsibility for health.
In terms of food and healthism, existing consumer research prioritizes the market ideology view (e.g. Cavusoglu and Demirbag-Kaplan, 2017; Kristensen, Askegaard and Jeppesen, 2013; Ourahmoune, 2017; Yngfalk and Fyrberg Yngfalk, 2015). Furthermore, the perspective that modern health and medicine are permeated with marketing as ideology is well established in sociological research (Lupton, 1995; Thompson, 2003). The third perspective outlined above, marketing ideology, has been addressed, to the best of our knowledge, mainly by Askegaard et al. (2014) who identify four sets of healthism-informed moralities in food and health research. What we propose here is an attempt to demonstrate the prevailing ways in which food and health research is discursively constructed/presented as a particular healthist marketing ideology. To this end, we will perform a critical meta-level discourse analysis of the marketing literature on food and health, with the purpose of discussing if and how healthism is (re)produced through this type of research.

Method

Data collection

To examine underlying assumptions about healthism in food marketing discourse, we generated a corpus of articles about health and food by applying systematic literature review principles (Tranfield, Denyer and Smart, 2003). We started from a large-scale records retrieval from three reference databases in the broad area of social sciences using a combination of some of the most frequently used author-supplied keywords in this domain (see Figure 1 for the overall design, search string and interim steps taken). This search strategy yielded 990 unique results. We then gradually reduced this to a more manageable and analytically purposeful corpus with the help of several rounds of screening procedures.

We first screened the results based on reading the abstracts and answering a series of content evaluation questions designed to help exclude “false positives”, i.e. research on non-consumer markets, non-food and non-health-related issues. We subsequently
screened the results to further reduce the yield, based on articles’ publication outlets, according to Tranfield et al.’s (2003) recommendation. On the one hand, the outlet had to be recognized as contributing to business and marketing disciplines’ knowledge (i.e. listed in ABS 2015 and/or ABDC 2013 with any rating) and, on the other, scoring at least moderately on citation-based rankings (SJR≥0.400 and/or H-Index≥20), in order to exclude those articles that circulate significantly less due to the lower reach of their outlet or their de-facto exclusion from a marketing researcher’s reading list due to disciplinary boundaries. Only articles that could satisfy at least three out of four prerequisites set for their outlets were included in the final sample, consisting of 190 research articles published in 56 outlets between 1988 and 2015 (see Appendix for the full list. In the findings section, the research articles are referred to by their number on the list for an easier read).

Data analysis

Being essentially an inquiry into an “archive” of scientific knowledge of the marketing discipline on the subject of health and food, our study adopted several guiding principles from Foucault’s archaeology of knowledge approach (1972) without claiming to be a fully-fledged archaeology of the domain. Following the metaphor of archaeological excavation, Foucault advises questioning “sciences, their history, their strange unity, their dispersion, and their ruptures” (Foucault, 1972, p. 195). The purpose is to uncover the structure of meanings that enable and constrain what can and what cannot be said (and thought) about social phenomena in a given domain and period. Following the archaeological approach which suggests continuously interrogating the discursive unities, we read our collection of articles searching for possible ruptures and discontinuities of “taken-for-granted” concepts, as well as for their coexistence and correlation (i.e. interconnections, analogies, differences and contradictions) with other statements and ideas.

Though nominally referred to as methodology, Foucauldian archaeology is arguably more of a collection of (epistemological) principles. On a more “technical” procedural level, our analysis turned to the vast methodological literature on critical discourse analysis (Fairclough, 2010) generally used by critical scholars for analysis of academic marketing discourse (Fitchett and Caruana, 2015; Fougère and Skålén, 2013; Hackley,
Critical discourse analysis treats texts as networks of meanings that construct and are constructed by social realities (Berger and Luckmann, 1966; Foucault, 1972), and relies on a combination of (more local) textual analysis with (more sociological) contextual analysis (Lupton, 2010).

In practice, once the corpus of articles was collected and subjected to several rounds of close (re-)reading, the process of analysis followed three iterative (logical, not chronological) stages. First, we examined how the concept of health was presented in the texts. Though health was a core topic of every article in our sample, its very definition or an explicit discussion about what it means was largely absent from the pages we analysed, making us focus on the more implicit references instead, such as operationalizations of health-related topics in the form of scale measures and stimuli for research designs, different arguments used in problematization portion of the articles (Locke and Golden-Biddle, 1997), inter-textual references to other genres of public discourse about health (e.g. policies, reports, news media, literature outside our sample) and other instances of the “unsaid” (Fairclough, 2010). In doing so we followed one of the key principles of Foucault’s archaeology of knowledge, namely “differentiate differences instead of reducing them” (1972, p. 169). Once the core differences between discursive constructions of health were discovered through constant comparison (Glaser and Strauss, 2009), we undertook further analysis, seeking to refine the main “schisms” and situate them within wider social discourses and, in this manner, identified three dominant discourses of health in marketing and consumer research.

Second, we moved into a closer analysis of how health meanings function within each discourse. This implied examination of the relationships and connections between the concepts surrounding health, most notably the conceptualizations of (healthful) food and the (health-conscious) consumer. Each of the three discourses was treated as a separate “universe”, for which a map of possibilities of meanings (e.g. oppositions, contradictions and complementarities) had to be discovered. Employing the analytical tools of the semiotic approach (Mick and Oswald, 2006) and following selective coding (Mayan, 2009), we created a map (or rather a vocabulary) of positions and lines of reasoning around health that set the limits of what can and cannot be said (or researched) from within a particular discourse (see Table 1).
Finally, the (potential) consequences of the meanings enabled and constrained by each discourse were examined through the critical lens of healthism, requiring engagement with extant literature, both in sociology of health and marketing.

In order to separate the articles used as data from the extant literature that we engage with for analytical purposes, the former are excluded from the list of references, referred to in the text with a number-only reference placed in square brackets and listed in the Appendix in the form of a DOI or stable URL link.

**Dominant marketing discourses about health and food**

The procedure yielded three discourses of health and food dominant in academic marketing texts. Each provides a unique perspective on the meanings of consumer, the principles of health food consumption, the notion of consumption-bound risks and the role of marketing in regard to consumer health (see Table 1). While distinct in their underlying logic, in the reality of published articles they may co-exist and overlap (see Figure 2). The names are chosen to communicate the core unifying idea that distinguishes each from others, and so, to borrow from Alvesson (1994, p. 310), “as is the case of all (informed and reflectively used) metaphors, these do not aspire to capture the whole ‘truth,’ only significant and interesting aspects of it.”

Insert Table 1 about here

Insert Figure 2 “Distinctions and overlaps between three discourses of health and food in marketing” about here

**Nutri/edu discourse**

The “nutri/edu” discourse gets its name from the overall focus on the nexus of food and health as a question of nutritional value, and a tacit or explicit belief that health problems are mainly due to poorly educated or informed consumers. Consequently, it is constructed around the problematization of the existing policies and the information environment [e.g. 76, 96, 106, 142] and, in particular, of ineffective public health efforts to educate consumers [e.g. 2, 72, 81]. “Nutrition” and “education” have been merged
into one composite “nutri/edu” label in order to accentuate how the two function as a unity in this marketing discourse: while it is taken for granted that properly transmitting product-related nutrition information requires policies and (private and public) campaigns aimed at consumer education, it also goes (almost) without saying that the most effective, trustworthy and unbiased form of knowledge about healthy eating is nutrition.

This discourse is more likely to be mobilized in the studies centred around concerns for misleading health and nutrition claims [e.g. 72, 98, 104, 171], testing for (in)effective labelling formats [e.g. 15, 76, 172] and monitoring the level of consumers’ knowledge about nutrition [e.g. 97, 103, 108, 141] or, alternatively, around larger-scale issues of the market-level consequences of nutritional information disclosures [e.g. 117, 122, 148] and the welfare effects of truthful (or deceptive) information circulation [e.g. 2, 9, 49, 77, 156]. In other words, it is probably associated with marketing and consumer studies that originate from information economics (Stigler, 1961).

This discourse is best understood in terms of an “information vs. knowledge” structuring dichotomy, which dictates that health is achievable by closing the gap between objective nutritional information and its subjective understanding by consumers.

Normative nutrition

Compared to other discourses, the nutri/edu discourse relies mostly on the normative framings and definitions around health and food, and is particularly entangled in what has been called the logic of nutritionism (Scrinis, 2013), where food is conceptualized in a technical manner as a combination of nutrients. However, rather than passively absorbing the meanings from nutrition science and labelling regulations, the nutri/edu discourse stretches the boundaries of what counts as nutritional information and integrates nutrition into a system of marketing communication: it is now “an important part of the competitive landscape in the marketing of food products” [96, p.82] and thus a mode of expression that can be more or less effective depending on its execution.

Furthermore, it establishes marketing as a better version of nutrition communication and education, which is able to judge what information consumers can and cannot
understand, and to address and influence their wants and needs more effectively than public health campaigns alone. This co-optation of product-specific nutritional information into the system of marketing communication is evidenced in the transformation of the term “label” from a regulatory meaning to a promotional meaning of “labelling” (Frohlich, 2012).

The central notion of the nutri/edu discourse is “good information”. On the one hand, building on the democratic value of consumers’ right to know what they are eating, good information is presented as honest and impartial, expressed in notions of “objective” [74], “accurate” [77; 78], “truthful” [72], “unbiased” [114], “diagnostic” [81] and “scientifically substantiated” [89] information. On the other hand, and building on other democratic values of the rule of the majority (i.e. consumers) and freedom of speech (for marketers), it is conceptualized as comprehensible and user-friendly, expressed in such descriptors as “accessible” [74], “credible” [92; 84], “familiar” [115; 97; 76], “established” and “accepted” [89] and “commonly perceived” [10]. The dual imperatives of consumer education and consumer-friendliness, scientific objectivity and comprehension, truthfulness and straightforwardness are a constant source of a theoretical and practical conflict within this discourse: is it better to educate consumers about the more intricate and nuanced aspects of nutrients, or to “dumb it down” enough to ensure that most consumers can understand it?

Reading foods

As an implication of the logic of nutritionism (Scrinis, 2013), this discourse conceptualizes food as credence goods, i.e. products whose characteristics are not verifiable either at the moment of purchase or through the actual consumption experience. As credence goods, they require information remedies: for consumers to help guide their choices and for marketers to differentiate their offering. As the very notion of credence good emphasizes, food’s healthfulness here becomes a form of belief, trust and blind acceptance. By shifting attention to properties located deep in food’s chemical composition, nutritionism also promotes the so-called information turn: the shift from eating foods to reading foods, i.e. evaluating and selecting foods by (primarily) reading the labels in place of touching, smelling and tasting them (Frohlich,
2012; Yngfalk, 2016). As one study argues, the more time is spent on reading the labels at the moment of food purchase, the more that healthier food choices are made [47].

Related to the focus on “reading foods”, a notable lacuna in the nutri/edu discourse is the absence of the topic of taste. Present as one of the tested variables, its presence remains quite pointless. In one study [160], researchers manipulated the fat and sugar content of yoghurts to make them less healthy than was evident from the label and found that the judgment about healthiness is (obviously) a result of “visual inspection of the labeling” [160, p. 72], of reading rather than of actual food tasting. Pure nutritionism in fact disconnects nutritional utility from any other food property, including taste, and encourages predominantly an economic, utility-based approach to food and eating (Coveney, 2006). As a matter of fact, taste and food-related pleasures are absent in much public health discourse as well, from combining a nutritionism worldview and an overall ascetic caution against any argument that could potentially encourage excess consumption (Thompson and Coveney, 2018).

Nutrition elite

Implied in the central assumption of nutri/edu discourse is the notion that consumers who excel in label reading are also able to transform objective information into subjective knowledge and thus achieve their health goals. These are the so-called “nutrition elite” [104], well-informed, active, assertive and autonomous individuals, with a clear understanding of the science behind their health-related consumption. As good students, they listen and internalize public health and nutrition advice, and complement it with their own research that provides further explanations within their biomedical picture of the world (Fox and Ward, 2006). They take responsibility for their own health by using labels and other nutrition-related bio-pedagogical practices to train and discipline their bodies (Fotopoulou and O’Riordan, 2017). They are also likely to come from privileged social strata with generous material and immaterial resources ensuring a range of life and health choices (Thompson and Coveney, 2018). Other names for these “quasi-expert” or “proto-professional” (Shaw, 2002) consumers include “health-conscious consumers” [160; 96], “knowledgeable and motivated” [1], “nutrition fact seekers” [54], “educationally privileged” [97] and “nutrition-focused health enthusiasts” [112].
The degree of consumer expertise is evaluated here in mathematical terms as an ability to make arithmetically accurate calculations (based on either guessing or reading) of the nutritional value in food composites. Expert consumers are therefore those who are able to perform “eating calculus” [155] or “dietary calculations” [161] while engaging in “a deeper and more rational decision-making process” [54] and overall “thinking more nutritionally” [143]. Interestingly, while food in its everyday sense rather belongs to the typically feminine duties (of shopping and cooking) and values (of nurturance, care, nature, family and communion) (Madden and Chamberlain, 2010), nutritional expertise is assessed in a typically masculine, quantifiable and calculable way. In this sense, nutritionism becomes a useful ideological ally to marketing and consumer research which is routinely dominated by masculine ideology (Hirschman, 1993).

The nutrition elite consumers are contrasted with the mass of individuals without sufficient ability or dedication to absorb and follow nutritional advice from the experts, even when it is presented in a simplified, consumer-friendly form. These mass consumers embody a “sick population” assumption (Coveney, 2006), which proposes that, as a whole, the population is not compliant with dietary recommendations. In this way, such consumers are also a quintessential representation of liability risks, if we remember that the food industry is a new potential target of class action litigation, like the tobacco industry in the second half of the 20th century (Nestle, 2013). The rhetoric of mass illiteracy is particularly strong in the nutri/edu discourse. The idea of “[c]onsumers’ inability to accurately assess nutritional content of certain foods” is simply “well known” [110, p.19], not even requiring a data point or citation to support such a claim as in the example above, despite emerging evidence that consumers’ perceptions of foods’ health profiles are in most cases actually highly correlated with their actual nutrition value, and that the actual level of nutrition literacy has become far more sufficient than normally portrayed (Bucher, Müller and Siegrist, 2015; Coveney, 2006).

**Simple solutions discourse**

The simple solutions discourse is named after its distinctive tendency towards (over)simplification evident in a number of its discursive constructions, most notably
the reductionist explanation of obesity as a result of a misbalance between calorie intake and calorie expenditure (Campos, 2005; Gard, 2010). Building on the assumption of an inherently irrational, pleasure-seeking human nature, this discourse tends to apply a romanticized image of the past to understand how to solve the problems of the “unnatural” present (Gard and Wright, 2005; Lupton, 1996). An integral part of this discourse’s (over)simplification is the dichotomous categorization of “healthy vs. unhealthy”, applied primarily to foods but also extended to food-related behaviours, consumers and lifestyles. Though some earlier articulations of meanings informed by this discourse emerged in research articles published in the late 1990s, it did not really come together until the early 2000s, when the “obesity epidemic” metaphor re-defined obesity from a medical to a political concern and mobilized the public to take action in the “war on fat” (Mitchell and McTigue, 2007).

Research projects informed by the simple solutions discourse tend to open with obesity-related problematizations, such as quoting alarming and distressing facts about the rates of obesity [e.g. 51, 64, 81, 82, 149] or accusing the modern food industry of contributing to obesogenic environments [e.g. 21, 74, 75, 111]. They often employ theories from cognitive psychology [e.g. 98, 99, 104, 110] elaborating on consumers’ bounded rationality and biases, and delve into consumers’ inherent lack of self-control and willpower in food-related decision-making (Kahneman, 2011). Such studies also tend to be sceptical about the standard educational approach of public health initiatives [e.g. 102, 123, 143, 155], drawing attention to, for example, the alternative solutions informed by behavioural economics (Thaler and Sunstein, 2008).

Simple cause – simple solution

According to this discourse’s simplification logic, “[i]dentifying the primary cause of the obesity epidemic is not difficult”: consumers are “simply consuming too many calories given their level of physical activity” [51, p.121-22]. Despite concerns raised by some researchers about the need to take into consideration the broader picture and multiple causes of obesity (e.g. Gard & Wright, 2005), this simple explanation about individual lifestyle choices is still the most compelling in and outside of marketing discourse.

And if causes of obesity are “straightforward”, there is an equally simple way out: all one needs to do is to “simply consume fewer calories than are expended” [74] by
reducing food intake by 100 [160] or even 50 calories per day [84], reducing portion sizes [84], doing piecemeal mental calculations before ordering meals [75], etc. Obesity is thus framed as an easily preventable disease, which can be controlled by willpower, self-discipline and simple small step behavioural modifications. The simplicity of the solution is, however, challenged by both experience and science (Gard and Wright, 2005).

According to “simple solutions”, even when consumers are driven by healthy intentions, they predictably err and make biased decisions, which result in the “pitfall” [139] of unhealthy outcomes, such as underestimating calories at the food or meal choice stage [75; 93; 110], overconsuming [75; 80; 82; 83; 107; 168] and wrongfully perceiving or categorizing food as (un)healthy [48; 114; 159].

The colloquial “gut feeling” in the context of this discourse represents the paradox (or even failure) of evolution: while the human body is supposed to lead people to biologically rational choices of healthy eating, in reality it conducts them to consistent overeating. This paradox makes them highly susceptible to external stimuli, such as advertising, health claims and eating environments, and at the same time intrinsically incapable of making healthy food choices at this stage of human development.

**Simple (binary) food classifications**

Another simplification of this discourse is reliance on a simplified version of food healthiness judgment emanating from the nutritionist framework. However, here individual food products are seen not only as compositions of nutrients but also as belonging to food groups. Building on the premise that consumers are not capable of handling nuanced information, in such taxonomies food’s healthfulness is reduced to a binary code (i.e. 0 for absent, 1 for present), producing such widespread categorizations as “good for you” vs. “bad for you” [80], “utilitarian” vs. “hedonic” [42; 73; 75], “virtue” vs. “vice” [33; 93] and (relatively) “healthy” vs. “unhealthy” [82; 85; 86] foods.

Such a binary opposition approach reduces food consumption to a choice between healthy and unhealthy items. Experimental designs prevalent in food and health research, in fact, are perfectly suited for binary choice studies, but they limit the temporal frame to a single choice or meal occasion, and so fail to recognize eating as a
composite and social meal practice. To overcome this problem, this discourse, consistent with its simplification stance, conceptualizes genuinely healthful food as *non-existent*: every food item should better be treated as inherently risky and every consumption situation as representing a potential for health disaster. Given the impossibility of completely risk-free consumption, this discourse conceptualizes health as “the ability to adapt and to self manage” (Huber *et al.*, 2011), to cope with a risky environment and the imminent perception biases and flawed decision-making of the individuals.

A by-product of binary thinking is the *either-or logic of trade-offs*: to borrow from Gard (2010), it is the “you either want to be healthy and thin, or you love your food” choice, where a third option does not seem to exist. One outcome of this logic is that pleasurable taste has become an immediate red flag for poor nutrition (Thompson and Coveney, 2018). Only France and its idealized food culture seems to escape the demonization of indulgence experiences when it comes to food’s healthfulness [75; 86; 84], even though the “myth” of obesity-invincible France is researched less frequently than simply quoted in conclusion paragraphs. In other settings, however, taste becomes an empirical measure of risk quantitatively comparable to nutrition, i.e. the measure of health. Taste in this context is determined either by means of the food’s chemical structure or by the consumers’ physiological reaction to the product, and in either case is independent from individual consumers’ experiences, from their life stories that invest foods (e.g. comfort foods) with special taste-altering meanings, or from the social influence of changing tastes (Lupton, 1996).

**Self-nudges**

The simple solutions discourse is also a clear proponent of the approach of nudging, i.e. “any aspect of the choice architecture that alters people’s behavior in a predictable way without forbidding any options or significantly changing their economic incentives” (Thaler and Sunstein, 2008, p. 6). Nudges have become known as solutions that are considerably simpler and cheaper to implement, producing more effective results in the field of health and food consumption. Health-promoting food nudges implement subtle modifications of shopping or consumption environments such as putting fruits and
vegetables in visually salient places in shops [129], placing plants [143] or consummatory images in restaurants [80], altering packaging [79] or menu designs [143], or offering healthy food items as the default option in bundle offerings [160].

The simple solutions discourse, however, presents another form of nudging. Unlike the original concept of policy nudges or nudge marketing, in which companies (not policymakers) create changes in the choice of architecture, the simple solutions version rather emphasizes the consumer’s own role in implementing self-nudges – small behavioural changes that do not need to be silently used by policymakers or marketers behind consumers’ backs, when they can be brought to life by consumers themselves. Such “practical alterations” [84, p.180], for example, instruct consumers to “preplate their food, move the serving bowl or bag into the kitchen, eat only when sitting at a table, or proportion snacks” [83, p.204], “never eat directly from a package; and use smaller plates, bowls, and eating utensils” [84, p.181]. As opposed to “classical” nudges, these self-nudges are overwhelmed by the ethos of consumer empowerment, responsibilization and neoliberal market freedoms.

The critical difference from the nutri/edu discourse is that self-nudges, instead of nutritional guidance, produce actionable behavioural instructions informed by popular cognitive, neuro- and evolutionary psychology explanations. The simplicity and actionability of such rules, compared to the ever-increasing complexity of nutritional guidance, may be what gives nudging its contemporary consumer (and researcher) popularity. Rather than relating to boring facts and figures about chemical composition requiring constant attention and maths, nudging builds on compelling universal rules inspired by extremely popular psychological explanations.

**Win-win discourse**

The win-win discourse is characterized by and named after the overarching idea of mutual benefit, dismissing the idea that health in food must be a product of trade-offs. Instead, it promotes the logic of interdependency, the maximization of advantage and the hybridity of interests. This is probably the most pragmatic and versatile discourse, capable of flexibly absorbing ideas from other social discourses. The win-win discourse
relies on a “healthy/ier vs. basic” theme, in which “healthy/ier” is a promise of superiority compared to an often imagined “basic” version of the food market and consumption. It draws meanings of healthfulness primarily from consumers’ self-declared preferences, as opposed to expert discourse. The win-win discourse becomes much more evident with the growth of attention in the late 2000s–2010s to the so-called health and wellness markets (e.g. functional, organic, free-from foods). Research projects of a win-win discursive orientation assume an optimistic and hopeful position in regard to the (future of) markets, consumption and health.

**Benefits for all**

The win-win discourse positions the healthy food market as a playing field of cooperation and mutual interest, not a battlefield of different market actors. It is thus primarily concerned with “the interdependent needs of the three stakeholders (food companies, consumers, and policy makers as the advocates of society) to increase the sales and profits of companies, contribute to consumer well-being, and raise societal welfare at large” [160, p.78]. As opposed to inefficient, authoritarian policymakers, greedy industrial food producers and marketers, and irrational and illiterate consumers, win-win talks about policies supporting healthy market initiatives, sustainable business strategies driven by healthy long-term profits and shrewd consumer choices driven by health value.

The ambition to serve the interests of all parties ironically leads to a particularistic attention to these parties’ individual characteristics. So win-wins are presented as context-specific: their meaning may vary depending on geographical, industry or consumer segment specificities. The local market differences become as relevant as universal commonalities: for instance, health-related meanings in restaurants cannot be exactly the same as in packaged foods [133; 74], in quick-service restaurants – not exactly the same as in high-end sit-down restaurants [19] or in advanced organic markets like the UK or Denmark – not exactly the same as in the emerging markets [190; 36; 58]. Dramatization of the local, however, is subject to the common universal code of expression (Wilk, 1995), especially in terms of prevalently Western business logic, consumer- (data-) centrism and belief in marketing’s universality.

**Healthification**
The win-win discourse subscribes to a rhetoric of overwhelming consumer demand for healthy food that the market needs to satisfy. Healthy food is conceptualized as an object of ongoing innovation and differentiation, with the purpose of investing food with better utility compared to the base-level offerings that do not entirely satisfy consumers’ health-related needs. Such conceptualization is characterized by a more pragmatic grasp of the food’s health benefits, compared to the principles of nutritionism. Foods’ healthiness is fluid, relative, contingent upon consumers’ perceived value and subject to an ongoing destabilization of product features, taxonomies and markets in a quest for differentiation.

The mechanism of food products’ differentiation of healthfulness in win-win terms, the so-called healthification (BMI Research, 2018; Fitch Solutions, 2019), is about offering new healthier versions of the old(er) base version of the same or similar foods. Considering that the change in the category occurs with the speed of light, old is not so much a temporal category as qualification of a product as not offering enough differentiation. Oversimplifying, if the previously discussed simple solutions discourse frames all food as risky, win-win accentuates hopes and promises that any food can be healthified.

One of healthification’s consequences is to reduce the feeling of guilt consumers experience when facing a moral obligation to limit consumption in the name of health (Thompson and Coveney, 2018), while giving industry an opportunity to turn the unappealing, prohibitive and normative “do not eat” recommendations into “sensible swaps” [132, p. 58], which allow consumers to eat healthier, more elaborate versions of foods. In other words, healthful food is conceptualized as a (guilt-free) cake that you can have and eat too; a cake that, by denying the old idea of incompatibility of (health) utility and (consumption) pleasure, serves an all-satisfying solution.

As a matter of fact, for the win-win discourse the multiple dichotomies built into food knowledge are treated as an opportunity for ongoing material or immaterial innovation (reformulation or branding, respectively) based on “dual strategy” [42] that helps bridge the gap between health and, for example, taste, texture and aroma, and convenience and ease of preparation, and thus merge a whole spectrum of benefits into a two-in-one product.
A special set of such products is those that unite the whole spectrum of ideological benefits on top of healthism, such as sustainability, fair trade, animal welfare and localism. Organic foods are a clear example of foods addressing not only consumers’ concerns about healthy eating, but also allowing consumers to participate in environmental and ethical justice debates.

The very definition of organic food as healthy is problematic if seen in terms of either nutri/edu or simple solutions discourses, both embedded in nutritionism logic. Though containing and transmitting a much lower number of the pesticides, fertilizers, hormones and antibiotics involved in non-organic production to the eater, organic foods do not necessarily possess superior nutritional profiling compared to conventionally produced equivalents (Dangour et al., 2010). From a technical point of view, food fortification and the technologies of genetic modification can produce far more nutritionally superior products. Yet consumers, and consequently marketers, show overwhelming interest in organic foods and consider them superior options in terms of health [124; 128; 190; 44; 59]. Neither the nutri/edu nor the simple solutions discourse can justify such consumer preferences. In terms of the win-win discourse however, organic foods carry a connotation of response to several (moral) consumption imperatives.

**Premium privileges**

Brennan, Eagle and Rice (2010) conceptualized health as a “luxury good”, highly desired, yet hard to obtain due to an expansion of risk awareness and a shrinking of what can be commonly considered as free-of-risks. The win-win discourse quite literally translates the luxury good metaphor into a premium-priced product category: differentiation by health is also an expectation of a higher price (and higher profits). Price thus has an important signalling function in the health marketplace: an index of superiority and a heuristic that helps consumers to distinguish healthier alternatives from base-level options.

At the same time, healthy food options’ higher costs are considered one of the major obstacles for many, especially less affluent, consumers in changing their food choices. The win-win discourse seems to resolve the issue by applying economic logic, according to which the added benefit of health can be offered only to some consumers with
greater purchasing power, as long as the less privileged consumers are not worse off and are left with access to the base-level products (i.e. the Pareto Optima). So, a superior level of food healthfulness is offered only to those who are willing to pay \[13; 28; 33; 168; 184\] “for the privilege” of consuming healthier foods [58, p. 412] and those who are willing to invest in (future) profitability for all actors involved, since health, though a cost in the present, is also a win-win benefit in the future.

In the win-win discourse, the consumer is conceptualized in the plural and portrayed through consumer segments provided with descriptions such as “health enthusiasts” [112], “health freaks” [60], “meat reducers” [88], “traditionalists” [29] and “locavores” [70] etc. As social groupings, they are presented as more powerful compared to individual consumers viewed in choice settings. With their collective, statistically significant responses to market polls or offerings, they are presented as groups with a strong voice and a desire for self-expression.

**Discussion**

Our analysis of meanings and assumptions around health and food provides evidence that marketing research is far from being immune to the ideology of healthism. While the nutri/edu, simple solutions and win-win discourses each dominate in their category of research articles, roughly speaking labelling research, obesity research and the emergent food-related status markets research respectively, it is not possible to say that one dominates the other in a more general sense. Rather, we would claim, it is healthism as an overarching ideology that frames all of these. Despite their different focal points, the discourses have one thing in common – namely the uncritical stance towards the pursuit of health as a supreme value. That is exactly the core of healthism. In this sense, we have accomplished what we set out to do, namely, to provide a systematic overview of the presence of healthist ideology in marketing research on food and health.

We have focused specifically on the predominant discourses that massively inform marketing scholarship in this domain, their core systems of meanings, “vocabularies” and schisms that distinguish one from another. The variations between the three discourses in fact demonstrate the various forms through which healthism operates as an ideology. Such a variation can be expected, since ideologies are “usually internally complex, differentiated formations, with conflicts between their various elements,
which need to be renegotiated and resolved” (Eagleton, 1991, p. 45), demonstrated by
the commanding power of managerialism (Skålén, Fougère and Fellesson, 2008),
neoliberalism (Fitchett, Patsiaouras and Davies, 2014), rhetoric of consumer power
(Denegri-Knott, Zwick and Schroeder, 2006) and masculine ideology (Hirschman, 1993)
in marketing and consumer research. In a similar fashion, the differences between
the three discourses identified in this study show the dialogical aspect of healthism, how it
is able to speak from a multiplicity of sites yet constitutes a unifying platform for
various market(ing) actors, their interest, positions and propositions.

Nevertheless, while healthism looms large, it is not hegemonic. Alternative voices exist,
though in a (numerical and ideological) minority within marketing discourse. In our
corpus, for instance, some studies expressly problematized the notion of individual
responsibility for health [7; 132; 169], some brought attention to the social construction
of anxieties and risks associated with food [6; 41; 228], some focused on the beneficial
role of emotions rather than nutritional calculations [94; 136; 137] and some looked at
the role of the “extended consumer” (i.e. family, caregivers and social network) in the
long-term process of health change [8; 147; 157].

With these qualifications in mind, we will now turn to two central repercussions of
healthism in marketing research on food and health: first, on the consequences of
healthism, and subsequently, on what we have termed the “health halos” embellishing
marketing as a practice and an ideology.

Consequences of healthism

Health principles at work in the nutri/edu discourse, ranging from the strategies of
consumer education, labelling and “food reading” to the hyper-specific focus on
microscopic nutrients in defining food’s healthfulness, all tend to emphasize the mind
over embodied experiences. Consequently, the nutri/edu discourse tends to legitimize
the invisibility of the body – the state when we are not aware of our organs perfectly
performing their functions (Skrabanek, 1994) – as a measuring stick of healthfulness.
The apparent paradox deriving from this position is that embodied experiences are of
the utmost importance for individual well-being, at least as a diagnostic mechanism for
good (or bad) health outcomes of food consumption (Kristensen, Askegaard and
Jeppesen, 2013).
On the contrary, the behavioural economics explanatory framework mobilized by the simple solutions discourse measures consumers’ food choices against the ideal of biological rationality, based on the premise that existing health problems (i.e. sedentarism, obesity) derive from the “unnatural” present that re-wired the otherwise perfectly functioning body (Gard, 2010; Lupton, 1996). This approach contributes to an “animalization” of consumer behaviour by drawing attention to consumers’ instinctive responses that bypass their reflective sense-making capacity (Nemorin, 2017). By implication, this turns the very idea of consumer responsibility or rationality into an illusion. It also tends to draw disproportionate attention to the individual strategies of self-management, treating the institutional system of social, political and economic influences on health as a non-issue.

The logic of ongoing distinction and differentiation informed by the win-win discourse leads to a situation where even food businesses’ potentially sincere motivation to render products healthier, to improve the market and to cater to consumers’ unmet needs, may be eventually may be contributing to the unintended collective result of consumer pathologizing, exploiting consumers’ irrational health concerns, distorting health-related knowledge and overall desensitizing health due to overly pervasive health messages (Anker et al., 2011).

On the other hand, win-win’s reliance on consumers’ self-declared preferences and values in defining what is healthy basically embraces the position of biopolitical marketing, whose main reference is the free, autonomous, creative and enterprising consumer who produces economic value for the market by producing their own lifestyle (Fotopoulou and O’Riordan, 2017; Zwick and Bradshaw, 2016). In this way, consumers’ lifestyles are literally put to work, expanding their duties from the obligation to live a healthy lifestyle to yet another type of “job” – that of a “part-time marketer” (Gummesson, 1991) providing “full-time marketers” (researchers and practitioners) with actionable data about what innovations on the health market they will need next and what they will be willing to pay a premium for.

Even though the win-win discourse refrains from expert prescriptions and relies instead on consumer perceptions of healthiness, nutritionism remains the prevalent “regime of truth” (Coveney, 2006) in all three discourses, probably due to the fact that
common-sense “lay” accounts of health are in fact imbued with professional (i.e. nutritional) rationalizations (Shaw, 2002). This, in its turn, results in perpetuating medical individualism (Foucault, 1973, cit. in Crawford, 1980). Ironically and paradoxically, consumers’ own sense-making about healthy eating typically takes into consideration more holistic and abstract associations such as balance, variety, relaxedness, routine, culture and traditions (Bouwman et al., 2009; Kristensen, Askegaard and Jeppesen, 2013), in addition to the nutritionist approach of hyper-focalization on highly particular food constituents and their effects.

The complex issue of costs of health-related food offerings accentuates the fact that healthism creates rather than dismisses inequalities (Fitzpatrick, 2001; Kristensen, Lim and Askegaard, 2016). Costs need to be understood here more broadly than just a higher price, even though it might be the most problematic consequence. In the context of food choice, health information processing is a difficult and costly engagement in terms of time and effort. It may require investment in learning, will-power training or the implementation of (self-)nudges. Health also has the cost of the sacrifice of other benefits such as convenience, taste, availability, affordability, satiation and fun, not to mention the obvious sacrifice of money. The individuals without necessary means to sustain such costs get trapped in a moral dead-end where they are judged “liable to be less health-conscious” [91, p. 215]. As an example, when people who receive financial support from the government buy organic food, their choice to spend support money on more expensive, ethical and healthy items is judged as morally wrong, contrarily to the situation when the money is “honestly earned” (Olson et al., 2016). At the same time, health promotions, particularly those addressing the high prevalence of obesity in the lower social classes, primarily promote a message that eating healthily does not have to be expensive and that it is just a matter of willpower to substitute (large quantities of) junk food for (smaller quantities of) healthy food. Despite ongoing debate, it is unlikely that such double standards can be resolved as long as healthfulness is treated as a value-added differentiator in a choice setting.

Though the three discourses we identified provide a choice between different positions in regard to appropriate consumption tactics (life-long learning, self-discipline or a realization of lifestyle potential coherent with self-declared values), for all of them not to have a highly reflexive attitude in regard to health and food is presented as abnormal.
Such a pressuring health imperative, however, takes place in a particularly complex and dynamic information environment, which makes even health-wise knowledgeable, motivated, disciplined and entrepreneurial consumers subordinate to whoever is entitled to more, better or newer knowledge.

“Health halos” in academic marketing discourse

The question is: where do the consequences of healthism lead us? Healthist ideology invests marketing texts with meanings which establish a higher level of legitimacy for the marketing discipline and practice as such. Similarly to the consumer context affected by heuristic biases, which leads to a disproportionately positive perception of certain products as healthier than they actually are (Chandon and Wansink, 2007), health-related rhetoric seems to (metaphorically) produce a “health halo” effect in the academic marketing discourse.

First, health becomes a universal symbol of good and responsible behaviour in marketing discourse, not only at the very moment of food choice, but also, by moral “extrapolation”, as a judgment about rightfulness (vs. wrongfulness) of people’s lifestyles, personal characters, parenting, intellectual and professional capacities, etc.

Second, health’s ideological resources are used to create a market-biding effect, where personal responsibility for health is presented as inevitably market-mediated and bound to the consumption of a myriad of either alternative or more conventional commodities. Instead of eliminating socially structured health problems (inequality, etc.), such an approach justifies marketing’s orientation as a ceaseless (re)creation of “solutions”, i.e. (new) market offerings in the name of health: old or new, recycled or unique, well known or revolutionary, expected or original, proven or hypothetical, cheap or expensive, massive or niche, etc. Consequently, the health halo produces “healthy” profits and contributes to the “health of the market” (Fırat, 2013) as much as, or arguably even more than, to the health of the consumers.

Lastly, health becomes a strategic frame that helps marketing researchers participate in negotiating the legitimacy of the modern food industry and even the moral worth of marketing as a socio-organizational institution. This strategic frame comes in two forms.
On the one hand, health helps translate the commanding economic and managerialist logic of food production, otherwise not necessarily or not entirely coincidental with personal or public health ideals, into an appropriate and highly desirable, metaphorically “healthified” practice. Thus, marketing discourse uses the argument of health to idealize, embellish and highlight positive aspects of the food industry over those more controversial, to appeal to multiple interests and multiple stakeholders, and to connect congruent and/or competing concerns (such as sustainability and nutrition). Eventually, it leads to renegotiating the “old” understanding of food businesses as the “tobacco industry of the 21st century” (Nestle, 2013) into a “new” meaning of the provider of health solutions (if not in the industry’s present state, then certainly in the envisioned future).

On the other hand, health is used to justify marketing’s role for consumers’ “informed” choices, for participation in massive consumer behaviour modification and for satisfaction of any kind of health-related demand based on a very wide spectrum of either experts’ or consumers’ ideas around health. Health rhetoric is used to accentuate that we are talking about marketing, yes, but not the greedy and manipulating type (cf. Varey and Pirson, 2014) responsible for the creation of obesogenic environments and unhealthy consumer habits. It orients and legitimizes academic investigation, allocation of public institutions’ research funds, attention of conference organizers and journal publishers, and professors’ time and intellectual engagement. Eventually, legitimation in terms of health can be seen as a powerful motivator that helps justify marketing researchers’ commitment to their work (Marion, 2006).

Limitations and further research

As is the case with other meta-analytical studies, the composition of our sample predisposed the results. However, if a different search procedure had produced a different sample suited to shed a different light on either prevalent/overrepresented or alternative/underrepresented positions in our sample, we believe that it is quite unlikely that it would have produced a radically different understanding of the dominant themes that shape marketing discourses, given the extensive range of texts on the topic of health and food that constituted the reading list for this study.
This study focused specifically on the predominant discourses that inform marketing scholarship in this domain, thus only touching upon the topic of the discourses’ juxtapositions (see Figure 2). Despite significant differences and sometimes even dire contradictions of the three discourses’ positions, they in fact can co-exist within the texts of individual articles, sometimes creating new research objects (e.g. reconciliation of taste and health [e.g. 53, 66, 152], research on information disclosure effects on heuristics [e.g. 74, 105, 114, 116]) or speaking in favour of generalization and “universality” of research results for marketing practice [e.g. 42, 55, 134, 143, 172].

Considering that such blends do not normally provide sufficient treatment of conflicts at the level of assumptions and premises that we have underlined and discussed in this work, it could become a promising avenue, advancing our understanding of how healthism operates as an ideology in marketing research and what consequences it produces.

Our results concerning prevailing meanings and assumptions around food and health contribute to studies of ideologies in marketing, by introducing key concepts unpacking the role of healthism in marketing discourse. They also shed light on the structure of knowledge about health in the market reality, as an addition to the sociology of knowledge in the domain of social research on health. By discussing the ideological consequences of healthism in marketing discourse, this study also further incites the call for greater reflexivity in designing and conducting future research. For example, we suggest that one way of avoiding the direst consequences of a healthist research agenda is to propagate more multi-disciplinary research programmes and projects. In this vein, we extend this call to policymakers and marketers, and propose to take a step back and engage collectively reflecting on the very meaning(s) of health circulating in and forming the current market.

Furthermore, it would be interesting to extend our sample beyond publications in English and to pursue investigations of cross-cultural differences in healthism. The expressions and workings of healthism as an ideology undoubtedly differ according to local food cultures and dominant institutions in the food and health sector, including the nexus of state and market, and so on. Finally, we hope to have drawn attention to some of the ideological underpinnings of much marketing research on food and health in terms of social class, valorizations of lifestyles, taste regimes, inclusion and exclusion of
various social groups, consumption practices and body ideals. If we have succeeded in this, more critical research of the consequences of healthism and a debunking of marketing’s health halo will follow.

The primary goal for this paper has been to critically examine and foster reflexivity about the underlying “opaque” meanings of health in marketing discourse and consequently to stimulate further debate about the role of ideological forces in marketing academia. Due to our Foucauldian perspective, that there is no escape from the power/knowledge nexus and that ideology is enabling as well as constraining, our intention is not so much to demonstrate a path to “healthism-free” studies (beyond the call for mutual disciplinary enrichment). Instead, it is meant to stimulate a reflective gaze at the present and future possibilities for advancing marketing and consumer research inquiry into such critical topics as health (and beyond), with a vivid awareness of not only the “known unknowns” but possibly also some of the “unknown unknowns”.
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