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Deconstructing Consumer Discipline: How Self-management is experienced in the Marketplace

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Structured Abstract:

Purpose – The purpose of this paper is to build an understanding of what we term "consumer discipline" by unpacking the practices and strategies by which people manage and exert control over what they consume. This is facilitated by looking at the context of food, an everyday necessity imbued with sizeable importance in terms of its impact on personal well-being, and how it is experienced by individuals who must manage the constraints of a chronic illness.

Design/methodology/approach – Drawing on the Foucauldian concept of governmentality and theories surrounding the social facilitation of self-management, this paper analyses interviews with 17 consumers diagnosed with diabetes or coronary heart disease.

Findings – By exploring how the chronically ill generate different strategies in managing what they eat and how they think about it; this paper outlines four analytical areas for which to continue the discussion of how consumption is disciplined and its conceptualisation in marketing and health-related research: "the Individual", "the Other", "the Market", and "the Object".

Practical implications – The results signal to policy makers the aspects of health promotion that can be enhanced in order to improve self-management amongst consumers in the pursuit of well-being.

Originality/value – This paper makes two contributions: it conceptualises consumer discipline as a practice that involves self-control but also comprises the capabilities to self-manage one's identity and relationships through leveraging personal and social strategies across various contexts; and it identifies macro influences such as the market as negotiable powers that can be contested or resisted to help assist in one's self-management.

Keywords: Foucault, Food, health, consumption, discipline, governmentality

Article Classification: Research Paper

Introduction

At various points in life, individuals need to become their own disciplinarians and exert persistent and dedicated control over their consumption. The many restrictions women introduce to their lifestyles when pregnant (Jeong-Min and Peñaloza, 2010), the total abstention from foods religious devotees must commit to when fasting (Trepanowski and Bloomer, 2010), the labour athletes must endure to boost their fitness before upcoming events (Heikkala, 1993) and the toil vacationers undergo to prepare their "beach bodies" before public display (Jordan, 2007) are just some ephemeral scenarios where people self-impose limitations on their freedom and desires as consumers. Deepening our understanding of the mechanics which underpin people's experiences of discipline and self-management may assist in the deliberation of important issues related to consumer culture such as governing the socialised body (Thompson and Hirschman, 1995), consumer empowerment (Shankar *et al*., 2006) and personal vulnerability and culpability in the age of risk society (Afflerback *et al*., 2013). On the whole however, research studying the nature of how consumption is disciplined or managed when in a position of choice has been limited (Baumeister, 2002).

With this in mind, the current research seeks to build an understanding of what we term "consumer discipline" by unpacking the practices and strategies by which people manage and exert control over what they consume. This is facilitated by looking at the context of food, an everyday necessity imbued with sizeable importance in terms of its impact on personal well-being, and how it is experienced by individuals who we consider to be the paradigmatic case for self-discipline: the chronically ill. Individuals with chronic illness are thrust involuntarily into the role of custodians for their own well-being and must involve themselves in continual disciplinary actions such as physical exercise and monitoring their diet if they are to curtail the risks of developing long-term health complications and even fatal consequences (Norris *et al.*, 2001; Lupton and Chapman, 1995). The responsibility for these individuals to discipline themselves is reinforced by lay-led empowering initiatives in health policies which encourage patients to develop "expertise" in the self-management of their illnesses (Ouschan *et al.*, 2006). As such, this paper focuses on how individuals discipline their consumption when self-governance is intertwined with both personal choice and social pressures to consume in a way that potentially minimises health risk.

In line with the subtext of Transformative Consumer Research (TCR) to build and extend theory that can be used to uphold and improve well-being (Mick *et al.*, 2012), we

argue the self-responsibility that is part and parcel of many chronically ill individuals' experiences of controlling their consumption speaks to a number of issues that are encompassed by sociologist Michel Foucault's work on governmentality. Using governmentality as the conceptual apex between personal practices and wider social influences, we aim to demonstrate the social embeddedness of the organised rationalities and techniques through which individuals are governed and govern themselves. The theoretical contributions of this study are twofold. First, it deepens our understanding of how individuals manage their health through various webs of strategies (Wilkinson and Whitehead, 2009) by honing in on market-related phenomena. Our analysis makes up a loose frame of what "consumer discipline" is and may be transferable to other marketplace contexts of well-being. Secondly, we extend Foucauldian thoughts regarding how individuals are carefully fabricated by wider institutional and interpersonal factors. We do so by suggesting influences such as the market are negotiable and can be contested or resisted to help assist in one's self-management.

In the sections that follow we provide a theoretical overview of the illness experience before considering the governmentality concept to ground our empirical analysis. After describing our methodological procedures, we discuss informants' disciplinary practices over their consumption within and across various contexts. Implications for theory and directions for policy makers are then outlined.

Illness and the social experience of self-management

The fight against illness has emerged as one of the most dominant issues in contemporary consumer culture. The significance of this fight for consumers is reflected in the framing of health as not only "a super value, a metaphor for all that is good in life" (Kristensen *et al*,. 2013, p.244) but also as "an acquired marketplace good" (Tian *et al.*, 2014, p.237). Illness, as something people try to fend off through their consumption, can be considered from the traditional biomedical perspective as "a limitation of the body" (Radley, 1989, p.232). However, people with illness not only encounter bio-physical consequences but also the social impact of their illness which dictates the terms in which day to day life is lived, how relationships are engaged in and ultimately how experiences, objects and materials around them are consumed. Accordingly, chronic illness may precipitate a serious reconsideration of a consumer's biography and sense of self; can impact one's personal, social, practical and

material affairs; and might even warrant the necessity to reconfigure and reassess any or all future intentions and priorities (Radcliffe *et al.*, 2013).

Williams (1984) conceptualises the practice of "narrative re-construction" to describe the journey in self-management that ill people embark on to reclaim a sense of normality, stability and order from their biographical uncertainty. During re-construction, individuals may exert control over their consumption decisions to help them restore identity, reconcile contradictions and overcome their limitations (Schau *et al.*, 2009; Pavia and Mason, 2004). However, re-construction is not simply a matter of the ill finding ways of coping with their condition that suits their individual needs; they also need to adopt strategies that meet with the approval and expectations of those around them. As noted by Kristensen *et al.* (2011), while illness used to be considered beyond governance, managing its effects is now conveyed through a moral discourse of socially reinforced personal choice: "If you can do something about your consuming lifestyle and the alleged risks that follow from it, you should" (p.197). This moral regulation of the body and consumption is fuelled by a growing omnipresence of health consciousness or "healthism" (Crawford, 1980), a vilification of risky health behaviours as "bad" (Peretti-Watel and Moatti, 2006), and the "medicalization of the marketplace" through "a cornucopia of goods and services for enhancing health and vitality" (Thompson, 2003, p.83). Self-management thereby continues to shift more and more to an extracorporeal space galvanised by the imbricated layers of societal and marketplace activities and the tasks of both authoritative figures and those around us who attempt to influence our prevailing notions of the self and consumption.

There has been a wide range of terms used to describe the socially, morally and market-facilitated self-managing individual (see Ong *et al.* 2014), but most fall under Fox and Ward's (2006) premise that health consumers are expected to operate as "expert patients" who are equipped to manage their own illnesses and conditions in partnership with their health and social care providers (Ouschan *et al.*, 2006). Others have called for the expert patient concept to be extended to account for the "expert family" which recognises the competence of the family unit in looking out for its members during situations of vulnerability (Vicarelli and Bronzini 2009; Mason and Pavia 2006). Others still have recognised the impact of wider social currents leading Wilkinson & Whitehead (2009) to declare "a paradigm shift from the current paternalistic biomedical model of health toward a more emancipatory and holistic model incorporating self-care by the individual, family and community has been called for" (p.1146). This argument recapitulates for us that managing,

or exerting discipline, over one's self (and consuming lifestyle) does not just reflect one's own mastery over his/her body but also the influence of social structures. It is that simple position which guides our analysis in this paper and sharpens our focus on how to iron out the nature of consumer discipline and its impact on well-being. Recognising this, we turn to governmentality as a suitable lens to perceive the complexity of the chronically ill's disciplinary practices over their food consumption.

Governmentality: The "how" of discipline

Foucault's governmentality, or "mentality of governance", provides a conceptual apparatus to study the "autonomous" individual's potential for self-discipline and how this is seated in wider social and administrative directions, controls and interactions. Implicit in this concept is the linkage between government and thought, where "government" is defined most broadly as "techniques and procedures for directing human behaviour" (Foucault 1997, p.81). While much previous work positions government as exerted under the regime of some singular authoritative institution (such as a school over its students, a prison over its inmates or a brand over its customers – see Beckett, 2012), it is perhaps possible to think beyond a single "governor" and instead focus on how an individual's conduct may be moulded or fabricated by multiple institutions or in relation to some external "truth", prospect or expectation. This is important in the case of consumers seeking to improve or correct their quality of life. In such an instance, they may not be forced to comply with any one authority, though their possible field of actions may be shaped or constrained by their own self-interests and those of their families, health service providers and reference groups. Such government takes root at the interrelationship between "technologies of domination" and "technologies of the self" which cover "the whole range of practices that constitute, define, organize, and instrumentalize the strategies that individuals in their freedom can use in dealing with each other" (Foucault, 1997, p.300). In other words, while governmentality involves domination by others aiming to normalise the conduct of individuals from the outside-in, it further involves personal intentions, practices and techniques "which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and ways of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality" (Foucault 1988, p.18).

Individual responsibility to self-discipline does not occur impulsively or spontaneously but is considered to be subtly governed in a way that allows inspiration for self-managing actions. While they are steered by a medico-administrative marketplace, people as "consumers" govern their health, well-being and consumption through their own ostensible liberty and agency to make personal choices and decisions on a day-to-day basis within this market (Beckett, 2012).

Warde (1997, p.174) suggests eating is a clear expression of this personal enterprise within a greater social system: "Food practices are a classic site for observing a shift towards self-discipline and self-surveillance. It is not a matter of external compulsion, by peers or the state, that persuades one to eat carefully, but an internalized and self-regarding regimenting of consumption". Understanding the personal management of food consumption requires not just an analysis of the dominant marketplace and cultural institutions around consumers but also of consumers' own technologies of the self. With almost every other potentially problematic form of consumption such as the taking of drugs or alcohol, gambling or compulsive shopping, the consumer can opt for complete abstinence whereas food, because of its essential nature, requires a considered and nuanced approach to self-management.

Taking into account the technologies through which governmentality is actualised, we now explore the range of ways in which chronically ill individuals are both acted upon and act upon themselves and others in managing their food consumption. The goal of our investigation is to understand more fully the complexity of consumer discipline by describing the methods or practices that constitute this concept.

Methods

Phenomenology was selected to guide our analysis due to its recognised effectiveness in exploring delicate topics and aspects of the body in consumer culture (e.g. Thompson *et al.*, 1989; Thompson and Hirschman, 1995; Thompson, 2005). We chose type II diabetes, or adult-onset diabetes, and coronary heart disease (CHD) as the chronic illnesses for phenomenological interrogation on the grounds that they are both nutrition-related conditions which are accountable for significant levels of mortality in consumer culture, and are characterised by intensive and demanding management regimes (Norris *et al.*, 2001; Lupton and Chapman, 1995).

Informants chosen for this study were a sub-sample of those participating in a larger cross-disciplinary project featuring men and women between the ages of 50-70 who were recruited from a patient list in a primary care centre in Southern Ireland. The larger study involved multi-methodological health screening for diabetes and cardiovascular risk factors and the self-completion of a survey about eating behaviour and lifestyle. While attending the health-screening, potential informants were invited to take part in a discussion about their food-related behaviours with the authors at a later date. The invitation engendered 17 suitable informants (10 male and 7 female, all either diagnosed with type II diabetes or CHD) who participated in semi-structured interviews ranging from 40 to 90 minutes in length. The interviews were guided by a "life course perspective" (Wethington and Johnson-Askew, 2009) and entailed a series of open questions that were used adaptably to explore participants' food consumption, life history with food and daily living. Focusing on a specific life event at a time enabled respondents to "provide a fuller, more detailed description of an experience as it was lived" (Thompson *et al.*, 1989, p.138). Importantly, allowing informants to relay events over their lifetime in the interviews also remedies concerns in the Foucauldian literature that phenomenological work, when ahistorical, may subordinate the structural events and sense of finitude that make people "human" (Hengehold, 2002).

All interviews were conducted at the local primary care centre, recorded in situ and later transcribed. All our informants are of European-Caucasian descent though there is some diversity across socio-economic status and living location (urban/rural). All are referred to by pseudonyms throughout the findings. After transcription, the data was analysed by an incremental process of constant comparison, employing the technique of open coding, so as to organise data into meaningful themes and categories. In identifying and analysing relevant data we drew on a series of analytical concepts from the marketing, sociology of health and illness, and governmentality literatures (Spiggle, 1994).

Findings

In deploying the term "discipline" throughout his discussions of governmentality, Foucault refers to "those methods, which made possible the meticulous control of the operations of the body" (1995, p.137). Our data is organised to represent what we consider to be informants' methods of managing their consumption as embodied, experienced and articulated within individual, social, contextual and marketplace conditions. First we discuss how informants, as individuals, achieve self-discipline by rewriting their identities and reorienting their

consuming lifestyles towards a more future-focussed outlook. Second we address how informants employ another social subject, usually a family member or friend, as an agent of surveillance to watch over and assist in the management of their consumption. Third, we discuss how informants cope with the experience of being targeted, or *under the gaze*, of an exploitative marketplace that they believe acts opportunistically and is difficult to resist. The fourth and final method of governance then focuses on how informants "purify" those market offerings that do not align with disciplinary guidelines and cannot be resisted.

The individual: Separation from the old-self and birth of the new

Chronic illness forcibly triggers a shift away from the normal phenomenological state of "bodily dis-appearance" (a taken-for-granted body which silently conforms as we construct our self and identity) to instead falter into a condition of "dysfunctional appearance" (a body which demands our attention through its abrasive resistance to our desired self-presentation) (Leder, 1990; Williams, 2000). In particular, many of our informants' narrative accounts revealed how their diagnosis separated them from the consumption behaviours of an old way of life and reoriented their dispositions to supposedly shortened lifespans and uncertain identities; a phenomenon Gibson *et al.* (2009) suggest is implicit to "futureless persons". Importantly, rather than living every day anticipating that it could well be their last, informants generally chose to find ways to protract their longevity by forging lifestyles and identities that are more future oriented. This is evident in Bill's (age 60, CHD) conscious movement away from a gratifying regime of dining out, frequent drinking sessions, and *"sit*[ting] *down in front of the TV* [with] *a half bottle of wine or a few beers"* when it was highlighted that his consuming lifestyle might be denying him a future:

> *"One of* [the nurses] *told me that I was morbidly obese which frightened the hell out of me. I knew I was fat and overweight (…)* [but]'*twas really when they used that term "morbidly obese" that it kind of struck home with me so I have made a conscious effort to try and change since. (…) I suppose it's not just the change in diet but the change in lifestyle"*

For Bill, who left school at an early age, and spent portions of his life *"dipping in and out of the black economy"* until deciding to attend college and take up employment as a course leader, weight issues were never the motivator to self-discipline; rather it was the reminder of his own morbidity that spurred him to change. After finding that his standard of living improved with gainful work, Bill accepts he "*bought into a lifestyle"* towards richer more

sumptuous food and alcohol products, quite simply, *"because you could afford them and they became so readily available"*. However with his realisation of impending mortality, Bill has begun reorienting his dispositions once more by introducing a series of lifestyle changes much broader than just managing his food consumption, not least of all his decisions to completely distance himself from alcohol, night life and watching television. In place of these activities he attempts to fill his time with family, exercise and travelling. Giddens (1991) argues that while "thinking in terms of risk certainly has its unsettling aspects (…) it is also a means of seeking to stabilise outcomes, a mode of colonising the future" (p.133). The act of "colonising" the future facilitates the planning and enforcing of actions required to govern it, the engagement in the correct or healthy behaviours to steer and captain it, and ultimately the construction of contexts to reorient it towards a preferred outcome. Bill admits that his transition towards a "hoped-for self" (Whitbourne and Collins, 1998, p.521) based upon an entirely new use of his time and philosophy has nurtured an environment conducive to self-discipline, new inspiration and knowledge:

> *"So it's just a question of change. Two of the children... said to me there is a concert coming up next Saturday, so will we go to the concert in the village, instead of maybe going out for something to eat that week which we could well have done in the past. We'll go to the concert now, food isn't an issue there."*

During narrative re-construction, where biographical scripts are contested and in flux, the individuals' drive to colonise their futures is centred on what Schau *et al.* (2009, p.255) describe as "identity renaissance" which they define as "a resurgence of unbounded identity-directed consumption postadolescence that is triggered by major changes in consumers' assumptive worlds". This is expressed most clearly by Constance (55, diabetes), a retired nursery nurse who describes her call to discipline meant not just *"eating healthily and fat-free"* but returning to sporty, active behaviours she had not engaged in since childhood:

> *"I do walk a lot with my dogs because I live in the middle of the country. So in that way things are better than in London obviously. I can go out anytime and I am not working now either. I haven't been working for two years so it's easier to go out and exercise and walk a couple of times a day…* [I used to play] *camogie and hockey and lawn tennis and table tennis, and all kinds of things until I left for England really. I was involved in all that. And then when I went to London obviously I got married and had the children, so different priorities then."*

Here, the determination to reorient her consuming lifestyle and the empowerment that comes from her newfound time to engage in this reorientation provides Constance the backdrop to recover, renew, and rewrite her identity. Exerting discipline and control over such a significant, everyday practice like food consumption is not likely to occur in isolation but as part of a wider, wholesale reboot of one's life. While for some, this reboot can separate an individual from the comforts of who they used to be, this reorientation can also allow for enhancing or developing the self as is the case with Constance revisiting long-discontinued fitness regimes or Bill's adoption of a wholly new assemblage of behaviours. Narrative re-construction and the self-discipline that goes with it transcends the management of food or diet and becomes an opportunity for growth where "bad" aspects of one's identity must be stripped away and one's future self is extended, expressed, and fulfilled through a range of "good" consumption practices. This moral colonisation of one's future positions the disciplining of consumption as a holistic and dynamic practice full of discovery, rediscovery and identity work much wider than any one consumption category.

The Other: Reliance on another as a marketplace agent

In drawing directly from Foucault's (1988, p.18) definition of technologies of the self as those practices which may be permitted "with the help of *others*" (emphasis added) to enable individuals to shape or direct their conduct, our informants' consumption appeared to be governed to varying degrees by the watchful presence, assistance and intervention by those close to them. The importance of "relying on another" pervades our data suggesting a social dimension to consumer discipline and affirming that self-management does not occur in a vacuum but rather manifests itself as an improvisational group effort, or what Barnhart and Penaloza (2013) refer to as a "consumption ensemble". Noticeably many of the informants described how, during post-diagnosis, a friend or family member often assumed the role of an intermediary between them and the marketplace. For instance Kevin (age 51, diabetes), a travelling mechanical engineer, describes how his wife has been enrolled as his marketplace agent or what can loosely be conceptualised as a surrogate consumer; "an agent retained by a consumer to guide, direct, and/or transact marketplace activities" (Solomon, 1986, p.208):

> *"She does understand what I like to eat and what I should be eating and she gets that. So I'll come back and I'll find the bread that I like is there and, you know, the muesli which has been recommended is there, the porridge is there, all that kind of stuff is all there. I mean she won't eat it but it's there."*

Curiously, beyond her understanding of what Kevin should be eating, his wife does not share a personal interest in the foods he has been advised by medical professionals to consume: *"she probably wouldn't eat half of those; I say to her if it contains carbohydrates and can be fried she'll eat it"*. While her disassociation from eating the same foods as her husband may be read as an attempt to demonstrate her comparative freedom, Kevin's wife is nonetheless recognised for her assistance in managing his consumption. Responsibility is shifted to the spouse whose task it is to ensure that the self-governing individual's sense of self is transported to the marketplace and represented in the offerings that are bought. Such behaviour disinvolves the individual and conforms to what Armstrong and Murphy (2012, p.316) label "the potential for resistance" in one's technologies of self. Arguably Kevin, through delegating his consumption requirements to his wife, *resists* the personal responsibilities that come with a need to discipline. It is the surrogate consumer that becomes compliant and takes on these responsibilities while the seemingly resistant individual, one could argue, then becomes wilfully dependent on this marketplace intermediary. The redistribution of responsibility indicates an ambiguity between compliance and resistance when individuals and those closest to them take action over biographies that are disrupted. In the case of part-time hairdresser, Eileen (age 65, CHD), we see a more interdependent approach to assisted discipline. While Eileen does take advantage of help offered by her daughters, she also maintains a close network of friends of a similar life stage for mutual support in both providing and maintaining control over one another's consumption in times of need:

> *"Whatever is going on, we are all there together and if any of us get sick, we pop out and we make sure. So you know hopefully that it will continue like that and that, you know, we help one another out, regardless if somebody had been ill or sick. So I think with a kind of a back-up system like that, you know I should be okay and the girls as well. Sabrina anyway will make sure I eat, that's for sure and certain it would all be good stuff."*

Here we see a strategic compliance with disciplinary machinery through developing what Cheek (2003) considers a partnership or a collaborative venture in self-management. Where usually such partnerships occur within the power dynamics of the therapeutic relationship between patient and healthcare professional (ibid), what is created here is an interrelationship without a subject position whereby disciplinary responsibilities become an item of equal participation amongst friends who share similar life circumstances. However for some

individuals such as Joe (age 54), a working class factory operative living with diabetes, little choice is described in his wife's insertion into his consumption choices: "*broccoli, cauliflower, I didn't eat any of them and my wife would say eat up or throw your bloody arse at it.*" His wife's orders are further enforced by other individuals close to him, including his adult children, which indicate a less than subtle *coup* over his liberties as a consumer:

> *"Well my daughter now would be saying to me, 'you shouldn't be doing that, you shouldn't be doing this, why are you eating that?' (…) My family makes sure that I keep things under control… my daughter now is a stickler like, and my wife, but the eldest boy, wow, he's a terror for me doing things that I shouldn't be doing. He'd abuse me down the phone and he'd come in and he'd give out to me".*

Here, Joe's disciplinary efforts over his consumption have been hijacked and administrated according to proxy rules of family members. The mention that his son would *abuse* him over the phone suggests a power imbalance has crept into the family system whereby the child (the healthy one) has now developed authority over the parent (the unhealthy one). In ensuring self-discipline is upheld norms of familial nicety and reciprocity, as well as the power dynamics that underpin these relations, are thrown into relief and the ensemble mobilises its resources aggressively to administer the individual's self-management. For Joe and others, the construction of a "panoptical" domicile is self-evident in feelings that their conduct is persistently observed by family members (Foucault, 1995).

The panoptic gaze of those close to the ill is evidenced most noticeably in the case of Paul (age 63), an overweight lorry driver with coronary heart disease. Paul describes how even prior to his diagnosis, his engagement with the marketplace has always been mediated by his wife, so much so that he is generally not a good predictor of his own consumption practices: *"If she* [wife] *was here now she'd be able to tell you more about myself"*. Paul's job requires him to be on the road much of the time and the nature of this work distances him from most domestic choices and behaviours such as food shopping and cooking. Rather than autonomously seek out and consider what is best for himself within the marketplace, he employs his wife to filter information, weigh up options, and make consumption decisions on his behalf. Paul expresses some uncertainty of his wife's surrogacy in his consumer affairs suggesting that *"she has a wrong diet herself too"* and recognises that she has put on significant weight in recent months. However he is more disposed to abide by his wife's directions for his own discipline than attempt to go it alone. By resisting the personal

responsibilities that accompany self-discipline, the individual makes a trade-off by becoming dependent on *the other* even if this means submitting to a panoptical household. Paul has remained so dependent on his wife that even during his time on the road where he is beyond her surveillance he still clutches to packed lunches she provides for him in advance of his departure. In such situations, "the other" through his/her administration has shaped a field of conceivable actions for the self-managing individual; or in short, ensures that the individual is "caught up in a power situation of which they are themselves the bearers." (Foucault, 1995, p.201).

The Market: Confronting the Enemy

Over the past number of decades there have been substantial moves across the food marketplace to improve the accessibility to natural, functional, health-enhancing and retail-organic products for consumers (Biltekoff, 2013). Some of our informants recognised these efforts through the availability of low-fat, heart-smart and other items such as artificial sweeteners which could be conducive to self-discipline; *"I've used low fat milk, I've used Canderel, I've used Low-Low and they are the three basics so I have nothing to change in those"* (Josephine, age 60, diabetes). However a clear message emerged from the data that suggests, regardless of the presence of health-enhancing offerings, individuals when required to self-discipline largely *confront* the marketplace as if it were an enemy or a saboteur seeking to subvert their self-control and well-being. In the first instance, many treat the market as an enemy of integrity or even of decent behaviour; as something that seductively entices their fantasies but ultimately brings them closer to risk. In working to nullify this seduction our informants could identify with subtle notions of consumer resistance, or what Fischer (2001, p.123) aptly describes as "try[ing to] resist the siren songs of the market". This perspective is touched upon by Kevin (age 51, diabetes) who speaks to the empowerment that comes with food knowledge ("*I do recognise the power of food and what I'm supposed to be eating… and I think I understand generally what it is that I have to do*") but also the fact that the marketplace, by virtue of its temptations, can become a disempowering force:

> *"you are in the restaurant in the evening and all this wonderful food comes out that everyone's ordered, they just start to dive into it because, look at that, it's really nice, it smells good, it tastes good, it's designed that way because it's a restaurant. I do overeat because it's nice and that's part of the reason why I've gone from fifteen and a half* [stone] *back up to sixteen and a half* [stone]*."*

Foucault (1980) has often spoken of the persistent linkages between power and forms of knowledge but here Kevin, despite his awareness of what he should and should not be consuming, finds himself caught in a power struggle where he is seduced by the market time and time again. Kevin mentions food is "designed" to maximize palatability which entraps him, placing him in a position of vulnerability and susceptibility to exploitation. Beyond appealing to one's senses, Dan (age 65, CHD) an ex-salesman who is recovering from a quadruple bypass pejoratively conveys his powerlessness to potentially harmful market processes such as the preparation and promotion of food:

> *"I suppose I'm like every idiot in this country I accept everything. You know just take what's available. I wouldn't go foraging through looking for this, that or the other thing. There have been so many changes and there are so many discussions going on about this being the cause of that and that being the cause of this and so on and so forth. (…) Saturated fats, that gets me now because the thing is they are cooking there with all this shitty oil, excuse the expression… They tell you 'ah get this oil' and one thing and another thing and it saturates everything that you are cooking. It doesn't seal the outside of it and keep the goodness in. It actually saturates it with itself and that's the dirt you are eating."*

It is this powerlessness to product engineering and promotion that some informants suggest is fraught with tension and entirely disempowers them from their role as disciplinarian. Peg (64, CHD), who used to work at a restaurant, speaks at length about how food has dramatically changed for the worst since her childhood and consumers are largely ignorant to what they eat – "*the food they are eating now today, I think 'tis all the frozen foods and everything they are eating. They haven't a clue what's inside in them and I think that they are giving them the problem and there is too many sweet things on offer in the shops and its 'buy one, get one free' and buy this and get one free*". Kneen (1993) refers to this process as "distancing" – the disempowering of consumers from identifying opportunities to eat well in favour of giving in to the bounties of choice offered through industrialised food. Others touched upon the enticement of "health halos", health claims propagated by marketers considered to be supplying reasonably healthy offerings, which lead consumers to underestimate the caloric content of what they eat (Chandon and Wansink, 2007). Peg, when asked to describe her experience of food shopping, vehemently relays her suspicion and scepticism towards products designed and marketed specifically to promote health or weight management:

> *"We had to go to the health shop and buy all this food. No, t'was like we went to the Weightwatchers and we went on this diet thing and then they are saying, like, 'you get this Weightwatchers ice-cream, Weightwatchers biscuits and Weightwatchers this and that'. We were buying all these things for freezers and I said to her* [friend] *we didn't eat this food before and we were fine, why did we have to go off and buy ice-cream and buy biscuits that we don't even like? I don't like them anyway; all this crap I said. It's desperate, I stopped buying them."*

It is ironic that Peg recognised a need to change her consuming lifestyle but upon entering a market designed to facilitate this, became disenchanted by feelings of exploitation which brought her to question the need for this change. This disenchantment has instilled in her the assumption that her consumption practices were "fine" all along.

While personal experiences, habits and anecdotal evidence directed some informants to discount the veracity of food marketing messages, the promotion of the food product itself is only the beginning of their misgivings about the market. Informants describe how their attempts to go against social demands that revolve around the market position them as outsiders, as picky eaters, as unsocial or just strange. Ignoring healthier food options or simply not speaking up when ordering food in a restaurant or meticulously scanning the supermarket aisles also becomes a social practicality.

Faced with challenges and disempowerment on multiple levels, our informants discussed some coping strategies to aid in their self-discipline. Recognising that market encounters were uncertain and full of temptation, informants constrained their transactions to "zones of comfort" (Adkins and Ozanne, 2005, p.98) that allowed them to be better equipped to resist the enticements of the marketplace. Uncertainty was reduced by: restricting shopping to familiar retailers that provide reasonably healthy offerings they are accustomed with; or by ordering tried and tested – or *safe* – items from foodservice menus. Others, such as Maura (age 67, diabetes) who works on a farm with her husband, attempt to separate themselves as far from the marketplace as possible, knowing that food can never be escaped but can be managed within the boundaries of one's own agency: *"The worst part of it is when you go out visiting or go on holidays. I have to take a lot of my own food with me when I go on holidays because I wouldn't be too sure of what I'd eat or what way they'd be cooked or what they'd be cooked with."* These safeguards dictate that the self-disciplining individual limits

oneself to a secure constellation of familiar products in what could potentially be a very alienating marketplace.

The object: Making the bad "good"

Scrutinising the marketplace and being wary of its temptations enables consumers to recognise and filter problematisations which create a state of mind that is conducive to self-discipline, though this does not necessarily sanitise what will be consumed. Consequently our informants in seeking to discipline their consumption pursued another strategy which sought to establish the purity of what they consume, and if necessary, *decontaminate* their products of properties that may be of negative impact to their well-being. Though Foucault refers mainly to the rhetoric and practices of purity in terms of the sexual and racial dimensions of societies, it is nonetheless clear from his work that self-discipline is often organised toward "expelling for good everything impure or conducive to impurity" (1997, p.195) which underwrites how social subjects construct and manage themselves through a relationship with purity.

Recent work in the food literatures has reinforced the vague notion of "purity" as an important feature for those concerned with the self-management of health and well-being (Niva, 2007), though the pure image of market-made products is delicate. This fragility was revealed through our informants' discussions around how purity and naturalness are somehow lost or eroded through the contaminating effects of market-processes: *"I mean you eat your own plain food so why would you go off buying something in a freezer or somewhere for weeks on end?"* (Peg, 64, CHD). In this case, "plain" or untouched is preferred to something potentially more appetising but unconditionally tainted by processes like flash-freezing procedures for long storage. Freezing, processing or preserving can all be conceptualised as Douglas' (2002, p.44) notion of "dirt as matter out of place" i.e., something introduced where it is not naturally occurring. Dirt, or impurity, can be handled in various ways: it may be condemned or disregarded, labelled as a hazard to be carefully eluded, or somehow supplanted with more favourable characteristics. Various forms of these practices were detected amongst our informants, the most unconventional method being Maura's (age 67, diabetes) "dowsing" to evaluate whether foods consumed will result in an adverse reaction. Dowsing involves dangling a crystal over her meal to determine the purity of what she is about to consume:

> *"Did you ever hear of divining to get water? With the sticks yeah, but this is* [with] *a crystal, I take it with me everywhere.* (…) [The crystal] *will tell you 'yes' or 'no'. Yes would be clockwise and no would be anticlockwise and I'll see whether* [the food or water] *will suit me now or not. If it went anticlockwise, it wouldn't suit me. And that definitely helps me".*

Maura cites dowsing as an effective technique to manage her self-discipline, though she recognises the social repercussions of her unorthodox practice: *"I'd be afraid that* [others] *would think you're a bit odd to be talking about things like that so I wouldn't discuss it really, nor would I leave people see me dowsing as a rule except people that know me now."* In this instance, we see panopticism is acutely in reverse where social pressure as a relational type of control is actually inhibiting a practice in discipline that works for the individual.

Besides eccentricities like dowsing, a common practice amongst the sample was modifying the properties of food. A particular form of modification that arose was the subtraction, or purging, of what was considered to be toxic or harmful aspects of food products, the most noticeable example being the removal of fat: *"If I'm eating bacon or anything with fat, I cut off, I trim off the fat you know"* (Paddy, 69, diabetes). In such instances, risk is not introduced through market processes but resides within consumers' own transgressive choices. Rather than avoiding risky products like bacon outright, informants often choose to purge them of their impurities. Purging can be read as a form of guilt remediation whereby the individual is more concerned with attempting to assuage the impact of their transgression rather than to fully abstain from it. Such behaviour then aligns with what Canniford and Shankar (2013) refer to as "purifying practices" which enable consumers to rectify unacceptable betrayals in their consumption and overcome these challenges.

Another such practice is the labour injected into food preparation. Josephine (60, diabetes), a retired secretary and mother of six, describes her commitment to a rustic, laborious *homey* approach to cooking: *"I always cooked proper dinners. (…) I know I never bought packet stuff and that. I cooked from scratch, whether 'twas always healthy or whether it was always the right stuff I don't know"*. For Josephine, the purification of food is about the labour involved in crafting the "proper" dinner which transcends the biomedical status of dietary health. Preparing proper meals is a significant part of producing a home and family, whereby "a meal made by (a) mother" is considered culturally important (DeVault, 1991, p. 138). In this way, the management of food fit for Josephine's consumption cannot be

subtracted from the food she prepares for her family's consumption. This suggests purity may be embedded in extracorporeal constructs like caregiving more so than the nutritional constitution of food itself.

Curiously, a lot of the purifying practices the sample engaged in such as "dowsing", "purging" and cooking "proper" meals could be considered more idiosyncratic than the typically more scientised medico-administrative advice issued by healthcare professionals regarding diet and nutrition. Informants' governance over food choices and preparation foregrounded naturalness and personal beliefs while the quantitative, rule bound empiricism of nutrition-driven dietary ideals found in diabetes and CHD literature was largely downplayed. For example, Paddy (69, diabetes) who is overweight and has been prescribed blood pressure medication suggests what he does with his food is ultimately his business, and that eating according to his own beliefs should keep him out of the gaze of medical professionals. Eating right for Paddy, who used to work at a creamery, does not involve reducing food to the value of its nutrients or glucose levels but simply means recreating the eating practices of his forefathers which he believes *"keeps you away from doctors and hospitals longer and keep your energy levels up and be able to help you to enjoy life"*. Such behaviour suggests an ambiguous relationship between complying with disciplinary requirements and resisting them, whereby consumers when seeking to improve health may often accept those recommendations that can be validated by their own personal or anecdotal experiences, while discounting those that run counter to pre-existing beliefs (Armstrong and Murphy, 2012). While Paddy recognises his consumption of bacon does not necessarily conform to the nutritional model of a disciplined diet, he justifies the food item as a traditional staple he has eaten since an early age, as something he has long associated as "ordinary" and separate from the interference of the market (he used to keep his own pigs for bacon) and thus confirms to his own personal beliefs of purity:

> *"I just had ordinary country food. I am a farmer's son. We grew up in the 40s, rationing and all that but I don't think I ever, no effects on me, we were well fed anyway. Bacon was a prominent source of food anyway because we had pigs at home. We used to kill our own pigs."*

While Paddy in his old age now purchases bacon from a store and finds himself purging it of fat, he remains allied to his first-hand knowledge and involvement with such items over his upbringing. For him, there is value in individual experience rather than nutritional best-

practice. Idiosyncrasies based on one's own habitus are in themselves empowering for the self-disciplining individual and while divergent from empirically validated health protocols, still line up with bio-medical expectations of individuals to self-manage and think mindfully about what they consume.

Discussion

The nature of discipline, and associated questions of self-management and restraint, have been an abiding interest in sociological studies of medicine and public health for quite some time but as health consciousness continues to grow at local, national and supra-national levels, these areas will also be of increasing importance to those concerned with the transformative paradigm shift in marketing. Following TCR's emphasis on context, our phenomenological exploration of the chronically ill's relationships with food has allowed us to identify four contact points at which disciplinary methods intersect with consumption: "the Individual", "the Other", "the Market", and "the Object". These simple intersections articulate and help to extend our understanding of how a situation that requires self-management is lived in terms of daily lives and interpersonal relationships seated in marketplace behaviour. The first two contact points, "The Individual" and "The Other", demonstrate an emphasis on the personal or collective efforts of "People" in self-discipline. Here, the consumer embarks on an individual mission to forge a new consuming lifestyle and future self to protract his/her longevity, and can enrol others into an ensemble that can assist him/her in self-management. Conversely, strategies associated with "the Market" and "the Object" take place at the level of "Material" whereby consumers resist the temptations of the marketplace and establish the subjective purity of what they consume. While future research is needed to extend these intersections beyond the contexts of chronic illness and food consumption, they are most likely to apply in scenarios where the individual has the choice to impose restraints over their freedom and desires as a consumer for reasons of personal well-being (Figure 1).

INSERT FIG 1 HERE

All four contact points build on notions of governmentality, whereby discipline is operationalised through individuals monitoring and conducting their own behaviour, consumption and thinking with the direct or indirect influence of wider social currents. Consumers construct their own understanding of what needs to be achieved and generate

different strategies and combinations depending on the contact points they choose to focus on. For example one of our informants, Kevin, adapted a repertoire of strategies associated with "the Other" (enrolling a surrogate consumer) and "the Market" (scrutinising and finding ways to escape the temptations of the foodservice/retail) to meet his particular needs. Regardless of the combination pursued, the core motif to emerge is how self-management as a "consumer" is a messy composite of practices and seldom a personal matter. As in Thompson and Hirschman's (1995) notion of the socialised consumer body, it becomes natural to consider one's body as an object that perhaps can, and even *should*, be (re)constructed in line with wider social structures and relations. The primary contribution of the current work is that an individual's management of this socialised body is not entirely based on being shaped and fitting in with wider influences, but ultimately how the individual can interact sceptically and critically with the fallibility of these influences towards one's own ends. Wider institutional and interpersonal factors are negotiable, can be engaged with and in some cases even *contested* or *resisted* to help assist in one's self-management. This has been touched upon in Thompson's (2005) study of how the natural childbirth community contest expert systems that culturally define safe and risky behaviours. Like the chronically ill in this study, these health consumers opt out of a "matrix of medico-administrative technologies and protocols" (p.239) and experience liberation through their own self-management practices involving knowledge building and challenging experts. While governors such as health service providers or marketing professionals can indeed shape one's field of possible choices, it is implicit in the overall notion of governmentality that one's own agency and selectiveness is what will ultimately grant knowledge and happiness. In this sense, resistance has the potential to facilitate discipline.

In relation to the work of Foucault, these interpretations illuminate some of the turbid mechanics that occur within the domain of where technologies of domination overlap with those of the self. The findings indicate that the overlap is not just tied to the way the individual conducts oneself, but his/her empowerment to interpret and engage critically with the surveillance and power of wider influences to one's own ends – what could tentatively be considered "technologies of reflexivity". Institutional forces like markets are called into question for their opportunism and so the individual must develop alternate ways of coping; extracorporeal objects like food products which do not align with disciplinary guidelines are scrutinised and purified in idiosyncratic ways; one's own future identity is contested and reorganised through shaping one's consuming lifestyle; and, all the while, significant others

are mobilised for their assistance in these matters but also become subject to some level of scrutiny. By attending to this conceptualisation, we are able to detect some important gradations between compliance and resistance to external factors, whether they are intimate such as a significant other or largely anonymous such as the commercial marketplace and its available offerings (Armstrong and Murphy, 2012). Central to these implications is the point that an incident which beckons and necessitates consumer discipline such as chronic illness demands not a fixed or clear-cut resolution, but an assemblage of various methods critically perceived and crafted in relation to the social world. This means discipline may be experienced less as a practice in restraint that one must struggle through and more as an opportunity to engage thoughtfully and resourcefully with the "People" and "Materials" around oneself. Ergo, we define consumer discipline as the assemblage of practices effected by individuals, with or without the assistance of others, to scrutinise and operate selectively in the marketplace, to purify and mindfully use its offerings and to orientate one's consuming lifestyle towards a desired outcome.

Implications for Management and Directions for Future Research

At the heart of this paper, we have theorised two platforms whereby consumer discipline is activated: "People" (including the colonisation of one's own future and the help one gets from others) and "Material" (the marketplace and the offerings within it). It is across these two platforms that attention can be given to direct resources, invite discourse, and encourage debate so as to translate information into empowerment.

First, in terms of the impact of the "People" and specifically "the Other", self-management initiatives run by policymakers can be improved by recognising the role of friends and family as an intermediary between the ill and the marketplace. This widens our understanding of the "expert patient" and deepens thoughts on the "expert family" (Vicarelli and Bronzini, 2009; Mason and Pavia, 2006), suggesting the micro-social world that surrounds the ill individual requires competency in not just the care processes but also in facilitating healthful consumer behaviour. Policymakers need to look towards greater inclusion of relatives, friends and caregivers in communicating the healthful management of consumption. This needs to be underscored by an understanding that while the ill themselves might learn how to adjust their consumption to their conditions, those around him/her may be at a different stage in this learning process. In such circumstances, their involvement in

marketplace activities on behalf of the consumer might actually inhibit his/her discipline. One way of combatting this is by instigating programmes of "Family Member Mentoring" or "Buddy Coaching" for those close to the ill which focus specifically on their responsibilities as surrogate consumers. Operationalising these measures leads to an exciting avenue for future research to critically unravel issues of governance within the larger social dynamics of the chronically ill person. While this paper only touched the surface of the governance roles at play within the household and among supportive friends, a sustained study based on interviews with these actors could explore specific nuances such as power dynamics, role distress and whether gender and family roles are reinforced or overturned.

Second, our findings regarding suspicion, scrutiny and selectiveness within the marketplace as well as idiosyncratic efforts to purify its offerings reiterates for managers that marketing efforts and medicinal instructions hold "no privileged epistemological position" (Armstrong, 1985, p.111). Regular peoples' beliefs about aetiology and "purity" are what count. For policymakers, efforts need to be made to accommodate consumers' own non-expert understandings of healthful consumption and not obscure the practices of self-management with rule-bound empiricism. This then goes to the heart of Foucault's advice that discipline should not be unilaterally dictated but should operate through technologies of the self whereby individuals "produce the ends of government by fulfilling themselves rather than being merely obedient" (Rose *et al.* 2006, p. 89).

In terms of directions for future research, it is important to remember that not all individuals will embrace let alone desire to adopt practices of consumer discipline, even if granted freedom in how they do it. Thus follow-on work is needed to explore the resistance or straight-out rejection of self-management in the marketplace. Denial, hopelessness and nihilistic attitudes that nothing will change are likely to impact discipline. Specifically, our work in this paper is limited in that it does not address how people who have no hope of circumventing the impact of a well-being problem such as DMD (Duchenne muscular dystrophy) approach their consumption. Deconstructing people's understanding of self-discipline, its relevance to them and whether it is practiced when personal control is critically constrained could form the basis of important future research.

In conclusion, finding ways to understand and enable consumers' capacity for self-discipline will become increasingly important as both the opportunities for consumption continue to spread throughout all aspects of life and the market's attempts at seduction

become all the more difficult to realise and resist. Given the seriousness of the impact on well-being incurred by the seduced, work needs to commence urgently to provide an integrated and holistic approach to not just deepening a scholarly understanding of consumer discipline but also the encouragement of creative action from consumers to address matters that are important to them.

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