Veera Koskinen

Building Skills for Lifelong Wellness

An Empirical Study on the Wellness-Oriented Lifestyle





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Esitetään Jyväskylän yliopiston humanistis-yhteiskuntatieteellisen tiedekunnan suostumuksella julkisesti tarkastettavaksi yliopiston päärakennuksen salissa C5 elokuun 21. päivänä 2020 kello 12.

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ABSTRACT

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Over the past decade, the concept of wellness, defined here as a holistic perspective on an individual's well-being and self-care, has gained prominence in social debates and consumer culture, especially among affluent societies. At the discursive level, wellness emphasizes an individual's own efforts and (consumer) choices for increased health, well-being, and personal satisfaction in different life domains. This dissertation examines different manifestations of the wellness phenomenon, with a particular focus on the experiences of middleaged and older adults. The research engages with sociological discussions on well-being, aging, and consumption, which are complemented with wellnessrelated insights from leisure and tourism research. The research builds on three articles with separate quantitative or qualitative data sets that explore the wellness-related attitudes and lifestyles of the participants. The results link the rise of the wellness phenomenon to broader societal changes, including medical and technological advancements, improved living standards, consumerism, longevity, and increased individualism, which have had an impact on how people currently plan and construct their lives and lifestyles. The findings indicate that the attitudes regarding personal well-being and self-care have generally become more wellness-oriented. The research also states that an individual's skills in relation to holistic self-care are highlighted in social debate. The meaningfulness of wellness consumption is linked to people's quest for a balanced lifestyle that brings a sense of manageability and contributes to both personal and societal wellness. The popularity of wellness consumption among aging consumers is not explained only by biological aging but also by the social and cultural framework within which the aging self is managed. While middleaged participants contemplate wellness and related consumption from the perspective of an "active third age," older adults emphasize a wellness-oriented lifestyle as a justified solution for "aging well." The growing interest in immaterial and experiential consumption and more personalized and alternative options for self-care provide a framework for the business of wellness to flourish. The research argues that wellness is a general direction of development in society that influences health and well-being markets, with multiple social impacts that should be critically examined.

Keywords: wellness, aging, wellness consumption, self-care, wellness skills

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2000-luvun aikana kokonaisvaltainen hyvinvointikäsitys eli wellness on noussut yhteiskunnallisen hyvinvointikeskustelun ja kulutuskulttuurin keskiöön erityisesti vauraissa länsimaissa. Väitöskirjassa wellness määritellään vallitsevaksi hyvinvointisuuntaukseksi, joka korostaa yksilön vastuuta ja valveutuneisuutta hyvinvoinnin edistämisessä ja elämänlaadun kohentamisessa elämän eri osaalueilla. Wellness-ilmiötä tarkastellaan laajasta sosiokulttuurisesta näkökulmasta keskittyen erityisesti ikääntyvien kokemuksiin. Tutkimus yhdistää sosiologista hyvinvointi-, ikääntymis- ja kulutustutkimusta sekä matkailu- ja vapaaajantutkimusta. Empiirinen osuus rakentuu kolmesta osatutkimuksesta, joissa käytetään erillisiä laadullisia ja määrällisiä aineistoja ja analyysitapoja. Väitöskirjassa wellness-ilmiö kuvataan osana laajaa yhteiskunnallista muutosta, jossa elintason nousu, väestön ikääntyminen, yhteiskunnan yksilöllistyminen sekä monet muut yhteiskunnalliset ja kulttuuriset kehityskulut ovat myötävaikuttaneet wellness-elämäntyylin valtavirtaistumiseen. Tutkimustulokset osoittavat, että wellness-ilmiö näkyy yhteiskunnassa erityisesti itsehoivaan liittyvissä asenteissa ja kulutuskäytännöissä. Väitöskirja argumentoi, että hyvinvoinnin ymmärtäminen yksilön omien taitojen ja (kulutus)valintojen kehyksessä on ajallemme ominainen diskursiivinen lähestymistapa hyvinvoinnin edistämiseen. Wellness-kulutus koetaan merkitykselliseksi paitsi toimintakyvyn ja ulkoisen olemuksen myös elämänsuunnittelun ja elämänhallinnan näkökulmasta. Wellness-kulutuksen suosio varttuneiden kuluttajien keskuudessa on linjassa monipuolistuneiden ikääntymisen kuvastojen kanssa. Myöhäiskeski-ikäisten kokemuksissa painottuu "aktiiviseen kolmanteen ikään" valmistautuminen, kun taas eläkeläisten keskuudessa kokonaisvaltainen itsehoiva ja wellness-kulutus näyttäytyvät osana mielekästä ja yleisesti hyväksyttyä "hyvän ikääntymisen" strategiaa. Laajassa kuvassa wellness-kulutuksen suosiota selittävät aineettoman ja elämyksellisen kulutuksen suosion kasvu sekä lisääntynyt kiinnostus yksilöidympiä hyvinvoinnin edistämisen ratkaisuja kohtaan. Väitöskirjan keskeinen argumentti on, ettei wellness ole vain ohimenevä kulutustrendi vaan laajempi suuntaus hyvinvoinnin edistämisessä, joka vaikuttaa muun muassa terveys- ja hyvinvointipalveluiden kehittämiseen, mutta jolla on myös moninaisia sosiaalisia vaikutuksia, jotka antavat aihetta myös kriittiselle tarkastelulle.

Asiasanat: wellness, ikääntyminen, wellness-kulutus, itsehoiva, hyvinvointitaidot

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One might think that when you spend several years on wellness issues and even collect your research data at spas, it would make you a relaxed, well-balanced person with an excellent toolkit for improving your personal wellness. Well, the truth is that it does the opposite. It makes you confused about how to deal with all that wellness-related information, even more suspicious about the choices you make in your daily life, and, on top of that, it makes you stressed out and irritated from sitting for an excessive amount of hours at your computer. Nevertheless, I would definitely choose this long and rocky path to a PhD again. I have learned plenty, had the possibility to work with talented people in multidisciplinary projects, gained experience in diverse matters, and managed to overcome my own doubts and fears at numerous points during this process. Obviously, this all would not have happened without the support of certain people and entities.

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1 INTRODUCTION

It goes without saying that wellness is one of the megatrends of our time. The current commercial supply of wellness solutions as well as wider societal debate, invites us to keep ourselves healthy, fit, meditated, detoxified, pampered, and otherwise comprehensively in shape and alert. Images and conversations of trendy diets, new methods of exercise, recently released selfhelp books, and wellness vacations-to name but a few-are popping up everywhere, providing a multitude of suggestions on how to make our lives individually more satisfying. Whether it is about sleeping habits, personalized diet, work-life balance, or reducing stress, the business of wellness has something to offer. However, commercial wellness is just one thread of the discursive orientation that has gained ground in society on a much larger scale. The praise of wellness is also prevalent in the broader societal debates that increasingly encourage people to develop their mind and capacities through their own efforts, and which aim to solve social malaise and health problems at the level of the individual (e.g., Barnett et al., 2007, Foster, 2016). In a relatively short period of time, wellness-a conceptual framework that emphasizes the importance of holistic self-care—has become a key concept for identifying, discussing, and evaluating the well-being of individuals (e.g., Conrad, 1994; Cohen, 2008). Wellness has become the characteristic spirit of our era, a prevailing approach to healthy, happy, and responsible living. As such, it offers a powerful but vague set of lifestyle ideals that shape our understanding of appropriate ways of leading a fulfilling and successful life, and sometimes, as shown on the forthcoming pages, with contradictory results.

This dissertation examines the wellness phenomenon in contemporary Finland with an emphasis on the experiences of middle-agers and older adults. In the current era characterized by longevity, high individuality, weakened collective structures, and the ever-growing commercialization of health and well-being, wellness as a multilayered phenomenon is an interesting and highly topical subject for sociological investigation. The present research highlights the interdependence and complexity of these societal trends and explores their

linkages to the everyday lives and lifestyles of the study participants in the context of wellness promotion. By applying both quantitative and qualitative methods, this dissertation explores the ways in which people assess their wellness and work on themselves holistically in order to "be well." This dissertation understands the growth of the wellness phenomenon as part of a broader societal and cultural change. Thus, the focus of this work is not on the actual purchase and usage of wellness-related products and services. Instead, the aim is to draw attention to the sociocultural aspects of the wellness phenomenon, which channels people's interest into a "wellness-oriented lifestyle," namely into a lifelong pursuit of better personal health and wellbeing through holistic self-care. In this context, "lifelong pursuit" refers to the idea that the promotion of wellness is a continuous process that will never really be completed, but requires attention and variable measures throughout one's life. By empirically examining people's thoughts and experiences on wellness and related consumption, the research sheds light on how the dominant position of wellness is manifested in people's everyday lives. As will be discussed in the pages that follow, orientation to wellness goes way beyond the maintenance of physical health, being increasingly linked to an individual's life planning, lifestyle optimization, and overall desire to enjoy life and evolve as a person.

In commercial contexts, the concept of "wellness" loosely refers to everything that is supposed to help us live healthier, longer, and an overall more satisfying life. As for the scientific definition, "wellness" is typically defined as a multidimensional and holistic idea of human health and wellbeing. That is to say, wellness is not considered as an absence of disease but as a positive end in the illness-wellness continuum, in which different dimensions of well-being - physical, social, psychological, and spiritual - are supposed to be in balanced harmony (e.g., Dunn, 1959; Müller & Kaufmann, 2001; Travis, 2005). Essential in this view is that instead of considering human wellness as a static state, it is viewed as an active pursuit and deliberate effort toward an individual's full potential and optimal quality of life. Within this pursuit, the individual's own responsibility and, accordingly, well-being-related lifestyle decisions and techniques of self-care are emphasized. Hence, the notions of "prevention," "proactivity," "personal development," and "well-being optimization" are generally associated with the different conceptualizations of wellness. In other words, people are assumed to adopt "healthy" behaviors and make "well" choices throughout their life and not to leave this all to medical care (e.g., Puczkó, 2018). This, however, is an aspect that has also aroused critical discussion about the extent to which an individual can actually take responsibility for one's own well-being, which is, however, the sum of many genetic, social, and societal factors and coincidences, in addition to individual lifestyle measures (e.g., Crawford, 1980; 2006).

It is evident that improved living standards and consumerism have contributed to the rise of the wellness discourse and its commercialization. But beyond that, wider changes in peoples' attitudes, lifestyles, and society's

structures have had an impact on how wellness is currently understood and pursued on an individual level. Some sociological theories state that the process of individualization has led to the prioritization of the self over community, which has increased the importance of body-centered consumption as a tool for identity formation (e.g., Giddens, 1991; Beck, 1992). Today, the "normal biography" of an individual is less defined by shared expectations and conventions and depends more on an individual's choice—a development which is particularly apparent in the way people perceive their personal roles and obligations in relation to their own health and well-living. In recent decades, as the number of products and services aimed at supporting and enhancing one's well-being has exponentially increased, the quest for personal wellness has increasingly become a matter of making right choices as a consumer citizen (e.g., Smith Maguire, 2007; Sassatelli, 2010; Grénman, 2019).

In his analysis of the moral meanings of health promotion, Conrad (1994) reaches the conclusion that striving toward optimal health has become a virtue and something by which to measure an individual's overall success in life. This dissertation extends this view by arguing that as the understanding of the individual's health and well-being have expanded toward the holistic wellness approach and become increasingly commercialized, not only optimal health but an individual's "skillfulness" in the care of their self in various areas of life has become highlighted. With the overall increase in the population's wellness, our everyday lives have been infiltrated by the idea that personal well-being and overall satisfaction with life can be developed through the adoption of the right lifestyle management techniques and consumption choices. In sociological literature, this trend has also been conceptualized and critically examined through the rise of therapeutic culture (e.g., Furedi, 2004; Illouz, 2008; Salmenniemi et al., 2019). The prevalence of such a discourse in today's society is manifested, for example, in the oversupply of the wellness-related lifestyle tips in different media as well as by the general societal debate that encourages proactive consideration and development of personal wellness. Accordingly, such matters as personal growth, self-indulgence, unique experiences, and personalized health and well-being services have gradually become part of the current regime of self-care and, thereby, signs of one's commitment to a "virtuous," wellness-oriented lifestyle.

In Finland, as in most developed countries, the number of people over 65 years old continues to grow while other age groups gradually diminish (Official Statistics of Finland, 2018). Noteworthy is that people are not only living longer but also living in a healthy condition longer than previous generations. This development, which pervades all levels of society, gives a reason to consider not only the socioeconomic aspects of the aging population but also the consequences that it has on people's lifestyles and on the images and expectations associated with different ages and stages of life. Instead of approaching aging only as an inevitable degeneration of the body, the current theories on aging pay more attention to the social aspects of aging and, increasingly, also to the self-care and consumerist lifestyles of older adults (e.g.,

Katz & Marshall, 2003; Katz, 2013; Kelleher & Peñaloza, 2017). Prolonged middle age, which is also typically referred to as the "third age," has become reconstructed as an important developmental stage in the human life course, characterized by positive opportunities such as increased free time and self-actualization (e.g., Laslett, 1991; Sadler, 2006; Karisto, 2008b). In addition to these more positive and empowering discussions around aging, the current conceptualizations of "active," "successful," and "positive" aging place great emphasis on the individual's own efforts in the maintenance of bodily vitality, mental sharpness, and overall well-being and satisfaction in later stages of life (e.g., Katz, 2005). Thus, these relatively new approaches to aging share many similarities with the present ideology of wellness and the marketable lifestyles related to it (e.g., Katz, 2003; Green, 2014).

The increased interest in wellness is currently a unifying trend across the affluent societies. The new technologies that enable a fast and efficient flow and simulation of wellness-related ideas and trends are obviously contributing to this. On a global scale, the rise of the wellness phenomenon has also been interpreted as a counter-reaction to or by-product of the health and well-beingrelated risks and challenges encountered in the present era. According to the WHO (2009), these include the aging of the population, the rush and instability of working life, climate change, and a variety of challenges related to inactive lifestyles, social isolation, loneliness, and an increasing epidemic of chronic disease and stress. The complexity and unmanageability of these relatively new social challenges have also contributed to a widespread "risk talk" in society, which emphasizes the individual's own choices and lifestyle in combating these community-level and global threats (e.g., Glassner, 2010). The talk about risks has also contributed to the popularization of medical knowledge, recognized as one of the driving forces of the present "wellness revolution" (e.g., Ray & Anderson, 2001; Furedi, 2004; Cohen, 2008).

As people have become very aware of the possible effects of their lifestyles and (consumption) choices on their own wellness, as well as that of others and the environment, applying this knowledge has become a focal part of the present culture of self-care. In addition to the wealth of information available on wellness-promoting lifestyles, the current wellness discourse emphasizes individual interpretation and application of this knowledge. Consequently, it has also been noted that people have become wellness-literate to such an extent that it is causing anxiety and ill-being in the form of, for example, unnecessary worries and addictions related to self-improvement (e.g., Cederström & Spicer, 2015). Therefore, it is conceivable that the proliferation of services for relaxation and mental wellness, in particular, is itself a consequence of the increased responsibility, uncertainty, and fuzziness around the promotion of personal health and well-being. In a sense, people's sought for balanced life have become an all-encompassing trend in society.

It is acknowledged that wellness is a highly ethical and cultural concept, as it incorporates cultural understandings of health, happiness, and a good life (e.g., Ashorn et al., 2010). Accordingly, the concept of wellness is never value-

free but reflects the general attitudes and beliefs regarding the attributes of the individual (e.g., Nordenfelt, 2007; Conrad & Barker, 2010). Although the current wellness approach to individual well-being combines ideas from Eastern as well as Western cultures and traditions of medicine, wellness as a commercialized form of self-care is mainly a Western construct, reflecting the needs of well-to-do citizens living in more or less urban environments. For example, practicing yoga, having a detoxifying herbal bath, or learning Ayurveda may be ancient traditions in some Eastern cultures, but obviously they are not the same at a modern Day Spa in Helsinki. With its advanced welfare system and relatively high living standards, Finland thus provides an interesting framework for studying the present-day wellness phenomenon, which can be argued to be a by-product of increased wealth and health of the population.

Gaining knowledge of how people comprehend wellness and what they do to improve it is essential, as it informs us not only about consumer trends and the well-being of individuals but also about the quality of the social and structural environment in which they live (Diener et al., 2003). It is commonly acknowledged that sociocultural and environmental factors influence our mentality, which again has an effect on our health and well-being. In other words, the individuals' wellness-seeking strategies examined in this dissertation reflect cultural values, social policy strategies, and the society's overall ability to support citizens in their quest for a good quality of life (Veenhoven, 2008; Diener et al., 2009). Thus, it has social scientific, political, and business value to learn about how people navigate all the wellness-related information and commodities while aiming to enhance their wellness in different stages of life.

Drawing on the above reflections, the empirical part of this dissertation is designed to investigate people's wellness attitudes, understood as a set of thoughts and valuations that guide an individual's wellness-related decisions and (consumption) behavior, and wellness-oriented lifestyle, referring to the emergence of the current wellness phenomenon in people's daily lives. It is obvious that over their life course, people encounter different health- and wellbeing-related problems and situations that demand different kinds of techniques of self-care. Therefore, the focus of the research is not on the individual consumer choices of the study participants. Instead, it is more broadly on the combination of attitudes and practices of personal wellness promotion that involve subjective meanings but which are also bound to the social arrangements in society. Because people face different social expectations in different stages of life in regards to their wellness and how to promote it, and as the concept of wellness may have different meanings at different stages of life, the perspective of aging is also a fruitful addition to this research. Through three independent empirical articles this dissertation aims to build a view of the prevailing wellness phenomenon on a more general level, but also seeks to construct an understanding of the peculiarities of wellness enhancement as part of the lives of middle-agers and older adults.

1.1 Theoretical positioning of the study

This dissertation is built on the view of wellness as a phenomenon that has emerged and been made visible through the present consumer culture. Accordingly, wellness is viewed as a relatively new phenomenon, which in its current form has only recently become mainstream and gained academic interest. Although there is a vast amount of social scientific research on well-being and health promotion, wellness remains a topic that has not yet been studied in a profound manner. Thus far, most of the studies applying the concept of wellness have been done outside the realm of the social sciences and, therefore, less attention has been paid to the social aspects of this phenomenon. Hence, this thesis is an attempt to bring sociological perspectives and theories more strongly into the debate on wellness and related consumption.

The phenomenon of wellness penetrates various fields of society, and thus it has many interconnections with social scientific research. In sum, this dissertation is positioned at the points of intersection where the sociological theories on consumption encounter the sociological theories on body, self-care, well-being, and aging. More precisely the research revolves around the sociological discussions on the commercialization of health and well-being and discussions regarding the individual's identity, social roles, and lifestyle, especially in connection to aging and different stages of life. In addition, this dissertation draws on health sciences and leisure and tourism research, within which the concept of wellness has been utilized more than in the social sciences. This kind of interdisciplinary framework enables the building of an in-depth picture of the wellness phenomenon, in order to interpret its manifestations in a broad sociocultural context. Methodologically, the research is based on a pluralistic view that emphasizes the usefulness of multiple data sources. In the empirical part of the study, both qualitative and quantitative methods are used to explore wellness and related consumption vis-à-vis research participants' life-worlds. The research centers around participants' experiences and understandings of the enhancement of personal wellness and the meanings people give to their actions in the context of self-care and wellness consumption.

Regarding the Finnish context of the study, it must be noted that there is no direct translation for the word 'wellness' in the Finnish language. In Finland, the English loanword 'wellness' is used only in commercial contexts; in these contexts the term *hyvinvointi* (Eng. 'well-being') is also used more often. Moreover, the Finnish people interviewed in this dissertation commented that they associate the English loanword 'wellness' mostly with certain brands, expensive luxury, and more generally as a term used in marketing. Accordingly, instead of using the word 'wellness,' in the interview situations the participants naturally talked about health and well-being promotion as they discussed their thoughts on wellness and described their self-care routines. On some occasions phrases such as 'comprehensive well-being' or 'comprehensive health,' were used to emphasize the multidimensionality or holistic nature of the ideas

presented. For theoretical and practical reasons, however, this dissertation centers on the concept of wellness, as it best describes the societal phenomenon examined in this work. Furthermore, as the dissertation has been written in English and some of the findings can also be utilized elsewhere than in Finland, wellness is the most useful conceptual tool to dive into the phenomena under investigation.

1.2 Study objectives and structure of the work

This dissertation examines the attitudes and behaviors of Finnish adults, particularly middle-agers and older adults, related to the promotion of personal wellness. The study has been inspired by the researcher's interest into the question of why wellness has become such a dominant part of our time, both in commerce and in social life. While it is obvious that this issue cannot be definitively resolved in one dissertation, through the varied research strategies it is possible to reach some of the core elements of this phenomenon and meanings that are commonly associated with wellness consumption. The dissertation consists of three sub-studies that each approach the phenomenon of wellness from a different perspective. Each sub-study utilizes a separate set of data (quantitative or qualitative) that was designed and collected for the purposes of this dissertation between the years 2015-2017. The more specific aims of the study have gradually evolved during the course of the research, but throughout the process the concept of wellness, understood as a prevailing approach to well-living and a commercialized manifestation of holistic self-care, has remained as a key point of interest.

Theoretically, the thesis attempts to clarify the wellness-related terminology and thereby incorporate the concept of wellness more firmly in the sociological debate. Empirically, the thesis aims to identify and examine the aspects that direct peoples' interest toward a wellness-oriented lifestyle, especially in middle age and beyond. This emphasis was chosen as the aging of the population, and thereby the well-being and quality of life of aging citizens, is both nationally and globally an important and timely debate. Also, the process of aging, whereby the body gradually becomes weaker and less efficient, does not self-evidently fit with the ideology of wellness, which emphasizes continual improvement and maintenance of good physical and mental fitness. In this research, the theme of aging is approached from the point of view of both middle-agers (Article 2) and older adults (Article 3), who are facing slightly different wellness-related opportunities and challenges in their current stage of life.

The research stresses the individual variation in biological aging and the course of life, which makes life cycle transitions and age-related categorizations flexible (Kuh et al., 2003; Lachman, 2002; Lachman et al., 2015). Here the term "life cycle transition" refers to a turning point in the human life span that may influence an individual's social role or position (Kuh et al., 2003). The

participants defined here as "middle-agers" fall between the ages of 50-65, whereas the term "older adults" is used to refer to participants over 60 years of age. These partly overlapping age categories are constructed and applied on the following basis: instead of just looking at the numerical age of the participants, peoples' own descriptions of their current stage of life guided the age-related conceptualization in the qualitative sub-studies. The meanings of aging are perceived and constructed subjectively, even though they are generally treated as undeniable facts of life (e.g., Atchley, 1989). Hence, the participants in the second article are called middle-agers while the participants in the third article are called older adults. Furthermore, the concept of the "third age," which highlights the prolongation and increased importance of midlife and a diverse spectrum of lifestyles in later adulthood, is used as a connective concept between these two age categories (Gilleard & Higgs, 2000). In other words, one can think of the middle-aged interviewees in the second sub-study, who actively reflect on their own aging and upcoming years, as being at the dawn of the third age; the relatively healthy and active retirees in the third article can be categorized as third-agers. Thus, the focus of this dissertation is on people who are still living a very independent and self-sufficient life and are not yet in need of the actual elderly care services. The term "old age" is used in this study to refer to the phase of life where dependence on other people has already increased. Moreover, the term "aging people" is used to emphasize aging as a demographic phenomenon.

This dissertation is both descriptive and explanatory in its effort to study the phenomenon of wellness from the point of view of the individual as well as to consider the phenomenon's social impacts. The main research questions, which are dealt with in this summary and examined in the three separate substudies through more specific sub-questions, are the following:

RQ1: How does the current phenomenon of wellness appear in Finland when looking at

- *a)* wellness attitudes?
- b) ideals of self-care?
- c) wellness consumption?

RQ2: What does the wellness-oriented lifestyle look like when examined from the point of view of

- a) middle-agers?
- *b) older adults?*

Regarding the RQ1 (a, b, and c), the first article allows us to take a more general look at the attitudes on the basis of which Finnish adults with different sociodemographic backgrounds engage in a wellness-oriented lifestyle. This is done by analyzing survey-based data in which the respondents consist of Finnish spa visitors. The central concept in the first article is "wellness attitudes," which is defined as "a set of personal activities, interests and opinions related to one's health" (Kraft & Goodel, 1993, 18). Instead of focusing on respondents' assess-

ments of their own health and well-being, the study focuses on how wellness-related views and beliefs come to be realized in respondents' everyday self-care and means for wellness enhancement. The study maintains that individuals' wellness attitudes are closely related to the surrounding culture and environment. Hence, exploring the ways in which people think about and aim to enhance their personal wellness is interesting and important not only from the individual's point of view but also because it sheds light on the society's attitudinal climate more broadly.

Touching upon both RQ1 and RQ2 (a), the second article goes deeper into exploring the peculiarities of the wellness-oriented lifestyle in connection to middle-agers' stage of life. Previous research indicates that middle age as a period of life involves both physical and social events and circumstances which are likely to increase people's interest in personal wellness and related consumption (e.g., Green; 2014). By analyzing data from eight focus group interviews, the second article sheds light on how middle-aged people themselves experience this phase of life and what kind of experiences they have in terms of wellness-related consumption. Placing particular focus on the self-care and wellness enhancement of the participants, the second article informs of the linkages between wellness-consumption, life planning, and age-related preparations in the life cycle transition from middle age to an (active) third age.

The third article continues to explore the meanings and peculiarities of the wellness-oriented lifestyle in the context of aging, but in this case from the point of view of older adults who regularly visit spas in Estonia. Addressing RQ1 and RQ2 (b), the third article illuminates the meanings associated with spa visits and holistic self-care more generally at the retirement stage of life. The qualitative data, which consists of individual interviews and participatory observation at an Estonian spa, provides a lens for examining current conceptions of aging, self-care, and wellness in the present era of longevity. Furthermore, it advances the current discussions on "aging well" and provides examples of how today's retirees' strive to take care of themselves and enhance personal wellness in their everyday lives.

As a whole, the three articles included to this dissertation aim to trace respondents' experiences and patterns of thinking in relation to the enhancement of personal wellness. In addition, all three articles take a stand on how the ideology of wellness has come to be justified and normalized in the respondents' discourse and everyday lives, and in Finnish society in general. Together, these studies enable discussion of the individual and social factors influencing the spread and popularity of wellness and related consumption, especially as regards to more affluent societies. The following table provides an article-specific summary of the research objectives and questions (Table 1).

Table 1 Summary of the research objectives and questions.

Empirical study	Main objective	Research questions addressed	Article's specific questions
Article 1: Identifying and understanding spa tourists' wellness attitudes	To survey wellness attitudes of Finnish adults	RQ1 (a, b, and c)	- What kinds of wellness attitudes can be identified among a sample of Finnish spa visitors? - In what ways do the respondents' sociodemographic background variables explain these different attitudinal dimensions?
Article 2: "Healthy to Heaven" — Middle-agers looking ahead in the context of wellness consumption	To study the associations between middleage stage of life and wellness consumption	RQ1 RQ2 (a)	- How is wellness pursued in the context of aging, life course stage, and life planning? - What meanings are attributed to wellness consumption by middle- aged people?
Article 3: Spa tourism as part of aging well	To examine linkages between regular spa visits and retirees' personal strategies for aging well	RQ1 RQ2 (b)	- What are the perceived benefits of spa vacations for the retirees? - How are these benefits linked to the retirees' current stage of life and lifestyle more generally?

The dissertation starts with a literature review that sets a theoretical framework for studying wellness in the present-day consumer society. Chapter Two introduces the key terminology of this work and reviews research concerning wellness, aging, and self-care. Chapter Three begins by outlining the sociological literature on body-centered consumption and the commercialization of health and self-care, and then it moves on to portray the business of wellness and its peculiarities in connection to the mature market. Chapter Four presents the methodological foundations of this research, discusses the context of data collection, and describes the collected data and applied methods in greater detail. The chapter ends with a discussion on the research ethics. Chapter Five provides a summary of the three empirical articles. Finally, Chapter Six revisits and integrates the theoretical discussions and empirical findings, notes the limitations of this research, and gives suggestions for further studies.

2 LIFELONG WELLNESS

The purpose of this chapter is to give an overview of the wellness-related concepts and discussions through which the phenomenon of wellness can be sociologically examined. The aim is to define the concepts and perspectives used in this dissertation as well as to discuss more extensively the context in which the notion of wellness has been raised in previous research literature. First, a brief review will be made on the sociological approaches to health, wellbeing, and aging. This is followed by a more detailed description of the key terminology and the current discussions regarding wellness and the care of the self in a rapidly aging, yet more "ageless" society.

2.1 Setting the scene for sociological wellness research

Health has long been the interest of many sociological investigations. The sociology of health and illness has examined health especially in relation to social institutions. This area of research generally suggests that the surrounding environment greatly affects the shared ideas of what is normal or deviant when it comes to the features and functioning of a human body (e.g., Shilling, 2003; Nettleton, 2006; Conrad & Baker, 2010). These considerations are closely related to the sociology of the body, which is centered on analyzing how bodies are represented in society and how these representations reflect social dynamics and society's power structures (e.g., Foucault, 1998; Shilling, 2003). Medical sociology, in turn, have focused on examining the role of health professionals and medical discourse in different fields of society (e.g., Conrad, 2008; Abraham, 2010; Turner & Turner, 2004). Overall, efforts have been made through sociological health studies to clarify how medical knowledge and conceptualizations are utilized in the different fields of society in relation to conditions or behaviors that are not unquestionably physiological or biomedical.

As the general understandings of what constitutes good health as well as the social challenges related to citizens' well-being have changed over the years,

the emphasis in sociology of health has also shifted more toward issues related to health promotion, disease prevention, health-related consumption, and the role of the individual in these activities (e.g., Nettleton, 2006). This more recent debate overlaps in many respects with the discussions on an individual's quality of life, happiness, and personal satisfaction, often also broadly referred to with the concept of well-being (Diener & Seligman 2004; Diener & Oishi 2005; Veenhoven, 2008; Diener et al., 2009; Dodge et al., 2012). Although well-being is a much more central concept and subject of research in the field of psychology than in the social sciences, in recent decades it has established itself as a common concept especially in sociological studies on work, family relations, consumption, and life course (e.g., Veenhoven, 2008). Where psychologists are interested in the mental processes related to the individual's well-being, the sociological research on well-being is characterized by an interest in the collective nature of the well-being concept. Through a sociological lens, researchers have explored the collective perceptions of well-being that circulate in the media and societal debate, contributing, for instance, to the manner in which we currently discuss about health and well-being, as well as to the emergence of the new lifestyle movements. It has been proposed that health and well-being are among the topics that involve many shared ideals but also collective fears which in the present-day society are addressed through therapeutic practices and intensive self-care (e.g., Furedi, 2004; Glassner, 2010; Salmenniemi et al. 2019). The above themes are also frequently dealt with in the sociological examinations on aging (e.g., Katz, 2003) and body-centered consumerism (e.g., Smith Maguire, 2007; Sassatelli, 2010), and therefore they are at the heart of this dissertation as well.

Despite the growing interest in well-being issues in different streams of sociology, the concept of wellness is relatively new and rarely used in sociological research and social sciences in general. This does not mean, however, that the topic has been totally absent in sociological examinations, but the dominant position of wellness discourse has, depending on the context, been discussed in varying ways and with varying concepts. To date, the conceptual reflection on wellness has largely taken place in health sciences (e.g., Dunn, 1959; Travis, 2005) and in leisure and tourism research (e.g., Müller & Kaufmann, 2001; Cohen, 2008; Smith & Puczkó, 2008; Smith et al., 2010). One possible explanation for this is that with the growing commercialization of health, it has been essential for the above disciplines to clarify the difference between necessary health consumption and more hedonistic and experiential well-being consumption; for this reason, the use of the concept of wellness has been more common elsewhere than in the social sciences. Nonetheless, as this dissertation shows, parallel discussions on the expansion of the concept of wellbeing have taken place, for example, in the sociological discussions on the commercialization of self-care as well as in the social gerontological examinations on the social impacts of longer life expectancy.

In order to move beyond the traditional sociological discussions on health and well-being and in an effort to consider the usability of the concept of wellness in sociological research, this dissertation thus applies perspectives from outside sociology (for example, from health sciences, leisure and tourism studies, and marketing research). The particular focus, however, is on the social dimensions of wellness, such as the societal norms, ideals, and expectations regarding the individual's wellness and how these collective views and conventions are manifested in wellness enhancement at the level of the individual. The dissertation defends the view that the concept of wellness should be applied more in sociological research, as it draws together social, medical, and commercial discussions on health and well-being, thereby being of use for investigating the multifarious body-centered aspirations and consumerist practices of a modern individual.

2.1.1 Health, well-being, and wellness

Before proceeding to a detailed description of the used terminology, it must be noted that throughout this work all health and well-being-related concepts are regarded as social constructions that are created and implemented in social interaction and thereby susceptible to change. The general sociological approach stresses that humans are not only physical beings but "creative agents enmeshed in social, economic, political, religious, ethnic, age, and gender relations that influence how they perceive and enact their everyday lives" (Schuster et al., 2004, 350). Thus, it is the basic starting point for the sociological research on wellness that the notions of health, well-being, and wellness are determined also by social mechanisms and not just by biology and psychology (e.g., Allardt, 1993; Veenhoven, 2008).

The concepts of health, well-being, and wellness are also commonly used in both public and scientific debate. However, their definitions often vary and overlap considerably, depending on the context and field of the study. Therefore, it has been necessary for the purposes of this research to construct definitions that can be systematically used throughout the thesis. It is obvious that the constructed definitions are not exhaustive, but they are necessary for synthesizing and interpreting the theoretical and empirical findings. Table 2 summarizes the wellness-related key concepts of this research, and it is followed by a more detailed discussion on these concepts. The aim of that discussion is to specify how these concepts relate to the themes of this dissertation and exemplify in what kind of research contexts these concepts have previously been used.

Table 2 Wellness-related key concepts

Concept	Based on	Definition
Health	e.g., Dunn, 1959; Crawford, 1980; Conrad, 1994; Travis, 2005; Nettleton, 2006; WHO, 2014	A positive psychophysiological state. Best described as a dynamic process involving many degrees of wellness and illness.
Well-being	e.g., Diener, 2006; Veenhoven, 2008; Diener et al., 2009; Dodge et al., 2012	An individual's subjective experience of one's quality of life involving physical, material, and emotional satisfaction.
Wellness	e.g., Dunn, 1959; Crawford, 1980; Myers et al., 2000; Müller & Kaufmann, 2001; Myers & Sweeney, 2004; Travis, 2005; Smith & Puczkó, 2008; Huijbens, 2011; Steiner & Reisinger, 2006	A holistic approach to human health and wellbeing that emphasizes an individual's responsibility and efforts in the pursuit of a better quality of life. Stresses that the balanced state between the physical, psychological, social, and spiritual dimensions of wellbeing are necessary for reaching the full potential of an individual.
Wellness attitudes	e.g., Kraft & Goodell, 1993	The totality of an individual's beliefs in connection to maintenance and enhancement of personal wellness.
Lifestyle	e.g., Giddens, 1991, Abel, 1991; Abel et al., 2000;	Reflects the attitudes and values of a person and is mainly expressed through consumption decisions. For comparison, the way of life is a much more stable approach to life and living, as it is based on frames such as religion and culture.
Wellness-oriented lifestyle	e.g., Schuster, 2004	A lifestyle that reflects self- determined, proactive and holistic approach to personal health and well-being.

2.1.1.1 Extended understandings of health and well-being

Due to medical developments, an increase in the standards of living, and numerous other societal changes that have had an effect on people's ability to recover and take care of themselves, the understanding of health has expanded from the physiological point of view toward a more holistic approach to health (Dunn, 1959; Crawford, 1980; Conrad, 1994). Although many aspects of health can be approached with physical metrics, health is no longer understood as a purely physiological matter, not even in the medical sciences (Nettleton, 2006). The current understanding of health is characterized by the idea that various aspects of human life contribute to health and well-being. For example, the World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2014). Freedom from disease is essential for good health, but as many illnesses are manageable and have only a limited effect on an individual's overall satisfaction with life, some health concerns do not prevent the subjective experience of well-being. Correspondingly, the human body may be free from diseases and function well, but one may still feel physically or mentally unwell.

Portraying health as a continuum from ill-health to optimal wellness has been one attempt to consider various aspects affecting human well-being and the role of an individual in the pursuit of better state of being and overall personal satisfaction. According to the illness-wellness continuum, well-being is not a static state, but a dynamic process involving many degrees of wellness and illness, meaning that it is possible for an individual to move toward better health and higher levels of well-being (Travis, 2005; see also Dunn, 1959). In general, it can be observed that the notion of *well-being*, an individual's own estimation of their health status and overall quality of life, has arisen at the heart of the current health debate (e.g., Felce & Perry, 1995; Diener & Ryan, 2009).

Well-being is generally considered as more subjective and experiential and a less objective and measurable concept than health. In psychology, well-being is typically defined as a multidimensional construct that involves an individual's own evaluations of one's life, body, and mental state (e.g., Diener et al., 2003; Diener, 2006; Diener & Ryan, 2009). Multidimensionality refers to the idea that the concept of well-being encompasses an individual's health and life conditions but also their ability to act and maintain satisfaction within them (e.g., Allardt, 1993; Dodge et al., 2012). In this regard, well-being can be viewed as "the balance point between an individual's resource pool and the challenges faced" (Dodge et al., 2012, 230). More recently, this kind of understanding of well-being as an individual's ability to cope with difficult emotions and maintain a positive outlook in life has become more common, having been brought to the public debate through the school of thought called "positive psychology" (e.g., Seligman, 2004; Seligman et al., 2005). Although the concept of well-being is in some connections used to also describe the wealth of a

society, in this dissertation it refers to subjective well-being, whereas the terms "wealthy," "affluent," and "welfare" are used to describe society's well-being at the level of the broader population.

Increased wealth and social development have elicited new concerns, putting pressure on society to shift more responsibility for personal health and well-being onto its citizens. As the standards of living continue to grow, certain diseases are beginning to fade, while others—so-called lifestyle illnesses—are expected to increase. If at the beginning of the last century the society's biggest concern with the population's well-being was related to the state's economic and military strength, which was threatened by a scarcity of food and medicine, societal wellness promotion is driven today by the need to reduce the increasing costs of the increasingly stressed, chronically ill, and aging population (Porter, 2011). In general, advanced societies are more exposed to risks that are not caused by external threats but by unsustainable, less manageable, and otherwise risky ways of living (Beck, 1992). Today, the risks concerning population health and well-being are related to such mundane things as sitting too much, having mentally demanding work, or selecting unhealthy options in a grocery store. Although these do not threaten an immediate risk of death, they may in the long run have unpleasant consequences for both the well-being of an individual and the society. According to World Health Organization, the well-being-related challenges encountered in advanced societies are increasingly linked to mental issues such as stress, addictions, depression, and loneliness (see, e.g., WHO, 2014; OECD/EU, 2018). This is one dimension of the evolution of the well-being culture that has contributed to a shifting focus from the promotion of physical health to more holistic and proactive solutions to promote the individual's wellbeing. On the other hand, it has also been noted that these kinds of less visible and less manageable risks are apt to produce a rhetoric of fear that problematizes and directs people's attention to issues that are not self-evidently risky (e.g., Glassner, 2010).

2.1.1.2 The concept of wellness

According to previous literature, wellness is regarded as a state in which the physical, psychological, social, and spiritual dimensions of well-being are in balance (e.g., Dunn, 1959; Travis, 2005; Myers et al., 2000). Furthermore, wellness is generally considered as a holistic view of health, which underlines people's own aspirations, desires, and abilities in pursuit of better health and well-being (e.g., Müller & Kaufmann, 2001; Crawford, 1980; 2006). Wellness is also often described as a process, a continuous move away from illness, treatments, and discomfort toward the individual's full potential and long-term satisfaction Huijbens, 2011). Drawing personal (e.g., on these conceptualizations, the point of focus in this dissertation is on the concept of wellness as a social construct that, in its current discursive form, highlights the importance of prevention, proactivity, and continuous growth in connection to personal wellness. From this perspective, the key element of the wellness

concept is how it emphasizes individual responsibility for personal well-being in different life domains.

To some extent, the concept of wellness overlaps with the concept of health promotion, which is a more common concept in the social sciences. However, although both conceptualizations draw from the idea that managing personal health is a prerequisite for a good quality of life, the concept of wellness also highlights the importance of social, psychological, and spiritual aspects for increased personal satisfaction, happiness, and success (e.g., Travis, 2005; Steiner & Reisinger, 2006). In other words, wellness enhancement is seen more broadly as part of the individual's life management than health management. In some connections wellness is also defined as an individual's pursuit toward *optimal* well-being (e.g., Myers et al., 2005), but taking into account the subjective nature of the concept of well-being and how an individual's health and other circumstances may fluctuate over their lifespan, it is more accurate to talk about an ongoing *optimization* of personal health and well-being. This expression illustrates wellness better as a series of day-to-day decisions and actions rather than as an achievable or static state.

The understanding of wellness as a multidimensional and holistic concept can be condensed to the so-called "wheel of wellness," which aims to demonstrate different aspects of well-being that "correlate positively with healthy living, quality of life, and longevity" (Myers & Sweeney, 2004, 1). The figure below illustrates how the different dimensions of well-being and their relationships with different life domains are typically described. The figure is based on previous versions of the same model and broader scientific discussions on what wellness encompasses (e.g., Dunn, 1959; Myers et al., 2000; Müller & Kaufmann, 2001; Travis, 2005; Myers et al., 2005; Smith & Puczkó, 2008; Steiner & Reisinger, 2006). Here, the inner circle illuminates the different dimensions of wellness on a conceptual level, whereas the outer circle specifies their content on a more concrete level. As the fundamental premise of the wellness concept is that the individual is responsible for managing these various dimensions of well-being, in the wheel of wellness the individual is placed at the center of the circle.

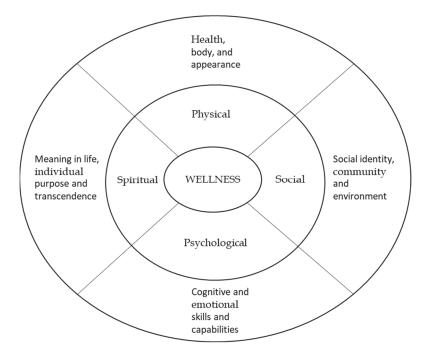


Figure 1 The holistic model of wellness

The considerations on wellness in this dissertation are also based on the above wellness model, even though the empirical sub-studies concentrate more on the attitudinal dimensions of the wellness phenomenon instead of in-depth analyses of each of the segments of this model. Nonetheless, the wheel of wellness illustrates the ideological structure of the wellness phenomenon and how the perception of personal well-being and wellness promotion has expanded.

The roots of wellness philosophy can be traced back to ancient history, mainly Asian philosophy and medicine (e.g., Cohen, 2008; Bodeker & Burford, 2011). The worldwide popularity of yoga, shiatsu, mindfulness, and other similar forms of physical and mental exercise and healing traditions are good examples of this background. However, despite these obvious connections to ancient traditions, wellness in its current form must be understood as a Western creation and as an integral part of the contemporary consumer culture. This means that today in the West, wellness appears primarily as services and commodities designed to help individuals manage or make improvements in some area of their well-being - or simply allow them to experience something pleasurable and exciting which, at least momentarily, produces a feeling of increased wellness. Furthermore, it must be noted that in addition to the aforementioned Eastern nuances, wellness as a consumer phenomenon includes cultural variations. Just as yoga has become a global business, Nordic sauna traditions have also been commercialized. Generally speaking, different health and well-being-related folk traditions have gained commercial significance in the wake of the wellness revolution.

In short, the concept of wellness emerged in health sciences already in the 1950s (see, e.g., Dunn, 1959), but it was only in the late 20th century when commercial wellness started to become more generalized (Smith Maguire, 2007;

Porter, 2011; Grénman, 2019). As noted by several scholars, it is characteristic for humans to aspire to higher levels of well-being; as the most fundamental needs are met, new necessities for health and well-being arise (Myers et al., 2000; Hattie et al., 2004). In this regard, the current market-driven phenomenon of wellness can be viewed as part of the general increase in society's wealth and the individual's potential for well-being. Changes related to modernization, such as urbanization, medicine, and technology, have had an influence on what is nowadays considered essential to "being well" and "living well" and the means by which personal wellness is sought. For instance, the increasing power of different wearable wellness devices enables people today to gather data about their bodies and lives in a way that was not technically possible before — but probably not even felt to be necessary (Lupton, 2016; Ylilahti & Koskinen, 2017). Nowadays, it has become a commonplace to monitor oneself with atomic accuracy and analyze one's own daily conduct based on that information.

In general, the present consumption-centric wellness phenomenon enables as well as had made it socially acceptable to seek meaning and self-fulfillment through continuous self-reflection, personalized diets, fitness goals, unique wellness experiences, and a variety of other techniques of holistic self-care. On the other hand, as mentioned earlier, excessive emphasis on the self and individuality in wellness promotion may also provoke unnecessary concerns related to one's health and well-being. Furthermore, it has been claimed that the "encourage that generalization of discourses cultivation, transformation of the self" (Salmenniemi et al., 2019, 1) has the potential to boost egocentric behavior and weaken individuals' ability to commit to public life and social institutions (e.g., Illouz, 2008).

By referring to wellness not only as a scientific concept or marketing trend but also as an ideology, this thesis emphasizes how the concept of wellness has been adopted on a large scale in society and how it elevates certain lifestyles and individuals' qualities to an ideal position. In other words, the wellness phenomenon may also have conflicting or undesirable effects on the everyday life of individuals that are not directly related to one's body and health but more broadly related to life planning and life management. Already in 1980, Crawford used the term "healthism" to critically highlight the ideological position of health in Western societies and the individual's increased role in managing and enhancing personal health and well-being. Similarly, as argued in this dissertation, the current societal debate on wellness produces a cultural imaginary that presents holistic self-care and wellness-related improvements as keys to happiness and personal success.

2.1.2 Aging in the era of longevity

There is a consensus among social scientists that growing old is a social process that is affected by various biological, psychological, and sociocultural factors that accumulate over one's lifespan. Socially constructed views on aging—how aging is presented and approached in society—underpin our expectations of aging and later life, as well as views of the self as we grow older (e.g.,

Featherstone, 2007; Lumme-Sandt, 2011). Traditionally, the research on aging has focused on decline, illness, dependency, and other less pleasant aspects of aging. Over the past three decades, however, this focus has expanded to involve more positive theorizations and conceptualizations of aging and later life (Laslett, 1991; Gilleard & Higgs, 2000; Baltes & Smith, 2003; Katz, 2005). As noted in the introduction, an increase in life expectancy, and particularly the increase in healthy life years, has been a major trigger for the emergence of these new perspectives. The current discussions on aging in both scientific and societal debates include reflections on how society can benefit from longer lifespans; what social and cultural benefits could be gained from the increasing number of older people; and by what means people themselves might maintain their full potential throughout their life course. In many respects, these issues overlap with the wider societal debate on the health and wealth of nations and, accordingly, on the health and wellness enhancing lifestyles of aging people (e.g., Hepworth, 2004; Katz & Marshall, 2003; Karisto, 2008a; 2008b; Smirnova, 2018).

The questions addressed above are particularly relevant in the lives of the so-called third agers; the age category to which the participants in the second and third sub-studies can also be considered to belong now or in the near future. It has been suggested that where society has become increasingly "timeless" as a result of intense globalization and technological advances, a kind of timelessness and "agelessness" now sets the tone also for the human biography and aging, which is particularly evident in the present cultural imaginary and expectations associated with third age as a stage of life (e.g., Karisto 2008a; Katz, 2005; Lumme-Sandt, 2011; Liang & Luo, 2012; Ellison, 2014; Kelleher & Peñjaloza, 2017). The awareness of potential longevity, together with well-marketed promises of active senior living on the one hand and the societal challenges related to the aging of the population and the care of the old people on the other, have increased interest in how people live their lives and prepare for the future before they actually reach old age.

At the level of the individual, this development has had an effect on how people plan and structure their lives, particularly in midlife and beyond (e.g., Kornadt & Rothermund, 2014; Fries, 2014; Koskinen et al., 2017). Especially in more individualistic societies where familial systems are not regarded as responsible for care of the old people and where rapid demographic changes have provoked discussions on the burden of care and a pensions crisis, preparing for old age has increasingly become the responsibility of the individual (e.g., Street & Desai, 2011). Studies on this topic have demonstrated that aging-related preparations include financial arrangements, retirement planning, and preparation for future care needs (Pinquart & Sörensen, 2002; Denton et al., 2004; Hershey et al., 2007). However, as many enter retirement in a relatively good condition or even continue working well into old age, the more recent literature has paid attention to the preparations that people make vis-à-vis the "active third age" (Kornadt & Rothermund, 2014). It has now been suggested that these earlier preparations are centered on life domains of both

work and leisure and generally characterized by active leisure and self-care and related consumption (Kornadt & Rothermund, 2014; Koskinen, 2017; McHugh, 2000). Accordingly, it has been argued that the middle-agers of the recent and current decades comprise a transformational generation that, as active citizens and consumers, is reshaping the imagery and patterns of aging (e.g., Katz, 2005; Karisto, 2008a).

As noted earlier, the concept of the "third age" generally points to the stage of life between midlife and old age, a period in the human lifespan that has been prolonged due to longevity and improved health (e.g., Laslett, 1991; Carr & Comp, 2011). Today, concerns that traditionally were attached to old age, such as dependency and social disengagement, become topical only at the very end of the lifespan, in the so-called "fourth age." Accordingly, the third age, which currently falls somewhere between the ages of 65 and 85, is associated with adequate health and vitality but fewer responsibilities in relation to family-rearing and working life (e.g., Carr & Comp, 2011). Thus, this stage of life is often glorified as a time for active self-care, purposeful engagement, selfactualization, and personal growth (e.g., Laz, 2003; Katz, 2005; Karisto; 2008b; Nimrod, 2007; Green; 2014; Koskinen et al., 2017). The above aspects also make the life cycle transition from middle age to the third age an interesting stage of life in the context of wellness and related consumption, as will be discussed later in sections 2.2.2 and 3.2.2 (Koskinen et al., 2017; Smith, 2018; Koskinen, 2019).

2.2 Wellness-oriented lifestyle

2.2.1 The imperative of self-care

The current emphasis on self-care is a good example of how the ideology of wellness is passed along via media, education, and society's other social institutions to the level of an individual (e.g., Crawford, 1980; Conrad, 1994; Brown & Baker, 2012). In medicine, the term self-care has long been associated with recovery from illnesses and coping with chronic health conditions, but as the concept of health has evolved, so has the meaning of self-care (Lorig & Holman, 2003). During the past few decades, self-care has become a common concept to describe the individual's own engagement in activities aimed at maintaining and improving personal health and well-being (Barnett, 2007). Therefore, self-care is also an essential concept for understanding how the ideology of wellness is manifested in the present era. The broad use of the term now covers a myriad of self-directed behaviors and practices that are supposed to have a positive impact on individual's overall well-being (e.g., Müller & Kaufmann, 2001). In this dissertation the term self-care is also used in its holistic sense to refer to a wide range of health and well-being promoting activities, such as exercising and stress management, but also more hedonistic or

personalized techniques of wellness enhancement, such as self-pampering, beautification, or raising self-esteem.

In the current society, getting citizens to act as well-informed co-creators of their personal wellness is considered both socially and economically beneficial. In Finland, promoting the well-being of the society and the individual by strengthening citizens' abilities to seek advice and solve their own health and well-being-related problems is set out as one of the strategic objectives of the present government. This objective involves measures to promote citizens' physical activity, eating habits, digital skills, and other abilities that would assist in the evaluation and development of one's own wellbeing and life-management skills in a broad perspective (The Secretariat for Government Strategy Work, 2018). In general, in current societal debates, the individual's responsibility for personal health and well-being is often presented in a positive framework in relation to their freedom of choice and right to a good quality of life. Similarly, engagement in holistic self-care appears as an individual's resource and a positive opportunity to lead a healthy, balanced, and, above all, self-directed and self-fulfilling life. However, as has already been noted, such a trend has also sparked a rather critical debate among social scientists, in particular (e.g., Crawford, 1980; Conrad, 1994; Illouz, 2008; Salmenniemi et al., 2019).

Based on the definition of wellness and self-care presented above, in this dissertation the concept of a wellness-oriented lifestyle is used as an umbrella term to describe how the ideology of wellness manifests itself at the individual level as a commitment to holistic self-care (e.g., Schuster et al., 2004). The concept partly overlaps with the notion of healthy lifestyles but is more accurate in describing the diverse and comprehensive ways in which people are involved in the present culture of self-care. Giddens (1991, 81) maintains that a lifestyle is a "more or less integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity." In this regard, wellnessoriented lifestyle reflects the interplay between an individual's own wellnessrelated preferences, choices, "life chances," and social norms and structures. As the pursuit of wellness is independent of the individual's actual state of health, wellness is best described as an attitudinal orientation that directs the individual's choices not only in relation to management of personal health and illness but also in relation to life-management and personal pleasure more generally. People may commit themselves to very different kinds of wellnessoriented lifestyles, but despite the variation in the techniques, products, and services they use, at an attitudinal level the interest in holistic self-care seems to be a current societal norm and unifying trend across affluent societies.

According to Conrad (1994), health and self-care have become an imperative for the modern individual, being of vital importance to gain social approval as a decent and responsible citizen. However, as the understanding of health and well-being is continuously evolving, so are the ideas of what is sufficient, good, or ideal in terms of self-care. An aspect that is often brought up

in the discussions on self-care is the current flood of information related to health and well-being (e.g., Cederström & Spicer, 2015). People are said to be very health-literate today, but that does not necessarily mean that they feel any better. Making day-to-day decisions that might benefit personal wellness requires an ability to handle, filter, and put into practice a vast amount of information available in the increasingly global, digitized, and fast-paced world (Lorig & Holman, 2003). Furthermore, self-care is not only about knowledge but also, to a large extent, about the preferences and beliefs that stem from the surrounding social environment and culture. Thus, the fact that people are drowning in suggestions and tips on how to promote personal health and wellbeing and improve the quality of their life could be seen as one of the core reasons why the rhetoric around wellness increasingly stresses learning, selfawareness, and self-development as essential for adequate self-care. One of the conclusions made in this dissertation concerns how in the increasingly complex, overly stimulating, and competitive environment, in which different healthrelated risks are also more difficult to control, developing skills for selfregulation and optimization of personal wellness have become an inherent part of holistic self-care (Koskinen et al., 2017).

A number of studies have discussed the points of connection between a wellness-oriented lifestyle and the increasing popularity of positive psychology (e.g., Witmer & Sweeney, 1992; Pearce, 2009; Filep, 2012; Coghlan, 2015; Shukla, 2015). It is widely recognized that happiness and other positive emotions have a powerful influence on an individual's health and well-being. Accordingly, several sociological studies have dealt with the spread of the so-called therapeutic culture into the current regime of self-care, which generally appears under the rubric of "self-help" (Rimke, 2000; Hazleden, 2003; Illouz, 2008). Selfhelp is typically associated with literature and peer support, but new technologies and ongoing digitalization have brought a wider spectrum of means by means of which a person may seek advice, analyze their own wellness, and learn to cope with different situations in life without the help of a health professional. For example, technology-mediated wellness coaching or wellness-related blogs and vlogs are part of this expanding self-help market. As a widespread and multi-mediated phenomenon, self-help has been argued to have great influence on how people currently make sense of their life and the social world (Illouz, 2008).

Like any lifestyles, the different variations of a wellness-oriented lifestyle must also be understood as a way of self-expression and a means of building and maintaining social status. A wellness-oriented lifestyle may consist of a variety of things, depending, for instance, on an individual's health condition, gender, personal interests, stage of life, and surrounding culture (e.g., Backett, 1995; Koskinen & Wilska, 2019). It may be about avoiding "unhealthy habits" or setting health-related goals, but it may also lead to following a certain, almost religious way of life or even lead to addictive behavior (Cederström & Spicer, 2015). Social media, for instance, is full of sites and profiles in which the focus is on adherence to a particular wellness way of life. One person may devote their

life to fitness and another to "organic everything," while someone else may be obsessed with measuring every aspect of their life with digital wellness devices. Some scholars have also pointed out how the normalization of such continuous self-monitoring and analysis of personal wellness has the potential to create narcissist concerns related to personal wellness and life planning (e.g., Illouz, 2008).

As regards the above discussions on the current understanding of wellness and different nuances related to self-care, the aim of this dissertation is not to provide a strict definition of what a wellness-oriented lifestyle encompasses (what products and services are used). Rather, the aim is to delineate the sociocultural and conceptual context for understanding people's attitudes, behaviors, and experiences in relation to wellness phenomenon. In this research, aging consumers have been chosen as the target group through which to explore more closely how people understand and conceptualize their own wellness-related decisions and actions under the present wellness phenomenon.

2.2.2 Aging well

The idea that a lifestyle is a reflexive project through which people maintain and express their identity and participate in consumer society is widely reflected also in the current conceptualizations of aging (Gilleard & Higgs, 2000; Katz, 2013). The prevalent research on aging recognizes that people do not automatically conform to the role of an "old person" as they grow older, but strive to preserve continuity in their lives and identities by adapting their lifestyle according to one's previous experiences, prevailing circumstances, and future expectations (e.g., Atchley, 1989; Katz, 2005). Furthermore, it is widely acknowledged that the boundaries between different age categories and stages of life are blurring, and thereby also the later stages of life have become less chronological and collective and increasingly culturally and individually shaped (Katz, 2005).

As noted earlier, the discussions on active, successful, positive, healthy, and productive aging have become prominent in both scientific and political debates (Rowe & Kahn, 1997; Morrow-Howell et al., 2001; Katz, 2005; Carr & Komp, 2011; WHO, 2016). These relatively new approaches to aging generally reflect more positive attitudes toward aging by highlighting the opportunities and resources associated with the aging population instead of the more negative stereotypes surrounding old age. However, this empowering discourse around the "extra years" of life also includes the idea of individual responsibility. In accordance with the current wellness debate, which highlights holistic self-care as a lifelong process for which the individual is personally responsible, the current discussions on aging emphasize that "aging well" requires active management of the aging process in different life domains.

The common denominator in the current approaches to aging is that they stress adequate physical and mental functioning. These are often scrutinized in the notion of health as a necessary condition for maintaining agency, independency, and overall satisfaction in later life (Higgs et al., 2009a). Thus,

much attention is given to the individual's own efforts and choices in the realm of self-care, which are thought to protect against premature aging (Gilleard & Higgs, 2000; Katz, 2005; Settersten & Angel, 2011; Walker, 2002). While the idea that a "healthy lifestyle" is likely to produce positive aging experiences is not new, it is currently seen as a key response to the growing healthcare costs, care needs, and other challenges followed by the aging of the population (Baltes & Baltes, 1990; 1997; Walker, 2002). Instead of seeing aging as a gradual withdrawal from work and other social responsibilities toward restful retirement years, aging is increasingly portrayed as an opportunity to seek fulfillment in life via continued activity, social participation, and lifestyle optimization (Gilleard & Higgs, 2000). As noted by Katz (2005), activity has become a positive societal ideal against which to look at an individual's success; accordingly, inactive people, and especially inactive older people, are seen as posing a risk to themselves and society.

In addition to physical activity, increasing attention is paid to the mental and emotional wellness of older people (e.g., Cattan, 2009). A growing number of studies underline the importance of mental resources, lifelong learning, and personal development as a part of good aging (e.g., Settersten & Angel, 2011; Liang & Luo, 2012; Nilsson et al., 2015; Shukla, 2015). This development is partly related to the increasing prevalence of loneliness, memory disorders, and depression symptoms among the aging population, but the current interest can also be viewed as part of the wider changes in the discussion on well-being, including the spread of therapeutic discourse and positive psychology into the public discussions on health, self-care care, and good aging (e.g., Hazleden 2003; Wright, 2008; Shukla, 2015). In the current discussions on longevity, it is generally suggested that those with negative attitudes and self-perceptions have less healthy years ahead than those with a positive outlook (e.g., Seligman, 2004). Accordingly, paying attention to one's mental well-being and working on one's mental capabilities have gradually become a normalized part of self-care and even a source for personal success in different life domains also in the context of aging (e.g., Cattan, 2009). Especially as people grow older, developing healthy coping skills, such as an ability to relax and create positive emotions, is seen as essential for good aging (e.g., Seligman, 2004; Cattan, 2009). The importance of mental well-being is also emphasized in older adults' own experiences of and preparation for aging, including the strengthening of social networks and finding new recreational activities (Karisto, 2008; Koskinen et al., 2017; Koskinen, 2019).

The new, positive approaches to aging are prominently displayed in media and consumer culture via ideas and consumerist phenomena that incorporate promises of continuity, endless vitality, and success that can be attained through independent choices (Gilleard & Higgs, 2000; Katz; 2005). In the Finnish context, Lumme-Sandt (2011) has examined aging-related imagery in 50+ magazines. She notes that the recurring themes in connection to people over 50 years old increasingly involve discussions about the new freedoms and opportunities related to aging. Thus, she maintains that aging is generally

pictured as a possibility to renew oneself and one's lifestyle, to be physically and socially active, and to learn and experience something new. The imagery that is conveyed and reinforced in advertising, policy debate, and various other societal contexts contribute to setting the framework for socially appropriate aging, against which people interpret their own experiences of aging. As mentioned earlier, such imagery not only gives suggestions on how to be healthier or look better in old age but more widely guides the overall conduct of life and lifestyle in the later stages of life.

Despite the more diverse and empowering views of aging and later life, several authors have also addressed the reverse side of the current aging discourse. The general critique concerns the fact that all do not have the same physical, social, and economic resources to make the "right" choices for socially appropriate and individually satisfying aging (e.g., Dillaway & Byrne, 2009; Katz & Calasanti, 2014). By portraying positive aging as a personal choice that is strongly dependent on the individual's own efforts and consumer decisions, the current discourse around aging in a way refuses to see physical decline as part of the natural aging process, and it depicts aging well as a privilege of more affluent and genetically lucky people (e.g., McHugh, 2003; Liang & Luo, 2012). These are interesting contradictions that still exist in the background when looking at the linkages between the current wellness ideology and people's individual strategies for aging well.

3 WELLNESS IN CONSUMER CULTURE

Consumption is a central element of contemporary society and everyday life. Many of our practices related to personal wellness and self-care also require us choices about different products and services. understanding the general features of the present consumer culture is key to understanding how the ideology of wellness is manifested in the present era. Characteristic of modern consumer culture is that products and services are not only used to fulfill our basic needs but also engaged at a more connotative level (e.g., Featherstone, 1992). Hence, the consumer culture around self-care is not only about the circulation of material objects but a culture in which our identities, values, and socio-economic status come to be defined and presented (e.g., Sassatelli, 2007; Smith Maguire, 2017). This chapter discusses the developments that have contributed to body-centered consumption gradually becoming an integral part of an individual's identity construction, as well as part of the process by which a socially appropriate and rewarding self-image is built. The chapter also examines the businesses that have developed around the concept of wellness and discusses one market segment, aging consumers, in greater detail.

3.1 Body, self-care, and consumerism

3.1.1 Body and self as consumerist projects

Sociological approaches to the body provide insights into how the human body can act as a bearer of social values and meanings and how bodies are presented and governed in society (e.g., Shilling, 2003). Central in these discussions are the relations and dynamics between social and structural constraints and the individual's quest for identity. Previous research has proposed that both the identity and biography of a modern individual are tied less to collective sources of identity, such as social class or religion, and built more on the basis of the

individual's own choices and visions of the self (e.g., Beck, 1992; Giddens, 1991). It is widely suggested that identity has become a reflexive project that requires the ability to constantly reflect on one's own behavior and flexibly change it (e.g., Giddens, 1991). These developments can be thought to partly explain the increased demand for new services, professions, guides, and products that assist people in this complex process of self-production and life planning. As Smith Maguire (2007, 20) perceptively notes: "Weaving individualization together with consumption, the problem of the self has, over the course of the twentieth century, become the problem of the consuming self, with the body as its project."

Much of the literature on the relations of body, identity, and consumption focuses on the means by which people prettify and dress themselves up. This is understandable, as the exterior of the body, one's appearance and style, provides an instrument for communicating one's identity to others (Giddens, 1991; Conrad, 1994; Shilling, 2003; 2005). The classic sociological theorizations on fashion suggest that people express their identity and lifestyle with appearance-related commodities, but also that fashion is important in the expression of social class and hence plays an important role in the production of social hierarchies (e.g., Veblen, 2017[1899]; Simmel, 1957). However, the more recent research points out that, in addition to fashion, increasing value is placed on the body itself: its shape, size, sensuality, and other external qualities (e.g., Shilling, 2003; Smith Maguire, 2007; Sassatelli, 2010). This has been followed by the increased popularity of techniques aimed at working on one's body. In a sense, the body itself has over the past decades become the core commodity of the expanding self-care markets (e.g., Sassatelli, 2013; 2017).

For a long time, the body and appearance-related consumption were a privilege of the upper classes, which had more opportunities for leisure and shopping (Veblen, 2017[1899]). Today, however, the situation is somewhat different, as an increasing number of people have access to products and services aimed at styling and self-enhancement. It was only in the late 20th century that commercialized physical culture-namely, fitness culture-made leisure activities such as gym memberships and jogging popular among the growing middle class, creating new athletic images of ideal appearance and bodily shapes (Smith Maguire, 2007; Sassatelli, 2010; Andreasson & Johansson, 2014). Although fitness and physical exercise in general are still visible parts of the current wellness markets, wellness as a holistic form of self-care covers a much broader spectrum of consumerist practices than just those related to physical exercise and appearance. As discussed in Chapter 2.4, notable changes in the social meanings of leisure and well-being have taken place, and these have had an impact on the current culture around wellness and self-care. Although people today have more time for leisure than at the beginning of a century, for example, the general trend has been that this time is increasingly spent on self-development and working on ones' body rather than on general laziness or spending time with family.

Several social scientists have pointed to the linkages between body, health, and morality (e.g., Conrad, 1994; Shilling, 2003). As discussed in Chapter 2, the current risk talk around health and well-being have a lot to do with the fact that personal work on the body has become considered important and necessary for an individual's success and overall quality of life. In a broader historical perspective, Foucault (1998) has explained how people have gradually embodied discipline techniques that the state was previously responsible for. Under the concept of "technologies of the self," Foucault discusses the means by which people aim to regulate and transform their own physical being, mental capabilities, and lifestyles in order to maintain and enhance personal life satisfaction while also recognizing the societal norms and expectations linked to the notions of a good citizen and human being (Foucault, 1998). Foucault called this process of self-reflection and learning "ethical work," which is related to his view of the embodied moral self that is an outcome of the practices of self-restraint and self-discipline.

In relation to the less manageable societal risks and increasingly individualistic and competitive culture, the logic that sees positive self-control as important and inevitable for people to avoid risky behavior, gain success, and be approved by others as a responsible and competent citizen is quite understandable (Brown & Baker, 2012). In other words, society has evolved in a direction where self-care in its broad definition is seen as important not only for the sake of bodily desirability; it now more broadly symbolizes how much a person is willing to make an effort and how "disciplined" the person is (e.g., Sassatelli, 2010; Hakim, 2010). Hence, self-care is not only a matter of "good" or "bad" (consumer) choices; as Backet (1992) notes, it has become a way to distinguish between "good" and "bad" individuals that can be more precisely divided into lazy/hard-working, active/inactive, productive/unproductive, or other opposites related to "positive" and "less positive" human characteristics (see also Crawford, 1980; Conrad, 1994; Brown & Baker, 2012).

What follows is that this moral discourse incorporated in the ideology of wellness indirectly suggests that those who fail to take care of themselves and do not meet the current bodily standards deserve to be ashamed and punished. This kind of thinking can be observed, for example, by looking at the current discussions on obesity. Already the term "lifestyle disease" indicates that being overweight is both a medical and moral issue. Thus, obese people are more likely to face shame and discrimination in the different spheres of society (Puhl & Brownell, 2001; Hilbert et al., 2008). The debate about weight, however, is just one example of the different forms of stigmatization associated with socially inappropriate bodies and the qualities of a human being (Sarpila, 2013; Hakim, 2010). Several lines of evidence suggest that people associate "healthy looks" with other positive characteristics, such as success, perseverance, and intelligence (e.g., Kinnunen, 2010; Hutson, 2013). Accordingly, certain bodily attributes can act as personal assets that increase a person's social status, while others do just the opposite (Hakim, 2010). For instance, it has been proposed that social ties promote an individual's health and well-being, but healthier

people are also more well-liked in terms of social tie formation (e.g., Umberson & Montez, 2010; Schafer 2014).

As described above, the sociological debate about the relationship between body and personal well-being often centers around the physical characteristics of the body in the framework of either appearance or health. Essential in the current debate and imaginary around wellness, however, is that it encourages people to constantly think about themselves and their lifestyle from a more holistic point of view. It places one's body under the magnifying glass, but also one's mental and emotional capabilities, as well as the ways in which the individual takes care of oneself and in general what kind of lifestylerelated choices one makes. As a result, new health concerns but also new health and well-being-related necessities arise. In the context of this dissertation, it is important to note that the current culture around well-being, both at the level of social debate and consumption, has expanded from the care and enhancement of the physical body to a stronger emphasis on the development of the self as a psycho-physiological being, stressing the need for skillful life management. Looking at this development in the context of the growth among the population well-being and increased health and well-being related needs, such development is most clearly visible in the more affluent societies.

The fact that wellness consumption is most popular among the middle and upper classes itself indicates that maintaining and increasing one's socioeconomic status by bodily means are especially important for those whose material needs have already been met. That is to say, an indicator of one's wealth, wellness, and social status is not only reflected by a beautiful house or a fine car, but also by a certain diet, a retreat in Bali, a personal wellness coach, or a membership in a yoga studio. Under the concept of "aestheticization of everyday life," Featherstone (1992, 64) discusses how people have started to treat their bodies, and personal life in general, as artworks. By this he means that it has become very important for people to continuously adjust and finetune their lifestyle, so that it can be proudly presented to a wider audience. In the era of social media, this idea is more relevant than ever; on many social media sites, communication is almost entirely based on sharing of images. Not only do people share pictures of themselves, but also their meals, morning runs, self-pampering moments, and generally anything and everything that reflects their personal life and interests, as well as their commitment to a wellnessoriented lifestyle.

3.1.2 The commercialization of health and well-being

In general, the commercialization of health and well-being refers to the process of converting the contemporary medical, psychological, and other scientific knowledge of human well-being into marketable concepts and commodities. As discussed above, during the past few decades health and well-being has extended into all aspects of consumer life and experience. Today's "healthy citizen" is not only comprehensively interested in personal well-being but is also an informed and active consumer. That is, we exercise, travel, and buy

products and services specifically for wellness reasons. From the business point of view, this kind of interdependence between the enhancement of personal well-being and consumption assures that the supply and demand for wellness products and services are continuously growing.

Regarding the increased commercialization of health and well-being, it is relevant to pay attention to also the phenomenon called medicalization (Turner, 2004; Churchill & Churchill, 2013). In short, medicalization refers to viewing human life through the lens of medicine, as a result of which different human characteristics and bodily conditions come to be identified as medical problems (Foucault, 1976; Rose, 2006; Conrad, 2006). The feature that links medicalization to consumerism is that as the number of medical diagnoses increases, interest in new kinds of prevention and care builds as well. As noted earlier, this development is further supported by commercial interests, which play a significant role in highlighting things or conditions, such as wrinkles or a lack of concentration, as medical problems that can be prevented or solved with certain methods, products, and services (e.g., Jutel, 2009). Furthermore, a variety of technologies and consumer habits, such as mobile apps and wearable devices, have been developed to make it easier for people to observe their physical condition and other aspects of their life with greater detail-and thereby proactively manage their own wellness. As Conrad (2008, 142) observes, "The engines behind increasing medicalization are shifting from the medical profession, interprofessional or organizational contests, and social movements and interest groups to biotechnology, consumers, and managedcare organizations." Accordingly, wellness terminology is widely exploited but also increasingly created in commercial contexts, as well as in everyday situations, as people analyze their lives as sentient, bodily beings (Turner, 2004; Furedi, 2004).

In addition to the industrial, medical, and technological developments described above, the growing business around wellness can also be viewed as part of a wider consumer trend characterized by less emphasis on material goods and a greater emphasis on immaterial consumption. Existing models of growth demand continuous and ever-increasing consumption, which, in turn, is dependent on the current ideals emphasizing the need for constant self-stylization and personal improvement. In tandem, however, the abundance of materialistic options and the growing awareness of consumers that their choices may have social and environmental consequences have contributed to a gradual decline in interest in owning things, whereas interest in consumer experiences has increased (e.g., Pine & Gilmore, 2011; Sundbo & Darmer, 2008; Schor & Holt, 2011). Hence, attributes considered as conspicuous and luxurious have also changed, becoming increasingly related to the more experimental dimensions of consumption, such as personal fulfillment, entertainment, or uniqueness of a used service or product (Turunen, 2015). These are also the attributes around which the expanding business of experiences is built. It can be said that the growth of an experience economy focuses on the individual's immaterial and "higher needs" – such as happiness,

excitement, beauty, and optimization of personal wellness—has also made wellness products and services personally and socially more significant and sought after (Yeoman, 2008; Konu et al., 2010).

3.2 The business of wellness

In this study, the focus is not on actual wellness purchases but the wider patterns of thought and behavior related to the enhancement of personal wellness. However, this section, which deals with the business of wellness, is important for illustrating the commercial context within which people make their daily wellness-related decisions. To begin with, it is important to differentiate between the current *ideology of wellness* and the *business of wellness*. While the former is a relatively stable social construct, the latter refers to a profit-seeking business that follows the operational models of fashion and commerce. That is to say, a product or phenomenon that is trendy in the business of wellness today may not be fashionable tomorrow. On the contrary, we can assume that people will continue holistic self-care in the future, whether or not it is then labeled as wellness.

Thus far, the dissertation has argued that wellness consumption is not just about seeking health benefits but engaging in a lifestyle that is generally considered socially appropriate, desirable, and in other ways, to be socially beneficial to the individual. In the wake of the current wellness trend, people are also managing their health and purchase well-being-related products and services when they do not have actual health problems. Thus, wellness-related consumption can take many forms as consumers navigate the cycles of ill-being and well-being during their lifespan and aim to optimize their wellness in different stages of life. Accordingly, the health markets that traditionally have been built around the treatment of sickness have started to emphasize prevention and proactivity in their businesses (Pilzer, 2002). Although there are times when people need actual health products and services (medicine, medical care, etc.), the desire for wellness can be thought to be somewhat continuous. Thus, the main difference between health consumption and wellness consumption is that the former focuses on the treatment of acute health problems whereas the latter is for prevention and improvement of one's wellbeing. In other words, health consumption is somewhat necessary, though perhaps not desirable, whereas wellness consumption is based on the consumer's own choice and discretion, and thus may in many respects be enjoyable (e.g., Steiner & Reisinger, 2006; Lewis, 2008; Smith & Puczkó, 2014). As stressed earlier, self-indulgence, well-being-related experiences and lifemanagement skills are increasingly perceived as part of the individual promotion of personal wellness.

In many contexts, wellness has been estimated to be the next trillion-dollar industry. According to some estimates, the business of wellness is already worth \$4.2 trillion (Global Wellness Institute, 2018). However, the few existing

statistics on the size and contents of the wellness industry show significant inaccuracies and overlap. As there are no national or international guidelines or legislation on what kind of products and services can be called wellness, the statistics may vary considerably, depending on the type and quality of the data included therein. In addition, the fast expansion of the business of wellness has not made statistical recording any easier. In a relatively short period of time, the "health appeal" of a product or service has become an important issue in design and development, which can be easily observed by looking at the current supply of products and services, product descriptions, and advertisements.

Furthermore, it might be better to talk about different businesses of wellness than to use the term "wellness industry". This is because that industry does not exist per se, but as a combination of various industries which utilize the idea of wellness in their business. The most commonly mentioned areas of business in connection to wellness are nutrition (e.g., organic food, "free-from" food, food supplements), beauty and anti-aging (e.g., beauty products, body treatments, cosmetic surgery), fitness (e.g., gyms, fitness clubs, online training), complementary and alternative medicine (e.g., Reiki, crystal healing, angel therapy, naturopathic medicine), mental wellness (e.g., mindfulness, meditation, self-help literature), and wellness tourism (e.g., spas, retreats, wellness resorts). This list is not exhaustive, but it gives an idea of the industries that most visibly have adopted the wellness-minded approach in their businesses. That is, they are primarily designing products, services, and concepts that holistically aim to improve one's health, well-being, and overall quality of life (e.g., Müller & Kauffmann, 2001). Obviously, this list excludes a number of products, services, and practices that involve individual well-being aspirations. Making such a list would, however, be impractical as well as unnecessary from the point of view of this research.

In addition to defining the difference between wellness ideology and wellness business, one must also note the multifarious and occasionally misleading usage of the word 'wellness' in present-day marketing. As consumerism around personal health and well-being is currently trendy, the word 'wellness' is used as a rhetorical tool in various contexts. Moreover, it is typically up to the consumer to assess whether the product or service actually does what it promises. Generally speaking, if a person eats a chocolate bar, which is advertised as a wellness product, nothing bad is likely to happen. However, concerns regarding misleading advertising have recently been raised especially in the discussions on the misuse of complementary and alternative medicine (e.g., Kemppainen et al., 2018). The issue has been raised that while for some combining, for example, homeopathy, acupuncture, or spiritual counseling as part of one's self-care is enjoyable and/or beneficial, for others it may cause physical or mental harm, especially if these treatments are used to replace medical treatment. This concern is related to the broader critical discussion on individual responsibility and freedom of choice that has taken place, particularly in social scientific well-being research (e.g., Cederström & Spicer 2015; Churchill, & Churchill 2013; Illouz 2008).

As will be discussed in the next chapter, the business of wellness on the whole is increasingly about providing personalized solutions for one's physical and emotional distress. It is not necessarily about cures or visible improvements; instead, wellness consumption may help people to cope with stressful life events and ill-being or simply provide pleasurable experiences. When considering the commercial supply related to wellness, it would appear that wellness consumers are usually unsatisfied with some aspect of their health, body, and/or lifestyle, and they are turning to wellness products and services in the hope of change, transformation, personal development, or momentary pleasure (e.g., Voigt et al., 2011; Kelly & Smith, 2016; Grénman, 2019). As there are manifold products and services that can be labeled as wellness, there are at least as many reasons for consuming them, including relaxation, indulgence, improved fitness and appearance, enhancing self-awareness, or seeking excitement (e.g., Kraft & Goodell, 1993; Chen et al., 2008; Lewis, 2008; Grénman, 2019). It should also be noted that as people select and interpret information on health and well-being in relation to their preconceived outcomes, beliefs, and cultural values, they also turn to different products and services and experience them differently.

3.2.1 Wellness commodities and consumers

Some common denominators and trends can be identified among the commercial manifestations of wellness. The first concerns the increased interest in the personalization of wellness and self-care. Whether it is about diet, exercising, or managing stress, consumers are encouraged to discover the methods and products that best suit their individual wellness needs. It seems that in the realm of wellness, it is always possible to be fitter, feel better, or find greater work-life balance. Businesses around beauty and fitness most visibly take advantage of human imperfections and people's continuous quest for bodily improvement (e.g., Smirnova, 2018). Nevertheless, the invitation to "find your own path" appears to be a generalized way to engage consumers with continuous spending on personal wellness in any area of life or field of consumption. In this regard, the current neoliberal economic discourse and wellness phenomenon can be seen as intertwined.

Second, interest in the personalization of wellness has been followed by a growing number of experts, services, and new technologies that provide support, advice, and training in relation to personal health and well-being (Smith Maguire, 2007; Sassatelli, 2010; Lupton, 2016). The services of personal trainers, nutritionists, and mental coaches—as well as the variety of wearable wellness devices—are no longer just the exclusive rights of athletes but have become accessible to ordinary consumers as well. Furthermore, through the development of social media channels like YouTube, Twitter, and Instagram, creating a career as a wellness expert has never been as easy as it is today. In a sense, everyone has been given an opportunity to offer through these channels their own wellness tips and advice as an "expert by experience."

Hence, although the business around wellness has in many respects become more professionalized, as a parallel trend it can be seen that the evaluation of an individual's well-being and finding ways to promote it have increasingly become a task of individuals and businesses. One consequence of this development is that trust in conventional medicine has gradually declined, whereas interest in more integrative, holistic, and alternative forms of self-care has increased (e.g., Van den Brink-Muinen & Rijken, 2006; Smith & Puczkó, 2010; Fries, 2014). This phenomenon follows a broader trend whereby trust in official institutions and expertise has gradually eroded and the knowledge gained through individual networks and sources, such as social media, has started to have a greater influence on people's perceptions, including in the realm of wellness. A consequence of this is a growing concern regarding how people interpret all this wellness-related information, including persongenerated data that they themselves have collected through wellness technologies.

If consumption is generally understood as a process in which a substance is completely used up or transformed into something else, in the case of wellness consumption one can also think that something new is produced as the consumer takes proactive steps toward a better state of being. This is also the aspect in the business of wellness that most evidently links wellness consumption to learning and life-management behavior. As stressed in Chapter 2.2, holistic self-care is largely about continuous self-observation, raising personal health awareness, and learning about different wellness techniques, and thereby proactive caring of one's own physical and mental well-being. The empirical findings of this dissertation also show how people seek to develop a variety of wellness skills in the realm of wellness consumption (Koskinen et al., 2017; Koskinen & Wilska, 2018; Koskinen, 2019). In the second article, the difference is made between physical wellness skills and mental wellness skills. The first term is linked to consumption behavior related to exercising, diet, and overall enhancement of physical health and the body, while the latter is used to refer to consumer practices for stress management and other abilities related to the management of one's emotions and the mind (Koskinen et al., 2017). Of course, the above distinction between the enhancement of mental and physical wellness is not that straightforward. Wellness products and services often integrate different approaches and methods of self-care, and it is increasingly common for wellness services such as yoga classes or wellness retreats to be characterized and marketed as "mind-body" activities.

Furthermore, even though one's looks and self-branding seem to play a central role in contemporary society, interest in mental wellness has significantly increased. For instance, meditation, mindfulness, and other mental techniques that have said to have the potential to calm the nervous system and increase "present-focused awareness," and thereby relieve anxiety and stress, have become more mainstream especially during the past decade. It has been argued that the current interest in wellness is parallel to the increasing interest in "New Age Orientalism," based on traditional healing methods and

philosophies from Eastern medicine and culture (e.g., Schuster et al., 2004; Smith & Kelly, 2006; Newcombe, 2012; Islam, 2012). Thus, the "new" holistic and integrative ideas within the business of wellness are often about adjusting already existing techniques of self-care to the modern consumer culture and the needs of people living in modern urban environments. This dates back thousands of years to when people in India started to practice yoga or the first spas were built in the Central Europe. Today, these traditional techniques of wellness enhancement are widespread, and in the commercial contexts they are generally called wellness. It is also argued that the popularity of these more holistic approaches to healing and self-care is partly related to the decrease of traditional religiosity in Western societies (e.g., Tataryn, 2004; Redden, 2011; Newcombe, 2012). This is related to the observation that for some people, incorporating methods such as Ayurveda, angel therapy, or feng shui in their lives may nurture their spiritual dimension of well-being in more or less with the same logic as the practice of a traditional religion.

Despite the ancient nuances related to current wellness phenomenon, however, the field of wellness is also becoming increasingly digitalized and high-tech in every sector of the market (e.g., Cohen, 2008; Lupton, 2016; Ylilahti & Koskinen, 2017; Bergroth & Helén, 2019). This includes virtual exercising, infrared saunas, wearable wellness technologies, DNA analysis, and laser procedures, just to name a few of the current manifestations of technologically driven wellness. The key change is that it is now possible to engage in wellness activities and buy wellness products and services online, track and analyze one's health parameters without the help of healthcare professionals, and modify the body in ways that previously were not possible (e.g., Ruckenstein, 2017). Furthermore, sharing workouts and wellness experiences via social media and other digital channels has become commonplace. Traditional wellness consumption environments such as spas, beauty salons, and fitness centers have also started to incorporate new technologies to enhance their customer service and consumer experiences. This means utilization of new technologies, for example, by beauty practitioners and fitness personnel, but also creating a right kind of soundscape and visual atmosphere for unique mind-body experiences and wellness sensations. Increasingly, this kind of technology-mediated wellness is also being brought into public spaces, such as shopping malls, train stations, and airports, for example, in the form of soothing background sounds or massage chairs.

As discussed earlier in this chapter, immaterial consumption and consumerist experiences play an important role in today's consumer society. This is particularly evident in the context of wellness consumption (Pine & Gilmore, 2011). The growing popularity of wellness tourism is a great example of how value is increasingly placed on experiences and uniqueness, which in the realm of wellness are typically sought through more exciting, holistic and personalized solutions for the care of the self (Räikkönen & Grénman, 2017). Wellness tourism is generally defined as travel for the purpose of improvement of personal health and well-being through physical, mental, and/or spiritual

activities (e.g., Müller & Kaufmann, 2001; Cohen, 2008; Smith & Puczkó, 2014). Typical wellness tourism destinations include spas, wellness resorts, retreats, and similar environments in which it is possible to participate in different fitness and wellness activities and/or receive wellness treatments and therapies. Health and physical improvements may motivate one to travel, but instead of medical care, wellness tourists are looking for preventative treatments, pampering services, and, in general, more holistic options for personal pleasure and well-being (e.g., Müller & Kaufmann, 2001). The studies that deal with yoga tourism and retreat tourism have also raised the transformative nature of wellness tourism, such as its positive effects on the individual's quest for selfdevelopment, stress management, and personal growth (e.g., Bowers & Cheer, 2017; Voigt et al., 2011). In addition, as people increasingly devote their free time to wellness-related activities, the number of so-called "secondary wellnesstourists"-who do not travel to actual wellness destinations but include wellness elements in their travel for example, by visiting a local yoga studio or enjoying the services of a day spa at the airport—is on the rise (Global Wellness Tourism Economy, 2018).

Wellness tourism is often associated with luxurious spas and hotels, but along with the values and consumption trends that increasingly emphasize environmental awareness and "all-natural" options, wellness tourism increasingly includes destinations and wellness experiences that are more authentic (e.g., Smith & Diekman, 2017). For example, silent retreats, forest bathing, educational wellness vacations, and yoga holidays, amongst many others, may be organized even in a very modest environment. Also, growing awareness of the positive effects of nature and silence on human well-being and the increased need for people to detach themselves from digital devices has encouraged people to look for more authentic wellness experiences (e.g., Syvertsen & Enli, 2019). However, this does not mean that wellness tourism has become less expensive. Instead, it reflects wider changes in what is currently considered "unique" or "luxurious," especially among the more well-off citizens.

Considering the above, although wellness is often associated with conspicuous consumption, rapidly changing trends, and superficial concerns related to the body and one's appearance, wellness as a lifestyle orientation also increasingly reflects people's concerns with environmental, social, and even political issues, and it is well aligned with consumers' increased interest in more sustainable lifestyles. In the mid-1990s, researchers began to pay attention to a growing number of consumers who were health-conscious but also increasingly ethically driven (Ray & Anderson, 2001). Growing awareness of the negative impacts of industrial pollution, overconsumption of natural resources, and throw-away culture has given rise to discussions on how to promote the well-being of both people and the environment. Later, the word LOHAS, an acronym for the term "Lifestyle of Health and Sustainability," have been used to refer to the consumer preferences mentioned above. It can be witnessed globally that LOHAS values are becoming more common and

driving changes in the wider consumer culture (e.g., Cohen, 2008; Cohen & Shivdasani, 2008; Halkier, 2013). For instance, the number of products and services that are labeled as "natural," "organic," "eco" and "green" has significantly increased. Common to these terms is the idea that the wellness of an individual cannot be separated from the wellness of the planet.

As an attitudinal orientation, both LOHAS and wellness direct people's attention to the self and individual consumption choices. Both of these consumerist ideologies encourage reflection on one's own desires and needs and fit them into the broader framework of personal development and wellbeing. Like the wellness phenomenon more broadly, the consumerist practices around LOHAS are also essentially about making global challenges visible for an individual consumer and thereby "solvable" at the individual level through consumer decisions. As people do not want to give up consumption completely, it is transformed into a practice that may potentially produce something good for the wellness of the individual and society. However, it must be noted that like wellness consumption, the LOHAS values are also shown to be especially attractive to those who are well educated, have a decent income, and are otherwise in a good socioeconomic position (e.g., Prättälä & Paalanen, 2007; Dvorak et al., 2014). Furthermore, because the individual's influence on the well-being of the environment through individual consumption choices is limited, the purchase of an individual ecological wellness product can be thought to increase the consumer's sense of control in difficult circumstances rather than to actually mitigate the environmental crisis.

Because of the emphasis on the experiential dimension of consumption, consumers are kept involved in the design and delivery of wellness experiences. For example, customers attending a yoga class are encouraged to listen to their own bodily sensations and emotions in order to make the practice suit their individual needs and capabilities. In addition to this rhetorical characteristic of wellness consumption, as noted by Smith Maguire (2007, 5), producers and consumers of different self-enhancing products and services are also "implicated in the production and reproduction of the social legitimacy" of such consumption. Today, consumers are increasingly seen as co-producers of products and services rather than subordinate to production and massmarketing. Viewed as creative and self-reflexive agents, modern consumers are seen as capable of making choices, and occasionally they even deviate from the normative cultural expectations (e.g., Giddens, 1986; 1991; Pongsakornrungsilp & Schroeder, 2017). In the context of wellness, this means that consumers are thought to actively seek commodities and experiences that fulfill their personal wellness needs, and they can make suggestions and recommendations for both businesses and other consumers in order to enhance commodities and consumption experiences. As mentioned earlier, people often show their commitment to a wellness-oriented lifestyle, for example, by sharing food- and exercise-related images via social media.

However, the individualistic idea of an independent and self-directed consumer is not unambiguous, especially as regards to health and wellness-

related consumption. It is through the process of socialization that we learn to differentiate favorable consumer practices from unfavorable ones. Thus, consumption can also be viewed as a continuous process of reflection and learning, which to some extent is interactive and performed within the social order. Sassatelli (2013) uses the term "tamed hedonism" to illustrate how the present-day consumer culture encourages people to make individual choices and express themselves through consumption, but in a socially appropriate way and with a certain degree of discipline. She continues that the "practices considered as normal are viewed as both the realization of desires and their containment: they are presented and regulated as moral worlds responding to ethical, autonomous and self-possessed selves" (Sassatelli, 2013, 105). In this regard, the consumer is actually never completely free to choose; consumer's choices are always dependent on the social environment.

3.2.2 Aging wellness consumers

Consumers over 50 years of age, often also referred to as the "mature market," are currently defined as the fastest growing—and thus the most powerful—consumer segment in the wellness market (Nimrod, 2007; Smith & Puczkó, 2015). Until recently, businesses and consumer research have paid little attention to mature consumers, but this focus has gradually changed as the size, wealth, and spending of this consumer segment has significantly grown (e.g., Higgs et al., 2009b). As noted earlier, today's middle aged and older adults have more healthy years ahead of them than did previous generations, and they maintain a more active lifestyle, which also involves a wider range of consumption activities. During the last few decades, the 50+ market has become as diverse as the other consumer segments in terms of consumer tastes, interests, and buying behavior. This has changed the overall image of this consumer segment as well as the products and services designed and provided for the mature consumer.

As discussed in Section 2.2.2, the current wellness phenomenon and contemporary approaches to aging have many similarities. Both emphasize the individual's own responsibility and efforts to seek health and a good quality of life. The prevailing ideals of what it is to "be well" or "age well" are both understood in a very holistic manner as a process of optimizing physical, mental, social, and spiritual aspects of one's well-being so that a person can live life to the fullest in any stage of life. In the light of the individual's wellness, aging is seen less and less as a limiting factor and increasingly as something that can be managed or even overcome. Managing aging is, of course, a particularly attractive idea from the point of view of the consumer market. Consequently, the discussion on "agelessness" seems to dominate the more market-driven approaches to aging, within which bodily deterioration and certain physical conditions have come to be reconstructed as age-associated diseases (e.g., McHugh, 2000; Mykytyn, 2006; Ellison, 2014). The message transmitted by this agelessness discourse is that although on a biomolecular

level our bodies do age, life can continue in the same way as long as the process of aging is kept under control (e.g., Smirnova, 2012).

It is typically assumed that anxiety about the cosmetic changes due to aging largely explains the popularity of wellness-related consumption among mature consumers, especially aging women (e.g., Settersten & Angel, 2011). Undeniably, the part of the wellness business that is targeted at combating the physical signs of aging-namely, the "anti-aging industry"-has grown exponentially over the last few decades (Mykytyn, 2006; 2010; Smirnova, 2012; Ellison, 2014). In the most extreme cases, the discussions on anti-aging are centered on the means by which the human lifespan could be extended with biomedical and biotechnological advancements or genetic engineering. However, these discussions are better seen as part of a separate anti-aging movement, which drives a vision of life without aging and death, rather than as part of the general wellness and anti-aging business, which still mainly focuses on the solutions for maintaining an individual's overall vitality and youthful looks. (e.g., Sand & Jongsma, 2016.) In other words, it is pivotal to look at the increased popularity of wellness consumption in the context of the broader discourse of "active society," within which, as summarized by Katz (2005, 17), "seniors become lifestyle specialists as active, acquiring, risk-managing, consumer citizens." Accordingly, the focus of interest in this dissertation is to contemplate what kinds of lifestyles and consumption behaviors are (or come to be) formed around the wellness aspirations of aging consumers, not to go deeper in discussing how people try to prevent their bodies from aging. For instance, the spa vacation of retirees, a phenomenon which is examined in the third article, is a good example of a personal wellness routine that has become part of people's individual strategies for aging well; thus, it also serves as an example of what kinds of lifestyles are emerging around wellness consumption (Koskinen, 2019).

In the context of this thesis, it could be stated that in addition to the solutions of how to live longer, the present wellness market also provides suggestions on why to live longer. This refers specifically to the new life content and lifestyles that an expanded wellness market can enable. In her examination on middleaged wellness tourists, Smith (2018, 15) comes to the conclusion that wellnessrelated consumption "can help to navigate the challenges and ravages of midlife by offering solace and support along the way". Today's middle-aged people, like the people interviewed in the second article, are often in responsible positions in working life, they may still be bound by the responsibilities of parenthood, and in many other ways they can be pivotal actors in society. Simultaneously, in middle age and beyond, health and youthful looks can no longer be taken for granted, which may reduce life satisfaction and self-esteem for some people. In addition to physical aspects (health and appearance), extended midlife and longer life spans in general call for more planning and adaptation of lifestyles in a way that may strengthen what, in this dissertation, is called a wellness-oriented lifestyle.

Over the past decades, increased attention has been paid to people's own experiences of aging and how the social environment affects them. As pointed by Lachman (2002), extended midlife has become a significant period in the human life course as regards balancing growth and decline. On the one hand, the experience can be a time of great personal expansion and growth; on the other hand, it can be a period of uncertainty and decline. This not only pertains to corporeal changes related to aging, but also other changes and life role transitions that have an influence on how people design and construct their day-today lives and plan their future (e.g., Nimrod, 2007; Karisto, 2008; Kornadt & Rothermund, 2014; Munch, 2018). For example, retirement is a significant life cycle transition that compels changes in a person's everyday life. The experience of retirement thus proves to be double-edged: it can be liberating as well as a challenge (Karisto, 2008). This combination of changes, together with reflection on one's own past and coming years, is likely to encourage people to seek physical and mental relief, pampering moments, and new experiences in their wellness consumption as well (Koskinen et al., 2017; Smith, 2018).

Given the notions above, aging may be a powerful motivation for wellness-related consumption, as the desire to feel well and be competent do not disappear with age, even though the body physically ages. It has been shown that older people themselves associate aging more with a loss of independence than with their chronological age (O'Reilly, 1992). This partly explains why interest in consumerist activities that focus on maintaining a good psychophysiological condition and self-management skills increases with age. However, regarding the design and marketing of wellness products and services, defining consumers by their tastes, interests, and lifestyles instead of their year of birth has become ever more conscious as contemporary life is characterized by overlapping and blurring boundaries between different stages of life. For instance, previous studies indicate that mature wellness consumers are not as safety-oriented as general stereotypes of older consumers indicate; instead, they are also willing to experiment and be adventurous. In the context of wellness tourism, it has been shown that luxury may not be the most soughtafter priority for older consumers; they may look for unique experiences as well as holistic health and well-being benefits from their travels (Nimrod, 2007; Chen et al., 2013; Moal-Ulvoas & Taylor, 2014; Huang & Xu, 2018). Furthermore, with greater emphasis on the mental and spiritual dimensions of wellness and growing old, the services and activities that develop mental and emotional skills, such as retreats, have also become more sought after, especially by aging women (e.g., Fullagar & O'Brien, 2014; Kelly & Smith, 2016; Koskinen et al., 2017).

4 DATA AND METHODS

This chapter looks at the multistage and multi-dimensional process of this research. Applying both qualitative and quantitative methods, this dissertation set to study the current wellness phenomenon and its manifestations in Finland. The research consists of three sub-studies that all have case-specific research questions and methods, which are summarized in the table below (Table 3). Together these three cases form a pluralistic approach to studying wellness as a sociocultural phenomenon that touches people's daily lives in many ways. In the pages that follow, I will first discuss the methodological foundations of this work. After that I will introduce the research design and methods utilized in each of the sub-studies. The chapter ends with a discussion of the research ethics.

Table 3 Data and methods

Article	Data collection	Informants	Method of analysis	Contribution
Identifying and Understanding Spa Tourist Wellness Attitudes	Online survey	Finnish people visiting spas in either Finland or Estonia (N=689)	Principal component analysis (PCA) and analysis of variance (ANOVA)	Provides an overall picture of the attitudes surrounding wellness enhancement among the respondents

"Healthy to Heaven": Middle-agers looking ahead in the context of wellness consumption	Focus group interviews (N=8)	41 Finnish people (50–65 years old) visiting a spa and rehabilitation center in Central Finland	Thematic content analysis	Highlights the relations between aging, life stage transition, and a wellness-oriented lifestyle from the point of view of middle-agers
Spa tourism as a part of aging well	In-depth interviews (N=18) and participatory observation (focus group interviews as background data)	Finnish retirees regularly visiting spas in Estonia	Thematic content analysis	Draws attention to the peculiarities of a wellness- oriented lifestyle in the retirement stage of life

4.1 Methodological considerations

We are influenced by a variety of social forces, norms, beliefs, and cultural values in addition to the personal life histories, interests, and experiences that together guide our everyday actions. Also in the context of wellness, our understandings and experiences of appropriate ways of wellness enhancement are infused with common knowledge and social conventions. Therefore, the pursuit of wellness cannot be thought of only as an individual's inherent need or hedonistic effort to maximize personal well-being and quality of life but also as a situational and contextual reconciliation of individual, social, and societal perspectives on "well living." As outlined in the introduction, this dissertation seeks to understand why wellness as a holistic and highly market-driven approach to human health and well-being has gained so much ground at the present time. The aim is neither to defend nor criticize the rise of this phenomenon but rather to depict how wellness is currently manifested in society and people's everyday lives, as well as to look at the factors that make a wellness-oriented lifestyle meaningful and essential for the study participants. The general intent here is to increase understanding of the prevalent wellness phenomenon, within which the actions and choices of an individual are emphasized, and which calls every one of us, one way or another, to be part of that phenomenon and act in accord with it.

All three sub-studies included in this dissertation explore participants' relationships with wellness phenomenon, including attitudes and behaviors related to personal wellness enhancement (all three articles), and meanings given to the personal techniques of self-care (Articles 2 and 3). As mentioned earlier, all the sub-studies have their own research questions (see table 1), but the above objectives guide the framing of these case-specific questions as well as the reading of the collected data as a whole. Methodologically, the research is based on a pluralistic view that stresses the advantages of multiple sets of data and their interplay. The selected research strategy could also be called pragmatic, in that it emphasizes the multidimensionality of social phenomena and, accordingly, methodological flexibility. Pragmatism is based on the assumption that developing knowledge of human life is possible through a purposeful but also inclusive use of different data and methods that are always chosen in relation to the research problem in question (e.g., Morgan, 2007; Teddlie & Tashakkori, 2009; Pearce, 2012.)

The scientific paradigm of this dissertation is critical realism, which assumes that there is a reality independent of human consciousness that can be examined by scientific means, but the knowledge we gain about it is limited to our interpretation and ability to process information (Sayer, 1992; Hartwig, 2015). In other words, critical realism differentiates between the reality that is "out there" and the empirical events and circumstances that we can actually capture and study further. As noted earlier, all human behavior—and thus all human knowledge—takes place within culturally derived meanings and simultaneously reconstructs them (Sayer, 1992). Although we cannot determine facts by asking people to describe their experiences or fill out a questionnaire, we can trace the interplay of conditions likely to produce the events and behavior we observe. Under the circumstances, in the gathering and interpretation of data this research has paid attention not only to the collected empirical information but also to the macro context in which the phenomenon under research occurs.

According to critical realism, scientific knowledge is always, to some extent, incomplete, but as it builds on existing knowledge, scientific inquiry has the potential to challenge and amplify existing understandings, and thereby get closer to the "truth" and a view of the world with greater objectivity (Hartwig, 2015). In this regard, pragmatic and pluralistic modes of data collection are compatible with the critical realist worldview, as they operate in and seek to find the middle ground between pure positivism and relativism. Instead of viewing qualitative and quantitative methods as opposites, critical realism claims that the choice of the method should be dependent on the nature of the object of the study and the questions being addressed (Sayer, 1999). In the context of this research, both qualitative and quantitative methods have been seen useful because of the different research contexts and research questions.

Furthermore, this study highlights that interactive movement between previous literature and empirical findings contributes to new interpretations and lines of exploration of the subject matter. The responses of the survey

respondents and the accounts of the interviewees remain unchanged after the data has been collected, but it is possible for the researcher to highlight certain issues from the collected data vis-à-vis the existing literature and the wider research framework. This does not mean that the researcher arbitrarily emphasizes some aspects of the data or distorts the views of the informants, but that the researcher intentionally decides to focus on certain aspects in order to increase understanding of both human experience and the chosen theoretical context. Following the philosophical and methodological assumptions outlined above, it is possible to systematically study peoples' descriptions and experiences of wellness enhancement and make valid inferences about them when they are explored in relation to the wider scientific and sociocultural contexts.

4.1.1 Synthesis of the research process

This study uses multiple methods: group interviews, a survey, individual interviews, and participant observation to interpret the wellness phenomenon in the Finnish context. Methodological pluralism was chosen for the research strategy in order to obtain a versatile and extensive view of a phenomenon on which little previous research exists, especially in the realm of the social sciences. The validity of methodological pluralism rests on the premise that the weaknesses that all data and methods have can be neutralized or even compensated for by purposeful usage of different kind of data sets (e.g., Teddlie & Tashakkori, 2009). This does not mean that using more than one data set or method will automatically provide a solution for the pitfalls encountered in the empirical research. Rather, it is argued that multiple methods enable a review of the subject of research from diverse perspectives, thus providing a more multifaceted depiction of it (e.g., Bryman, 1992; Teddlie & Tashakkori, 2009). For instance, the findings obtained through one method can add depth to analysis of another method (Caracelli & Greene, 1993). Moreover, openness to different methodologies allows the whole research process to be more flexible. It is easier for the researcher to start to follow interesting observations that emerge during the research process, as the researcher is not bound to a single method.

This thesis relies on the view that interactive movement between different sources of information is important and may even improve the validity and reliability of the research results. As social reality is complex and ambiguous itself, social science research rarely proceeds in a straightforward manner; understanding of the investigated phenomenon gradually evolves during the research process, and so does the methodological framework. To make this more visible in the context of this dissertation, the following is a brief description of the theoretical and methodological decisions made at different stages of the research process. The purpose of the overview is to point to the factors that have guided my decisions regarding methodology and thereby influenced the conclusions drawn in the dissertation. A more detailed

description of the applied methods is provided later on this chapter (Sections 4.4 and 4.5).

I started this dissertation as part of the DIGI50 + research project, which was a multidisciplinary project aimed at studying mature consumers in a variety of digital and physical consumption environments. One of the research interests of this project was to study the middle-aged wellness consumers that in the light of earlier research literature were defined as the core consumer segment within the fast growing wellness market. Before I joined this project, it had already been agreed that the data collection concerning middle-aged wellness consumers would be carried out in cooperation with Rehabilitation Foundation Peurunka, which has regularly funded and collaborated on research with the University of Jyväskylä. Hence, I started the data collection by organizing eight group interviews among late-middle-aged people visiting the Peurunka spa and rehabilitation center in Central Finland.

During this first data collection period, I wrote the research plan for this dissertation, in which I specified in more detail the themes that I would like to focus on in my research. Obviously, these themes were based on the possibilities suggested by the group interview data. The group interviews drew my interest to the linkages between aging, life stage transitions, and wellness consumption, as well as to the notion of skills in the context of wellness and self-care. The group interviews also enhanced my understanding of how Finnish people approach and conceptualize wellness, a concept that does not have a direct translation in the Finnish language. Thus, the group interviews not only directed this dissertation in terms of research themes and theory but also contributed to my linguistic and conceptual understanding of the wellness phenomenon in the Finnish context. As stated in the introduction, the wellness phenomenon (as it is defined in this doctoral dissertation) is manifested in the interview data as interviewees' discussions on the holistic promotion of their personal well-being. Furthermore, these discussions broadly reflect the cultural changes that, in the recent international literature, have generally been associated with the expansion of the concepts of health, well-being, and selfcare and thereby with the rise of the wellness phenomenon.

After the group interviews, I designed and conducted a survey among a sample of Finnish spa visitors. I wanted to take a broader perspective on the wellness phenomenon by looking at peoples' wellness attitudes in light of different demographic variables. The observations from the group interviews were useful at this stage, particular when it came to designing a survey that would appropriately target the core questions of the study but also make sense to Finnish respondents (see also Sieber, 1973; Bryman, 1993). Based on the first collection round of data, I was also convinced that in cooperation with spas I would effectively reach an adequate sample of people from different demographic backgrounds. Eventually, the results obtained through the survey strengthened my view that more than many other (sociodemographic) factors, the stage of life in particular has an influence on how people perceive and pursue personal wellness in their everyday lives.

Together these two data collection stages directed my interest to older spa visitors and the ways in which wellness-oriented lifestyle was manifested in the lives of older adults. I also became more curious about wellness enhancement in a cross-border context, as this has been prominently featured in recent wellnessrelated literature. As a result, I decided to conduct the last round of the data collection among a group of retirees that regularly visited spa destinations in Estonia. In this regard, I saw participant observation and individual interviews as the most relevant methods of data collection, as the aim was to achieve a broad understanding of the meanings related to regular spa vacations in the retirement stage of life. So the main intention was not to examine spas as wellness consumption environments, but rather to explore the promotion of personal wellness from the perspective of older adults. As I explain in more detail in the following chapters, spas and spa customers were selected for this dissertation for a variety of reasons, with the heterogeneity of this consumer segment being the most important. With regard to the spa vacation of retirees that provided a study context for the third stage of data collection, I found it useful because it enabled a detailed observation of the themes and issues that had arisen during the study process, such as the relations between selfresponsibility and holistic self-care in the context of aging.

In sum, the different methodologies were mixed sequentially so that each data collection round contributed to the other stages of the study, as well as to the final interpretation of the results. The findings of the survey gained more depth when interpreted in light of the qualitative data, whereas the ambiguous set of qualitative information became more manageable when compared with the quantitative results (Bryman, 1992). However, as the different methods and data sets were not combined in the actual analyses and research articles, the applied research strategy may be better called pluralistic approach than traditional mixed method research.

4.1.2 Spas as research contexts

All empirical data was collected among Finnish spa visitors either on the premises of the selected spas (qualitative data) or through other forms of cooperation with the spas (quantitative data). Data collection in similar environments was thought to harmonize the data, although the spa complex itself or spa services are not the core subjects of this dissertation. Spas are fruitful contexts for observing the present-day wellness phenomenon, as their development reflects wider changes in society's well-being discourse and trends in the wellness markets. Commodification, commercialization, and globalization of health and self-care are essential factors in explaining the increasing popularity of spas and spa tourism worldwide (e.g., Cohen, 2008; Hall, 2011; Smith & Puczkó, 2014). Moreover, spas represent attractive and versatile wellness consumption environments within which it is possible to study the more holistic dimensions of today's self-care culture.

In a global perspective, the word 'spa' is an umbrella term for a variety of consumption environments that somehow utilize (mineral) waters, bathing,

and/or saunas as part of their business (e.g., Cohen, 2008). Finnish spas can be thought to loosely follow the Eastern European spa tradition, where in addition to pool area and saunas, spa services include a variety of relaxing, rejuvenating, and vitalizing treatments (e.g., Smith, 2015). Unlike, for example, in the Baltic states, however, spas in Finland are not as strongly perceived as places for health promotion but primarily as destinations for leisure, relaxation, and physical recreation (e.g., Vehmas, 2010; Grénman & Räikkönen, 2015). Overall, spa treatments comprise a less essential part of the Finnish spa concept, and many people visit spas just to spend time with family and friends. This is the case despite the fact that some Finnish spas have a history as providers of—or they are still providing—rehabilitation services, especially for Finnish war veterans.

In addition to actual spa services, Finnish spas typically include hotel services, restaurants, and a variety of opportunities for sports, gaming, and amusement, either in the actual spa complex or its vicinity; thus, they can be characterized as "centers for fun and well-being." Finnish spas are also often located in naturally beautiful areas that enable outdoor activities. This is a common feature with other Nordic countries, where nature experiences and being outdoors are typically linked with spa and sauna culture (e.g., Hjalager & Flagestad, 2012; Grénman & Räikkönen, 2015). However, one of the spas included in this study was right in the middle of a city and connected to a shopping mall. This aptly describes the entertainment dimension of the Finnish spa culture. More recently, the first Finnish Day Spas to provide spa and wellness services without a possibility of overnight accommodation have also found their way to the city center. This, in turn, illustrates well the growth in demand for spa and wellness services and how these services are increasingly used in the middle of a hectic everyday life as a relaxing and self-pampering moment. According to a recent national report in Finland, "comprehensive well-being tourism," which includes various tourist destinations and leisure services related to physical activity, relaxation, mental well-being, and a sustainable lifestyle, is currently a key trend in domestic tourism (Ministry of Economic Affairs and Employment of Finland, 2019).

Although spas and spa therapies have existed in various forms since ancient times, it is obvious that the current wellness phenomenon and overall societal change have had an impact on the spa business as well. In general, as wellness consumption has become more commonplace, people also expect ever more unique and impressive features for their spa visits. The society's macro trends, including the aging of the population, technological trends, and environmental issues, have also had an effect on how spa services and spa environments are currently developed. As summarized by Cohen (2008, 21), the growing popularity of spas and spa tourism can partly be viewed "as a response to the human desire for wellness in the context of the evolution of consciousness, globalization and the many crises the world is now facing."

With the general shift toward greater emphasis on preventative and holistic self-care, spas have also adopted more of a wellness-oriented approach

in their services (e.g., Cohen, 2008; Smith & Puczkó, 2014). For example, with an increasing range of organic product-based services, body-mind-spirit activities, and lifestyle-oriented workshops, modern spas are attracting the increasing number of customers that are in search of unique experiences and quick personal transformations but simultaneously valuing personal growth and sustainable living (e.g., Smith & Puczkó, 2015). It has been suggested that with the increasing interest in "living well" and maintaining lifelong wellness, spas are—or at least they have the potential to become—places in which people can devote themselves to their well-being in a very holistic sense, experience the peaks of their personal wellness, or even learn to take better care of themselves in a stimulating, harmonious, and otherwise therapeutic environment (e.g., Cohen, 2008). It has also been observed that as people are traveling more and more for health and wellness reasons and looking for more alternative, holistic, and technologically driven options for their personal care, the line between mainstream healthcare and wellness services is becoming ever more blurred; it is estimated that this development will be particularly visible within the wellness tourism and spa industry (e.g., Cohen, 2008; Hall, 2011; Grénman & Räikkönen, 2015). For now, however, the most sought-after services of spa tourists across Europe include water-based activities, traditional massages, and body and facial treatments (Smith & Puczkó, 2015). In other words, relaxation and self-pampering still seems to be among the core purposes of spa visits. According to previous studies, Finnish spa visitors also mostly seek relaxation from their spa visits in addition to physical activity (e.g., Konu, 2010; Vehmas, 2010). In the Estonian context, however, it is more typical for Finnish spa visitors, the majority of whom are over 50 years of age, to use more medically oriented and rehabilitative services in addition to pampering and rejuvenating treatments (e.g., Tooman, 2013).

Through cooperation with Finnish and Estonian spas, it was possible to reach people with very different demographic backgrounds. This applied to the implementation of both the quantitative and qualitative sub-studies. In Finland, different kinds of people occasionally visit spas, and thus the Finnish spa clientele is very heterogeneous. If compared to the customer base of a fitness center, beauty salon, or yoga studio, for example, the clientele of a spa is much more diverse. In general, all the spas chosen for this research provide a wide range of wellness services and other leisure activities, and thus they represent eclectic and experiential wellness consumption environments suitable for exploring people's behavior in relation to personal wellness enhancement. Furthermore, all the spas involved in this research are accessible and suitable for people of different kinds of backgrounds and wellness-related interests. For example, none of the spas involved in this dissertation are profiled as a mere luxury spa, family destination, or medical spa; instead, they are destinations which people visited for various reasons.

In this dissertation I have cooperated with four spas: one in the metropolitan area of Finland, one in Central Finland, and two in a coastal city in the neighboring country of Estonia. The decision to involve two Estonian spas

in this dissertation (Articles 1 and 3) was based on the knowledge that Finns make a lot of spa trips to Estonia (e.g., Smith, 2015). Estonia is a popular spa destination among Finns, as spa vacations in Estonia are relatively inexpensive, it is easy to travel there, and many consider that the variety of spa therapies is wider there than in the domestic spas. Overall, Finns take plenty of leisure trips to Estonia, but most of them are rather short, made to Tallinn, and centered on cultural events and shopping (Official Statistics of Finland, 2017). In this regard, the third article of this dissertation, which examines older adults' spa vacations in Estonia, provides a slightly different perspective on Estonian tourism, as low-priced shopping and basic tourist sites are not at the heart of the tourism experience.

Taking into account some practical aspects, collecting data in cooperation with spas was effective, although it required a lot of planning and prearrangements before the actual data collection. For instance, I had to ask permission to conduct research on the premises of the spas and/or among their customers, keep contact persons at spa informed of the objectives and schedules of my research, follow the rules regarding the processing of customer data, and on some occasions (sub-studies 1 and 2) provide the contact persons with the material so that they could spread among their customers, as I was not allowed to do that myself. In the third sub-study, I also collaborated with one Finnish travel agency that assisted me in finding a suitable group for my fieldwork and helped in arranging my travel. Overall, it was interesting and rewarding to conduct research in cooperation with the providers of spa and wellness services, as it simultaneously increased my understanding of the business side of wellness, spa environments, and spa clientele. The opportunity to observe the spa environments while collecting the data was fascinating, but it also provided depth for the reading and interpretation of the collected data.

4.2 Quantitative data and methods

In general, the quantitative research method is based on the description and interpretation of the phenomenon under research by means of statistics and numerical data. Quantitative methods are commonly used in the social sciences to look at the attitudes, characteristics, and behaviors of larger samples, as they allow generalizations to be made about the target population (e.g., Bryman, 1992). In the quantitative part of this thesis (Article 1), a survey was created with the purpose of identifying and exploring attitudes regarding the promotion of personal wellness and their relation to selected sociodemographic variables. The survey was targeted to Finnish spa visitors and it was not designed to be nationally representative. However, based on the results of the survey, it is also possible to make some inferences about the attitudinal factors on which people at different stages of life base their personal wellness enhancement, because the questions were not particularly related to spa visits.

4.2.1 Survey data

An online survey (N=689) was conducted among Finnish spa visitors visiting one of the selected spas during a one-month survey period in November 2016. Four spas, two in Finland and two in Estonia, were selected for the study. Estonian spas were included because, as noted previously, Finns make plenty of spa trips to Estonia but no previous studies exist on this kind of wellness-related cross-border behavior. Moreover, differences in the geographical location of spas were thought to be helpful in terms of increasing the heterogeneity of the respondents and determining if differences exist between the attitudes of the customers of different spa destinations. However, the preliminary analysis of the survey data did not show any such differences, so in the final analysis the location of the spa was not used as a background variable.

To test the design of the survey, a pilot survey (N=298) was conducted a year earlier in October 2015 in cooperation with Peurunka spa, where group interviews in the first phase of data collection were also carried out. On the basis of the pilot survey, the questionnaire was improved so that it contained fewer questions and thus became more appealing and easier to answer. The cooperating spas did not participate in any way in the formulation of the survey questions. In this context, cooperation with the spas meant that the spas added an online link to the survey on their websites and/or social media accounts. Both Finnish spas also distributed paper questionnaires in addition to the survey link. In Estonia, paper forms were not distributed because it was considered too complicated from the point of view of the cooperating spas. As a whole, just under a hundred questionnaires were filled in on paper and the remaining replies were received through an online questionnaire. Paper forms were distributed in particular in consideration of older respondents. However, the final profile of the respondents shows that the age of the respondent had no bearing on whether the respondent chose an online survey or a paper form. Both the pilot survey and the final survey were conducted using Mr. Interview data collection software, through which it was possible to create an online link for the survey.

The method of sampling described above could be called convenience sampling, in which the respondents consists of people that are easy to reach and willing to answer the survey (Teddlie & Tashakkori, 2009). In this case, people who received the link and felt that they wanted to participate in the survey form the final sample of respondents. This kind of sampling method is typically used for pilot surveys, as there is a possibility that respondents will represent too narrow a segment of the population. However, as the aim was not to gather representative data that would allow making inferences on the whole Finnish population or spa clientele in general but rather to collect a general data set reflecting attitudinal trends in relation to a certain phenomenon (wellness) in a certain cultural context (Finland), the chosen sampling method suited the purposes of the research. That is to say, the fact that inferences can only be drawn from the sample itself does no harm for the objectives of this research as

a whole. On the other hand, the collected sample can also be viewed as a simple random sample of clusters selected from the target population (Teddlie & Tashakkori, 2009). The clients of different spas form clusters that remain relatively stable as regards to their characteristics. Even if the data collection had been repeated, the characteristics of the clusters would have been more or less similar. Nevertheless, I do acknowledge that the analyzed statistics may show inaccuracies due to the chosen method of sampling; in turn, this requires sensitivity in interpreting the results, especially in relation to making generalizations based on the survey data.

Wellness-related surveys often focus on a particular wellness service with an intention to gain knowledge that would help in designing, targeting, and marketing wellness destinations, commodities, and concepts for different customer segments (e.g., Mueller & Kaufmann, 2001; Heung & Kucukusta, 2013; Lim et al., 2016). In this research I wanted to take a slightly different approach to wellness consumption. The purpose was to create a questionnaire that does not focus on wellness-related purchasing behavior as such but generally explores respondents' thoughts and behavior in the context of personal wellness. The final survey included 48 attitudinal statements regarding attitudes and behaviors connected to the promotion of personal wellness (see appendix). The attitudinal statements were related to such issues as health, exercise, nutrition, personal growth, appearance, and wellness experiences, and they were formulated in order to measure people's thoughts and behavior outside the spa environment as well. The respondents were asked to evaluate the strength of their attitudes toward the different statements on a five-point Likert scale.

The respondents in the final survey were 18- to 86-year-old Finnish people. Most of the respondents were women, which is typical in survey studies and especially in studies related to health-related topics. Otherwise, people with relatively different demographic backgrounds answered the survey. A more detailed description of the survey data is included in the first article.

4.2.2 Statistical methods

SPSS version 24.0 was used to conduct all the statistical analyses. When the query period ended, responses were transferred to SPSS directly from the Mr. Interview software. The printed forms (about 100 copies) were manually entered into the SPSS program by me and one research assistant. The survey was originally designed so that certain statistical methods—namely, principal component analysis (PCA), independent t-test and analysis of variance (ANOVA)—could be applied to the data. All these methods are commonly used in social scientific research, and they belong to a general category of statistical tools known as the General Linear Model. These methods use variables that are computed from the data, such as the mean and standard deviation, to look at correlations between variables. A Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity (BTS) were used to evaluate the validity and reliability of these

methods for this particular data set. As a general rule, the KMO should be at least 0.6 in order to allow component building, and the BTS, which ensures that variables do not correlate with themselves alone, should be statistically significant (e.g., Kline, 2014). The KMO in this data was 0.88 and the BTS was 0.00, so the chosen methods were well suited for this dataset.

First, PCA was used to produce attitudinal components that reflect the underlying structure of the variables. The basic idea in PCA is that certain characteristics of the respondents cannot be directly identified or studied by asking a single question, such as "How do you take care of your personal wellness?" Instead, they need to be constructed by extracting and reformulating the data. Thus, PCA studies the relationships between the variables, that is, the correlations in the data. The strength of PCA is that it enables the illustration of multivariate data with fewer dimensions. Thus, it is a useful statistical tool to find a meaningful and manageable way to observe differences within the data (Child, 2006). PCA is often used to examine the intensity and direction of the opinions of survey respondents, which was the ultimate purpose in this research as well (e.g., Mak et al., 2009; Voigt et al., 2011). Through PCA it is possible to rearrange data: the "components" that this method produces capture the maximum possible information from the original data. Mathematically, this information refers to the variation within the variables. In sociological terms, the components aggregate information about thoughts and attitudes that tend to occur together. The produced components are typically named after the set of variables they are most correlated with. In this research, the components produced were named complete wellness, health and fitness, appearance and luxury, switching off healthy habits, and dissatisfaction and negativity.

The second phase of the statistical analysis was to explore the relations between the produced attitudinal components and the sociodemographic background variables. As the background variables indicating respondents' monthly household income, personal income, frequency of visits to spa destinations, and the location of the spa did not have statistical significance in any of the factor components, they were not included in the final analysis. The independent variables selected for further analysis were gender, age, level of education, employment position, household type, and area of residence. The factor scores created through PCA were used as dependent variables, respectively.

The aim of this second stage of the analysis was to detect the background variables that could predict different attitudinal dimensions. This was completed using an independent samples t-test for the gender variable and ANOVA for the rest of the variables. The gender variable was analyzed via the t-test because the survey was responded to by women significantly more than it was by men, meaning that adding a gender variable to the ANOVA model could have caused distortion. However, both of these methods allow us to see how two or more variables interact with each other (for instance, how the variable of gender interacts with the dependent variable named "health and fitness"). Sociologically, this information is interesting because by looking at the

relationship between these variables, and in particular how strongly they are correlate with each other, it can be deduced whether gender can predict certain behavior or certain patterns of thought. The above methods explicitly look at probabilities and do not allow inferences to be made of a single respondent. Thus, the t-test and ANOVA are useful when looking at attitudinal trends in a target group or population (e.g., Tabachnick et al., 2007).

The analysis of variance consists of various statistical tools that aim to identify whether the group means of the independent variables vary with respect to dependent variables (e.g., Stevens, 2012). Through an independent samples t-test and ANOVA, it is possible to compare the means of two or more independent groups to see if they are significantly different from each other. Mathematically, the basic idea in these methods is to divide the total variance into the variance between groups and the variance within groups. The greater the variance between the groups compared to the variance within the groups, the more likely it is that the independent variable has caused the variation. (Tabachnick et al., 2007.) In other words, if the statistical tests involved in the ANOVA (F-test and p value related to it) indicate that the independent variable, such as the level of education, causes variation in the dependent variable, such as the component named "complete wellness," it is likely that the level of education at least partly explains this kind of attitudinal orientation.

4.3 Qualitative data and methods

Qualitative research is generally aimed at producing a comprehensive understanding of the qualities and meanings of the investigated phenomenon. In this dissertation, the qualitative data (Articles 2 and 3) comprise group interviews (N=8), individual interviews (N=18), and participant observation. All the collected qualitative data has been converted to textual form and approached as experiential knowledge that allows investigation of the patterns of meanings within the data (e.g., Braun & Clarke, 2013; Tavory & Timmermans, 2014). In this context, the patterns of meaning refer to the meanings that the study participants attribute to their wellness-related behavior. The approach underlines the view of an individual as an actor who actively interprets their own practices and seeks to find meaning in them. In a sense, everyday life is about reconstruction of "ordinary meanings" that are manifested in our daily actions (Luckman, 1989). This research draws on the view that these meanings can be traced and explained through systematic interpretation of the qualitative data.

In this study, the qualitative data is analyzed in an abductive manner (Tavory & Timmermans, 2014). This means that the analysis is not based directly on a certain theory or scientific model, but the analysis is guided by certain notions that emerge from the previous literature. More precisely, as I have grown more aware of the current discussions on aging and wellness, certain aspects of the collected data became understandable to me through this

previous knowledge and simultaneously drew my attention deeper into these aspects and the previous social scientific discussions. Strauss and Corbin (1990) write about "theoretical sensitivity" through which empirical observations are filtered and converted into valid and reliable conclusions. In this regard, the interpretation of the qualitative data has consisted of continuous movement between the previous theories and the observations emerging from the data, and thereby it has contributed to both the construction of the theoretical framework and understanding of the investigated phenomenon.

As noted earlier, in social scientific research and especially in qualitative studies, the researcher is always part of the research process and, one way or another, influences the collection of the data with his/her presence and personality. Therefore, paying attention to my own existence and actions in the interviews and other situations in which I have interacted with the study participants has been essential. In general, I feel that I managed to create pleasant research situations for the participants in this study, but I also know that my age, gender, and possibly other personal qualities may have had an impact on how and what kinds of things the study participants shared with me. For instance, as I was clearly younger than all my interviewees, they could not assume that that we shared the same experiences in regard to our stages of life and our lifeworld in general. This was a fruitful starting point for my investigations in the sense that the interviewees might have felt it necessary for them to discuss their own experiences in a rich and profound manner so that I could get the right impression about what they were saying.

On the other hand, the age difference can also be one of the reasons why my interviewees actively brought up their own age and stage of life, even though I did not directly ask about it. Especially in the individual interviews, some interviewees occasionally assumed a kind of "mentor's role," as they discussed matters which they thought that I, as a relatively young person, could not yet understand. During the focus group interviews, in turn, the peer-to-peer relationship between the interviewees contributed to natural dialogue as the participants compared their own experiences, found similarities in them, and together formed an understanding of the discussed themes and made their experiences understandable to me as well.

As discussed throughout this dissertation, the talk about personal well-being is never value-free, but involves social and moral aspects, too (e.g., Backett, 1992; Jolanki, 2004). That is to say, as interviewees talked about personal well-being and pursuit of wellness, they were not only talking about their own preferences and personal tastes, but also the general perceptions and norms in their socioeconomic reference group and in society more broadly. Thus, examining people's individual descriptions of their own experiences can bring a whole new level to the general wellness debate. As brought forth in the literature review, the present ideology of wellness and its commercialized manifestations are driven not only by the interests of individual consumers but by the interests of society and business from a broader perspective. Hence, with the wellness phenomenon being so dominant in our time, in order to detect the

variety of perspectives and potential conflicts between common discourse and individual experiences, I regard that it is important for people of all ages and stages of life to get their voices heard.

4.3.1 Group interviews

The group interviews were conducted in autumn 2015 to study middle-aged (50-65-year-old) people's attitudes and lifestyles in connection to wellness and related consumption. This age category was chosen to study the customer segment that is currently said to form the core market for wellness consumption (e.g., Smith & Puczkó, 2015). It has also been suggested that the current popularity of wellness can partly be explained by the aging of the population and the desire of aging people to maintain wellness long into old age (e.g., Cohen, 2008; Smith, 2018). Thus, middle-agers form an interesting group for the wellness-related study, as regards both their current stage of life, the present wellness markets, and current discussion on aging. The group interviews were carried out on the premises of a spa in Central Finland. The spa was chosen as a location because it was thought to be an inspiring and relaxed environment for the wellness-related discussions. Furthermore, as previously mentioned, the data collection was part of a larger research project that examined 50+ consumers in different consumption environments, and the spa in which the focus group discussions were held was one of the cooperative partners this larger project.

First, I organized a meeting with the spa management, where I presented the preliminary plan for the research and discussed how the participants could be recruited. As the spa arranged vocational rehabilitations for employees on its premises, the management team suggested that the interviewees could be recruited from among the rehabilitation participants. One staff member assisted me in providing information to the rehabilitation groups about the opportunity to participate in the interviews. Eventually six focus groups were held, consisting of people who had come to the spa to participate in rehabilitation designed for maintenance and the promotion of work ability. The rest of the interviewees were recruited when I randomly asked people whom I met at the spa if they would like to participate in the interviews. Generally speaking, there were no major differences (as regards demographic background and spa-going frequency) between those participants enrolled in the rehabilitation and those who were recruited in other ways. The people who did not participate in the rehabilitation told that they had come to the spa to spend time with their family or friends, but the participants taking part in the rehabilitation also reported that they occasionally visited spas for leisure purposes as well.

On the whole, 41 people (14 men and 27 women) participated in the focus group interviews. One of the groups consisted only of male participants and two were female only, while the rest were mixed groups. The interviews were held at a round table in a room with no other than the interviewer(s) and one research assistant, who made notes about the discussion to make it easier to transcribe the recorded interviews. I acted as lead interviewer in all discussion

but in some interviews there was also another interviewer. The cooperation between the two interviewers made the interviews even livelier, and it was also beneficial to discuss observations with another researcher right after the interview. The interview recordings were transcribed by me and the research assistant.

The main idea of a group interview is that a group of people with certain characteristics discuss given themes in an arranged situation within a certain time frame. In this case, the participants were chosen on the basis of their age and each discussion lasted approximately one hour. The strength of this data collection method lies in that it may activate respondents' memory and thus widen the range of responses, as people discuss the themes as part of a group (Kitzinger, 1995). Group interview data is also suitable for investigating social and cultural norms, as it enables the sharing and comparing of views and experiences of different individuals (Barbour, 2005).

With all the groups, the following themes were discussed: wellness as a concept (what personal wellness encompasses), self-care and pursuit of personal wellness (general attitudes and practices), wellness-related consumption (preferences and patterns of consumption), and the current stage of life (e.g., challenges, desires, and future aspirations). In each interview situation, significant room was left for dialog between the participants so that they could find the terms and concepts that felt comfortable for them in relation to the themes under discussion. For example, we did not ask "How many of you practice yoga?" Instead, interviewees were asked if they had any specific methods by means of which they aimed at securing their wellness in their current stage of life. Overall, my task as an interviewer was to moderate rather than lead the discussion, in order for the interviewees to reflect on the questions as freely as possible. This served the purpose of exploring and discovering the implications of the wellness phenomenon in the interviewees' everyday lives. Moreover, this method of interviewing enabled me to detect commonly shared attitudes and thoughts among the interviewees (Kitzinger, 1995; Barbour, 2005).

4.3.2 Individual interviews and participant observation

In May 2017, I took part in a week-long group-based spa vacation in order to do participant observation and interviews among retirees who regularly visit spas in Estonia. This methodological approach was seen as fruitful for in-depth investigation of retirees' self-care routines and wellness promotion, as it enabled an enhanced understanding of roles, norms, and other social aspects experienced and remembered by the participants. The general interest in conducting this particular fieldwork evolved from the current scientific debate on the changing retirement lifestyles and assumed linkages between the expanding wellness markets and the aging of the population. The Finnish older adults also represent a significant but little studied customer segment in Estonian spas, so there was also a practical need for this kind of research.

As the collection of this set of data took place in a specific research environment (a spa), in which I spent time with the study participants, the research

could also be characterized, for example, as a "mini-etnography" (e.g., Karisto, 2008; Storesund & McMurray, 2009; Fusch & Ness, 2017) or "ethnographically informed" case study (e.g., Salmenniemi et al., 2019). However, because the data collection period was rather short, only one week, and the emphasis in the data analyses is on the individual interviews, it may be preferable to refer to this research simply as a qualitative study that involves fieldwork. Nevertheless, I do not want to underestimate, let alone ignore, the significance of the fieldwork and participant observation in terms of the results obtained in this dissertation. As this chapter describes, being in the field had an essential impact on how I interpreted and analyzed the data. In general, I do not think I would have had the same understanding of the stage of life and lifestyles of my interviewees without the time spent together. Furthermore, the trust created by shared experience was a key element in discussing the themes, such as personal health and wellness promotion.

Prior to the actual fieldwork, I had carried out two focus group interviews in which the participants were Finnish people (men and women mainly aged 50+) who had visited Estonian spas on several occasions. The participants were recruited with the assistance of two Finnish travel agencies. The purpose of these focus groups was to discuss Estonian spas and spa tourism at a general level in order to get an overview of the phenomenon I was going to study in more detail during the fieldwork. The focus group discussions strengthened my view that in my investigation I should target older spa tourists, and they also proved to be useful in designing the interview questions for the individual interviews. Regarding the duration and general conduct of these two focus group discussions, they were very similar to those introduced in Chapter 4.3.1 above. This data set, however, serves only as background data in this dissertation, and it has not been analyzed in a detailed manner.

The vacation I participated in was organized by a local Finnish organization together with one Finnish tourist agency in May 2017. I heard about this particular group and their upcoming spa vacation through a contact person at the travel agency. I called the group's leader, who gave me permission to join. The vacation started with a bus trip from Central Finland to the Port of Helsinki. Before the bus trip, only the leader of the group knew about my participation in the vacation. The other members in the group got to know about my participation only at the beginning of the bus trip, as I introduced myself and told about the purposes of the research. On that same occasion, I also gave forms to the participants in which they were provided with more information about the research and were asked about their willingness to participate.

During the week at the spa destination, I followed somewhat the same schedule as the people I was traveling with. This meant that I had several therapies that were prescribed by a physician at the spa and I also took part in the collective morning exercises, two excursions, and two evening gatherings. Otherwise I spent time with my fellow travelers on a daily basis. As a method of research, this kind of active participation and observation could be called

participatory observation, which is a common research method in sociological fieldwork (e.g., Twigg & Martin, 2015). Participatory observation has been shown to be a particularly effective method for identifying the "hidden details" of a phenomenon that do not necessarily come to light in interview situations or questionnaires (e.g., Atkinson & Coffey, 2003). Furthermore, through participatory observation it is possible to get to know the research participants better and thereby gain a deeper understanding of the meanings they attach to their activities (e.g., De Walt & De Walt, 2002). In order to remember the different events in the field and the encounters with the study participants, as well as to reflect on my own position as a researcher in these various situations, I kept a research diary throughout the week. As the Estonian spa, the group, and the whole spa vacation concept were new to me, this kind of intense participatory method significantly deepened my understanding of the study context and participants.

During the fieldwork, I interviewed 18 of the 36 participants. Because of the limited time I could not interview all the participants. In choosing the interviewees I paid attention to three matters: first, I wanted to interview both men and women; second, I wanted my interviewees to be of slightly different ages; and third, I thought it was important for me to interview both those who were on vacation on their own and those who had come with a partner. Of the 18 interviewees, eight were women and the rest were men. The two oldest interviewees were 82 years old and the youngest was 60. The mean age of all the interviewees was 74. They were all already retired.

The general purpose of conducting individual interviews is to examine people's views and experiences of certain subject matters in a detailed manner. In this case the focus was on the interviewees' perceptions and behaviors in relation to personal wellness enhancement. More precisely, the connection points between the interviewees' stage of life (retirement) and the spa vacation were explored. The aim was to understand why these people regularly participated in group-based spa vacations and what the significance of this activity was for them in the context of personal wellness.

The semi-structured interview framework was created on the basis of my previous knowledge of the subject matter, which had evolved through previous research phases and reading of existing literature. The interviewees were asked about their current stage of life, routines related to wellness enhancement and self-care, things they currently enjoyed, current and previous spa-going habits, and experiences of spa and other wellness services. Although the interviews covered somewhat the same themes, all turned out to be unique in structure and content, as the aim was to deepen the themes that the interviewees themselves perceived as meaningful in the context of each of the topics. The interviews were held in a room in which there were no other people than me and one interviewee at a time. All the interviews lasted approximately half an hour, and they were recorded and later transcribed by me and one research assistant.

In addition to the individual interviews, participant observation was conducted in the spa environment to learn about participants' behaviors in a setting that provided context for the matters they discussed with me in the interview situations and during other situations during the trip. As noted earlier, in the role of the participatory observer I took several spa therapies prescribed by a doctor at the spa and participated in the joint activities during the spa week. Spontaneous encounters and conversations with participants throughout the week built trust between me and the participants, which can be seen as an advantage in the actual interview situations. For instance, it was easier for me to react to interviewees' reports and ask clarifying questions, as I was familiar with the spa setting, the activities there, and the overall structure of the participants' spa vacation.

Writing field notes was useful to capture and remember the things I saw, heard, and experienced during the week. Due to the significant age difference between me and the participants, it was relatively easy for me to stay in the role of an observer and not to dominate the situations and conversations. In the field notes I wrote a number of comments I received regarding my age. Participants often pointed out that "you are still so young," and they used other rhetorical means to point out the differences between their lifeworld and mine. For instance, some of the participants felt sorry that I "had to travel with the old people" and wondered if I had a very boring time with them. I also got the nickname "child" during the trip. Furthermore, I am aware that my gender and researcher status may have had an influence on what topics were spontaneously discussed with me. In general, however, the participants were very kind and genuine to me. I felt very welcome in the group, and I enjoyed spending time with all the participants during the week.

4.3.3 Thematic content analyses

In both cases (Articles 2 and 3), the reading and categorization of the transcribed interview data followed the principles of thematic content analysis and led to the creation of context-specific themes. In general, thematic content analysis can be understood as an umbrella term for different systematic ways of finding patterns of meanings—that is to say, themes—in the collected data (e.g., Braun & Clarke, 2006; Braun & Clarke, 2013). Thematic content analysis usually proceeds with the data being encoded into small units, which reflect qualifications and patterns in the data, and then reorganizing these classifications into new entities that inform us about the underpinning meanings (e.g., Aronson, 1995; Boyatzis, 1998). It is a useful analytical approach in the effort to understand the experiences and perspectives of study participants regarding certain phenomena or circumstances, as in this case, concerning the thoughts and practices related to personal wellness and self-care (e.g., Braun & Clarke, 2006).

As I had carried out all the interviews myself, I was well acquainted with the data and had a preconceived idea of how to approach and categorize the material. In reading the data, I focused my attention especially on the linkages that the

interviewees built between their current stage of life, lifestyle, and wellness consumption, either as a group (Article 2) or as an individual (Article 3). The first coding of the data was performed in detail, meaning that the codes aimed to capture the entirety of variation in the data; later, some of the codes were combined and new categories were formed on the basis of more precise research questions. By studying people's own descriptions of their wellness-related behavior, the aim was to identify commonly shared ideas that guided interviewees' attitudes and lifestyles in relation to personal wellness enhancement.

The data collection method and its impact on the quality and characteristics of the material were taken into account in the analyses. The key in comprehending group interview material (Article 2) was to keep in mind that I was analyzing the whole group and not a single participant (Barbour, 2005). Group dynamics significantly affect the course of interviews and the issues that emerge in discussions (Bloor et al., 2001). Therefore, particular attention was paid to themes that were repeated in different interview sessions instead of the opinions of a single participant. On the contrary, it was acknowledged that the information collected via individual interviews (Article 3) must be viewed as an account of a single person in a certain moment and situation. Thus, in order to draw conclusions from a wider perspective, the interview data needs to be compared with other interviews and assessed in a broader theoretical and conceptual framework (e.g., Brown & Clarke, 2006). To detect general patterns and themes within the individual interview data, previous literature and field notes were used to cross-check and refine the findings. From the point of view of the whole dissertation, I see that using two different interview methods produced a slightly different understanding of the wellness phenomenon. As I mentioned earlier, all interviews helped in building an understanding of how people in general conceptualized the wellness phenomenon and their own relation to it. However, the group interviews enabled me to look at the common views of a particular age group, while the individual interviews brought me closer to comprehension of the significance of wellness-oriented lifestyle for different kinds of individuals.

4.4 Ethical considerations

Throughout this work, I have tried to follow good scientific practices at all stages of the research. Thus, I can state that the findings of this dissertation are truthful and based on my best knowledge. The data collection and analyses for this dissertation have been performed by paying special attention to the data protection and privacy of all people that participated in this research. In short, I have done my best to respect the anonymity, confidentiality, and privacy of all the respondents and participants.

To ensure that the survey respondents knew about the purposes of this study and their rights as respondents, the first page of the survey included a description of the research and information on how their data would be processed. The respondents were informed that the collected data would be used only for the purposes of this research and no information passed on to any third party or used, for example, for targeted marketing. In the survey, no names or contact information were requested, but the respondents were offered an opportunity to submit their e-mail address if they wished to participate in a lottery, which involved a prize of a gift card to a spa. After the lottery was arranged and the gift card was sent to the winner, all of the respondents' e-mail addresses, as well as the home address of the winner, were permanently deleted.

During the collection of the qualitative data, all participants were given a leaflet from which they could read more about the purposes of this research and the processing of the data and participant information. The interviewees were also given a form in which their willingness to participate in the study was confirmed and some background information (e.g., age, gender, domicile) was asked in order to get an overall picture of the study participants. The form also contained a remark that the participants could withdraw from the study at any stage, during or after the data collection. Before every interview, participants were again reminded of their right to remain anonymous during the recording and to stop the interview if they desired. The participants were also informed that the interview material would be anonymized, so that no individual interviewee can be identified from the research reports and articles. In order to arrange the interviews, however, I had to collect some personal information from the participants (name and e-mail address and/or phone number), but after each data collection stage all material containing personal information was destroyed permanently, using good privacy practices. Overall, it can be affirmed that there is no need for the creation of a register of personal data for any of the data collected during this dissertation process.

In general, I aimed to follow general discretion and overall politeness in all data collection situations. No other information has been collected than that which was relevant for successfully conducting the data collection and which the participants voluntarily provided. I did not intentionally collect sensitive information, such as information about people's illnesses; if the participants told me this kind of information, particular caution was exercised in the processing of the data to protect the informants' anonymity and privacy.

All research data involving the survey, interview recordings and transcriptions, field notes, and other research notes have been stored on the university's server and secured with my personal passwords; thus, it can be said to be well protected. Research assistants have also reviewed the research data, but they were instructed to delete the data after they had completed their tasks and conveyed relevant information to me. As has been the case until now, in the future the collected data can be used only for scientific purposes. After I have finished my dissertation, the transcribed and anonymized versions of the individual interviews and focus group discussions will be handed over to the Finnish Social Science Data Archive to be stored safely and in a reusable format for other researchers. The survey data will be retained on the university's server for a few years, after which it will be permanently destroyed.

5 OVERVIEW OF THE RESEARCH ARTICLES

5.1 Study 1: Identifying and understanding spa tourists' wellness attitudes

The first article deals with wellness attitudes of Finnish spa visitors. The aim of this quantitative survey-based study is to identify a variety of thoughts and behavior related to the enhancement of personal wellness among Finnish spa visitors. The theoretical framework consists of studies discussing the expansion and commercialization of wellness ideology from the point of view of the tourism industry in particular. The key concept is wellness tourism, understood as travel for the purpose of preventive and holistic health enhancement. This type of tourism has greatly increased in popularity during the past decades, which has also increased the popularity of spas as vacation destinations. As Finnish spa visitors are fairly heterogeneous as regards to their sociodemographic background, mapping their views and opinions enables an investigation of wellness attitudes from a variety of perspectives. In addition to a social scientific discussion, the article aims to offer some perspectives for wellness service providers.

The paper is designed to answer the following research questions:

- What kinds of wellness attitudes can be identified among Finnish spa visitors?
- In what ways do the respondents' sociodemographic background variables explain these different attitudinal dimensions?

An online survey was created for the purposes of this study. Two spas in Finland and two spas in Estonia helped to distribute the survey. Finnish people (N=698) who visited one of the four selected spas answered the survey over a one-month survey period. The survey included 48 attitudinal statements related to personal wellness enhancement; these are investigated in this research

together with the respondents' background information. The attitudinal statements were not limited to the spa environment but designed to measure respondents' thoughts and intentions on a more general level.

As a result, the following attitudinal categories were established: complete wellness, health and fitness, appearance and luxury, switching off healthy habits, and dissatisfaction and negativity. Further analysis of these categories suggests that people with very different demographic profiles favor proactive and holistic approaches to their health and are interested in individual and integrative ways to pursue wellness. However, some demographic factors may have an influence on what aspects of wellness are emphasized in self-care. The results show that older respondents are more interested in promotion of physical health, whereas younger respondents are more concerned about their appearance and style. Even though women are traditionally perceived as the main consumers of wellness products and services, in this data the differences between women's and men's wellness attitudes are minor. Unlike gender, some circumstances in life, such as unemployment or household type, may have an impact on wellness attitudes. Thus, wellness-related attitudes and consumption preferences may not be stable but change during one's lifespan and according to circumstances in one's life. The results also provide indications that people living in urban environments are interested in more goal-oriented health promotion. In addition, the more negative attitudes toward personal wellness turned out to be related to unemployment and a low level of education. This observation indicates the importance of discussing inequalities in relation to the pursuit of personal wellness.

The findings of the study reflect that healthy lifestyles and holistic self-care are increasingly emphasized in people's attitudes and consumption. Overall, the article suggests that wellness-related products and services have become an ordinary part of self-care for many people—a trend that can be expected to continue in the future. The paper argues that the increasing popularity of wellness is linked to the need for people to alleviate and learn to cope with the physical, mental, and social stresses of the modern lifestyle. In terms of wellness tourism, the article notes that successful planning and targeting of spa and wellness services require an understanding of how people's wellness attitudes (including physical, psychological, and spiritual well-being) may vary at different stages of life and thereby influence people's behavior in the context of wellness consumption.

5.2 Study 2: "Healthy to heaven" — middle-agers looking ahead in the context of wellness consumption

The second article examines Finnish middle-aged people's (aged 50-65) perceptions of promotion of personal wellness. Previous research has established that middle-agers are the core market for wellness products and

services. Therefore, studying their wellness-related views and behavior is essential for understanding the increasing popularity of wellness. According to the existing literature, at middle-age people start to pay attention to aging-related physical and social (e.g., work-related) changes by focusing more on activities that support personal health and well-being. In addition, it has been stated that the increased popularity of wellness consumption reflects prevailing views on aging that emphasize comprehensive self-care as a prerequisite for a long, healthy, and overall satisfying life. Against this background, the article explores connection points between interviewees' descriptions of their wellness-oriented lifestyles and their current stage of life, defined here as a transition phase from middle to third age. The aim of the study is to increase understanding of what makes wellness consumption meaningful for middle-aged consumers.

The data comprise eight thematic group interviews in which the participants were clients of a spa and rehabilitation center located in Central Finland. In total, 14 men and 27 women whose age ranged from 50 to 65 years participated in the interviews. The interview themes revolved around the pursuit of wellness and related consumption with a particular focus on the interviewees' current stage of life (middle-age). The data is analyzed using theory-guided thematic content analysis.

The study addresses the following questions:

- How is wellness pursued in the context of aging, life course stage, and life planning?
- What meanings are attributed to wellness consumption?

It was found that the interviewees' discussion about personal wellness enhancement was largely intertwined with talk about personal experiences of aging, as well as the physical and social possibilities and challenges related to aging. The pursuit of wellness appeared in discussions as a lifelong process for which people themselves are responsible. It was generally suggested that the importance of self-care increases with age. Overall, taking care of one's health and wellness was considered necessary for both individual and societal reasons, as people wanted to stay healthy and active as long as possible and did not want to become a burden on others.

Although it is commonly assumed that middle-aged people engage in wellness consumption in order to diminish physical signs of aging, this article argues that the expected and obtained benefits of wellness-related consumption extend much further than that. In terms of personal wellness, participants emphasize the importance of wellness-related knowledge and skills. In the article, the concept of "wellness skills" is constructed to describe the way in which participants engage with a variety of forms of holistic self-care and wellness consumption. Learning to take better care of oneself is shown to be an essential motivation for wellness consumption among middle-aged interviewees.

The findings of this study support the view that middle-aged people prepare for the years ahead with a view to "active third age." Not only are societal ideals of aging built around the notion of active aging, from an individual's point of view, being satisfied with one's body and self increases the sense of personal competence. The article concludes that increased interest in wellness and related consumption in middle-age can be interpreted as a kind of risk management strategy in a stage of life that involves a lot of physical and social changes and uncertainty about the future.

5.3 Study 3: Spa tourism as a part of aging well

The third article continues to look at the wellness-oriented lifestyle in the context of aging by exploring the self-care routines and wellness promotion of Finnish retirees who visit spas in Estonia on a relatively regular basis. This is an interesting lens through which to look at societal discussions on the expansion of wellness ideology, current debates and ideals on aging, and the increasingly commercial and global wellness markets. Recent research has shown that especially in more affluent societies, holistic self-care has become an important part of many older adults' retirement lifestyle. This development reflects current models of aging that highlight the importance of physical activity, the meaningful participation of older adults, and the role played by an individual's own lifestyle choices in relation to aging well. Previous studies also indicate that older adults' participation in wellness-related leisure and consumption is on the increase.

The first article included in this dissertation provided indications that older adults favor physical dimensions of wellness more than younger respondents. Similarly, the second article illustrated the importance of wellness-related consumption in connection to the participants' preparations for old age. In light of these findings, this article focuses on the connection points between retirees' spa vacations and their overall retirement lifestyle, in order to provide an understanding of the aspects that encourage these retirees to implement active self-care and visit spa destinations on a regular basis.

Fieldwork was conducted during a week-long research period at an Estonian spa destination. The researcher took part in group-based spa vacation for retirees, spent time with the retirees at the spa destination, and carried out 18 thematic in-depth interviews with the participants. All the people interviewed were retired, and their ages ranged from 60–82. Eight of the interviewees were women and the rest were men. The thematic interviews involved discussions about the interviewees' interests and the routines related to spa visits, as well as their everyday lives and means of personal wellness enhancement more generally. The interview data was analyzed by means of theory-informed content analysis.

More specifically, the aims of the study are:

- To identify the perceived benefits of spa vacations
- To further explore these benefits in connection to the interviewees' current stage of life

The article presents three categories to describe the perceived benefits of retirees' spa vacation: *vitality, variation,* and *togetherness*. These benefits are further analyzed in the context of the interviewees' broader strategies for aging well, which were mainly linked to their aspirations to stay healthy overall and active for as long as possible. The interviewees gave much thought to how to spend time at the retirement stage of life, how to maintain social relationships, how to continue being productive, and how to secure their physical and mental health in the years to come. In relation to such considerations, the need for wellness enhancing activities such as spa vacations had arisen as well.

For these retirees, spa therapies were an important part of the vacation, but social support, a change of scenery, self-pampering, and the opportunity to manage one's health and care in a spa context also seemed to contribute to the wellness-enhancing spa experience. The findings indicate that for these retirees, who in general were rather active in their daily lives, going on spa vacations was one technique of self-care that, at least temporarily, led to a very holistic experience of increased vitality and life satisfaction. In general, the spa vacations were presented in the interviewees' discussions as an ordinary self-care routine and part of their wider set of aspirations to live a well-balanced, self-reliant, and active life. On the whole, the findings of this study reflect active aging and holistic self-care as a new norm which makes such vacations socially acceptable and even desirable.

6 DISCUSSION AND CONCLUSION

This dissertation has revolved around the question of why the ideology of wellness in its many manifestations is such a prominent part of our time. To enhance understandings of wellness as a prevailing ethos of well-being that is closely linked to consumption, the research combined sociological theories on well-being, self-care, and consumer culture with wellness-related insights on leisure and tourism research in particular. Theoretically, the research constructed a view of wellness as a holistic understanding of personal wellbeing and self-care that within the current social, cultural, and economic environment has evolved into a pervasive, market-driven phenomenon and a lifestyle orientation, which is especially prevalent in more affluent societies. The empirical part of the study examined people's attitudes and experiences in relation to a wellness-oriented lifestyle through three independent sub-studies with a special focus on aging and stages of life. The main findings of these empirical examinations were presented in the above chapter. This final chapter expands on these findings by considering them together in the context of the wider research objectives and theoretical framework.

To begin with, this dissertation has demonstrated that the concept of wellness is a useful conceptual tool to look at the present consumerist well-being culture and people's engagement in a variety of self-care practices. In reviewing the literature, attention was paid to how little the concept of wellness has gained a foothold in sociological debate, although it is widely applied, for instance, in leisure and tourism research (e.g., Smith & Puczkó, 2014; Cohen, 2008). The relationship between the body and consumption has been studied extensively in the field of sociology, especially in relation to discussions on the construction and presentation of the self and one's lifestyle (e.g., Crawford, 1984; Conrad, 1994; Shilling, 2003). In addition, comprehensive and attentive sociological research has been carried out on the consumerist culture that has developed around the promotion of the individual's health and other physical characteristics (e.g., Smith Maguire, 2007; 2017; Sassatelli, 2010; 2017; Sarpila, 2013). More recently, a critical social scientific debate has also arisen about the emergence of therapeutic culture and its impacts on the manner in which the

self and personal well-being are processed at an emotional level in different life domains (e.g., Furedi, 2004; Illouz, 2008; Salmenniemi et al., 2019). For the aforementioned approaches, this dissertation has made an effort to demonstrate that the concept of wellness can be used as a unifying concept between several theoretical discussions that already are at the heart of the sociological debate, involving, for instance, discussions on an individual's responsibility and proactivity for personal well-being, and the inevitable interdependence between promotion of personal well-being and consumption in contemporary society. Thus, the dissertation argues that the concept of wellness is a relevant addition to sociological vocabulary, and it may serve as a conceptual tool in the discussion on the current strategies for improved well-being, both at the level of the individual and society.

The rest of this chapter is divided into three parts. The following section discusses the attitudinal and behavioral patterns of the wellness-oriented lifestyle, and it further illuminates how wellness is manifested in society and people's everyday lives as a legitimate approach to self-care. Section 6.2 revisits the findings concerning wellness and aging, and it further discusses the characteristics of wellness (consumption) among those aged 50+. Section 6.3 deals with the well-being of the individual as part of the wider well-being of society. The chapter ends with concluding remarks, including a discussion on the limitations of the study, suggestions for future studies, and final comments on the results of this dissertation as a whole.

6.1 Skills for living well

The gradual shift in health and well-being thinking toward a more holistic understanding of wellness has been widely noted in the previous literature (e.g., Conrad, 1994; Myers, 2000; Travis, 2005; Smith & Puczkó, 2014). The findings of this dissertation consistently show how the notion of personal well-being has developed from the description of the body's physical functioning to a concept that more generally illustrates an individual's satisfaction and competence in different life domains. Increasingly, people see interconnections between their physical and mental health, and they seek more personalized solutions for well-being and personal growth (Koskinen et al., 2017; Koskinen & Wilska, 2018; Koskinen, 2019). In interviewees' descriptions, wellness has come to be defined as a subjective experience of a balanced life, sufficient physical capability, and overall satisfaction with the self and one's well-being; together these enable an individual's full involvement in social life and realization of one's individual goals and wishes (Koskinen et al., 2017; Koskinen, 2019).

As outlined in the literature review, many of the current societal risks and concerns related to one's health and well-being are the kind that cannot be fought against only by medical means or increased societal control; instead, they require people to regulate their own behavior (e.g., Foucault, 1998; Sassatelli, 2013). Additionally, as the society's collective structures have

weakened and there is no longer a shared vision of an individual's course of life, what choices we should make and at what stage of life, the significance of the individual's ability to self-construct one's life narratives has become emphasized (e.g., Giddens, 1991; Beck, 1992). It has been demonstrated by several scholars that the more individualistic and complex the society and people's everyday lives become, the more accentuated the individual's need to seek a sense of control through intensive self-care and body-centered consumption, of which the current wellness boom is a good example (see, e.g., Bauman, 1992; Shilling, 2003; 2005; Smith Maguire, 2007; Sassatelli, 2017). However, considering the holistic nature of the present wellness ideology, we can now witness this work on the body expanding to all walks of life, not only involving efforts for managing personal health and appearance but also managing the self and one's path of life more generally.

It can be argued that with the above changes, the "skill talk" around wellness enhancement has become generalized. Here, skill talk refers to the discursive manner in which the general debate about the individual's wellness and its improvement is currently conducted in different fields of society and in connection to different life domains. Whether it is about diet, sleep, physical exercise, stress management, or other matters that are typically linked to the promotion of personal well-being, they are discussed as entities that all require a certain amount of attention, know-how, and self-knowledge from an individual in order for that person to perform well within these particular domains of well-being. Self-tracking devices offer perhaps the most evident example of how such an abstract and subjective notion as "well-being" has been divided into a variety of smaller categories and numerical metrics in order to create an illusion of more manageable personal wellness (Lupton, 2016; Ylilahti & Koskinen, 2017). More generally, it can be suggested that this wellnessrelated skill talk, which pervades societal debates and knowledge production, is an essential part of the whole that contributes to an increase in the demand and offerings of wellness-related products and services.

Overall, the ideology of wellness underpins the assumption of an autonomous individual who is willing and able to observe and regulate own health and well-being-related behavior. This idea is actively conveyed by media, healthcare, and other central social institutions that encourage people to adopt and implement health and well-being-related knowledge in daily life to proactively solve their problems. For instance, the services of today's wellness professionals are not only used by individual consumers but increasingly also by organizations and corporations in order to enhance the well-being and performance of staff—and thereby also the well-being and success of the whole organization. Workplace wellness initiatives are typically targeted at combating certain health risk factors—such as stress, smoking, or inactiveness—by providing staff with information and (digital) tools for better self-care and by modifying the working environment so that it encourages people to make "well" choices during the workday. Nonetheless, the focus is on the individual and individual's capability to utilize the provided tools and knowledge and work

for their own wellness. However, as discussed earlier, the general dilemma of this thinking lies in the fact that people apply wellness-related knowledge and participate in wellness consumption in complex and often conflicting ways.

It was a common view also among the participants in this research that the pursuit of better personal health and well-being is a process in which their own efforts become highlighted. Generally, the findings reflect a view of wellness as a set of the individual's skills and abilities rather than something that can be achieved without actively pursuing it. In the second sub-study (Article 2) the concept of wellness skills was constructed to illustrate how the participants wished to develop their acumen for a better quality of life by proactively paying attention to one's self, one's well-being, and techniques of self-care. The notion of wellness skills emerged in the qualitative data as participants talked about physical and mental coping mechanisms thought to aid in maintaining a sense of balance and personal satisfaction, thereby contributing to one's overall enjoyment and (social) success in life. (Koskinen et al., 2017.) Furthermore, this kind of talk was strongly linked to discussions about different forms of wellness consumption, strengthening the view of the business of wellness as a field within which wellness-related reflection and learning increasingly takes place. For instance, the notion of physical wellness skills was linked to making the right kind of dietary choices and finding the right forms of exercise, whereas the notion of mental skills appeared in discussions on one's ability to reduce stress or practice techniques such as mindfulness or meditation. (Koskinen et al. 2017, Koskinen, 2019.)

It is a peculiar feature of the current wellness culture that in addition to "doing wellness," a lot of effort is used in "processing wellness" (see also Furedi, 2004; Rimke, 2000; Illouz, 2008). In other words, people invest a great deal of time and effort in learning how to take care of themselves and form a lifestyle that best suits their individual wellness needs. The respondents in this research shared a somewhat common understanding of what might be called unhealthy and risky ways of living, and they emphasized their own knowledge and actions taken to prevent poor health and being ill. The behaviors that were commonly perceived as "good" were related to adequate physical activity, a healthy diet, and the ability to relax and unwind – that is to say, behaviors that could also be referred to as "healthy lifestyles." However, the participants also stressed their interest and efforts to know the self and one's wellness, as well as willingness to learn different methods of self-care. This is the side of the present wellness culture that most significantly distinguishes between traditional, medically oriented promotion of health and the current orientation to wellness. To a great extent, the participants underlined their own individuality in relation to wellness enhancement – and thereby the importance of their own actions and experiences. It was mainly through the notions of individuality, subjectivity, and personal responsibility, that one's ability to take good care of one's own wellness in a holistic manner emerged as a virtue and as an attribute of a healthy and responsible person (see also Conrad, 1994). These observations also reinforce the views expressed by other researchers that working on one's own psychophysical qualities in different areas of life has become a prominent part of our time and a prevalent aspect of the culture around self-care. (e.g., Furedi, 2004, Salmenniemi et al. 2019).

Perhaps due to these considerations, wellness consumption did not appear in the research data only as a selfish endeavor or conspicuous consumption, but rather as a fundamental, yet enjoyable and exciting, part of the participants' self-care and a process of creating and accomplishing a personal lifestyle. This reflects the wider attitudinal change in health and well-being thinking where physical and mental improvements realized through different consumerist selfenhancing and pampering practices have become generally accepted and even something that receives admiration. As underlined in section 3.2, the business of wellness consists of a vast spectrum of ideas, goods, and consumer experiences aimed at assisting people in their individual efforts to feel well. It goes without saying that these efforts are also influenced by wider cultural values, attitudes, and trends in society. For example, we are encouraged to make eco-friendly choices to improve environmental wellness, employees are encouraged to take care of their well-being in order for their company to thrive, and the older adults are encouraged to engage in active self-care for the common good. More generally, because the pursuit of personal wellness is currently viewed holistically, which in addition to the maintenance of physical health involves aspects such as personal growth and a striving for a balanced life, consumerist practices such as adherence to a special diet, participation in retreat, or self-tracking come to be viewed as "good selfishness" - something that an individual is allowed to explore and immerse oneself in for the sake of one's own and others' wellness (e.g., Sassatelli, 2013).

It is often thought that body-centered consumption is important for people because of the end result: people want to be healthier, be more attractive, and in other ways convey a better image of themselves through their physical abilities and qualities. However, on the basis of the literature review and findings of this dissertation, it can be concluded that it is not always and only the results that matter or are societally idealized; also important are one's efforts in personal wellness enhancement. That is to say, the fact that a person is involved in the wellness regime, directing attention to the self and acting independently for the sake of one's own personal wellness, already serves as proof of the individual's eligibility and competence as a responsible citizen. As Conrad (1994, 397) points out, when health is generally regarded as a virtue, pursuit of it "becomes a 'good' end in itself." This pertains also to the wellness-oriented lifestyle. It is not only that people can look well or feel good in their own bodies; wellness consumption is also a way to communicate to others that the person cares about oneself and is, so to say, "skilled" in promoting wellness.

6.2 Ageless wellness?

The empirical examinations of this thesis mainly focused on the perceptions and experiences of middle-agers and older adults. As illustrated above, aging as regards to its physical and social aspects provides an interesting context for examining the multidimensionality of wellness enhancement and the specific contradictions it involves. Probably the most evident contradiction concerns physical aging, the process by which the body gradually loses physical and mental qualities that are considered to be of great value in today's individualistic and fast-paced society. As discussed in the literature review, this contradiction has partly fueled the pathologization of the aging process, which is manifested in the current anti-aging discourse and its commercialized solutions for the "problem of aging" (e.g., Mykytyn, 2006; 2010; Smirnova, 2012). Likewise, it is a common assumption that people's desire to manage their physical aging is the main reason for the growing business of wellness and its popularity among consumers 50+. However, this dissertation maintains that mature consumers' increased interest in different forms of wellness consumption is at least as much related to the social aspects of aging as the physical process of aging.

Along with the previous literature, this research lends support to the notion that interest in one's health and overall wellness often increases with age, and that middle age is typically the point in the human lifespan at which aging (and its management), one way or another, becomes topical (e.g., Laz, 2003; Katz, 2005; Pietilä & Ojala, 2011; Green; 2014; Koskinen & Wilska, 2018). The present empirical findings, however, also indicate that physical experiences of aging not only direct peoples' attention to the external aspects of the body – that is, the changes in physical functioning and appearance—but also to a great extent the inner self and one's lifestyle in a much broader sense. In other words, the physical changes that make aging more concrete encouraged the participants to think of their own personal needs, desires, and future expectations more profoundly, and they simultaneously turned their attention to the multidimensional nature of the concept of wellness-and thereby to a more holistic approach to the care of the self. In addition to health, the interviewees' deliberations on personal wellness were linked to wider changes and the life stage transitions they were currently experiencing or expecting to experience in the future, such as a transition to retirement, narrowing social networks, or other social changes influencing the structure of their everyday lives. Changes in social roles and the environment in turn increased interest in customizing one's lifestyle so that it would contribute to the maintenance of satisfaction with oneself and one's life despite these changes (see also Karisto, 2008a). In this regard, the middle-agers' and older adults' active engagement in holistic self-care and wellness consumption appeared not only as a liberation from bodily decline but also as a tool to plan, construct, and rearrange one's lifestyle (Koskinen et al., 2017; Koskinen, 2019).

The general criticism of the new models of aging and later life generally concerns to what extent personal wellness can be seen as dependent on one's own choices and actions. As discussed in section 2.2.2, the current approaches to aging stress healthy lifestyle choices and active engagement in social life as a pathway to a happy, successful, and long life (e.g., Higgs et al., 2009a; Katz, 2013; WHO, 2016). In like manner, the wider societal debate and media imagery maintain the impression that the individual's own choices in relation to selfcare determine good aging, which in the current era is increasingly characterized by increased leisure time and opportunities of self-actualization (e.g., Gilleard & Higgs, 2000; Katz, 2005; Lumme-Sandt, 2011). Accordingly, when the interviewees in the second and third articles discussed their personal wellness, their accounts were highly future-oriented and centered on the arrangements and lifestyle changes they should make at the present stage of life, so that their lives would stay satisfying and meaningful, and, more importantly, they would remain autonomous for as long as possible (see also O'Reilly, 1992; Kornadt & Rothermund, 2014). Generally speaking, people did not want to become part of the "burden" that the aging of the population is said to create on society. Although in many ways it seemed that the participants' attention had turned more toward the self and away from the wellness of the family with aging, on the other hand a new concern of how one's aging affects close family members and society on a larger scale had occurred. This concern again seemed to greatly affect the decisions that the participants made in their daily lives. Against this backdrop the different forms of wellness consumption also came to be discussed as both mental and behavioral adaptations to a natural decline in health and changes in the social environment, and thus as justified solutions for aging well personally and at the societal level.

As outlined earlier, it is the dual purpose of the wellness-oriented lifestyle to cherish physical health and also maximize personal satisfaction by increasing self-knowledge and, consequently, skills for more individual and enjoyable living. As demonstrated in the empirical examinations of this dissertation, however, these matters obviously mean different things for people at different stages of life. For instance, the younger respondents in the quantitative substudy (Article 1) seemed to be slightly more interested in their personal style and appearance, while the attitudes of the older adults reflected greater interest in physical health (Koskinen & Wilska, 2018). Furthermore, the results based on the qualitative data show that middle-aged people and older adults associate different meanings with self-care, as they are currently facing different opportunities, challenges and different kinds of social expectations in terms of their health and well-being. In this research, the lives of the middle-aged interviewees appeared to involve a balancing act between work and other duties of life, to which the experience of aging brought an additional challenge. In this context, it was seen as generally acceptable to seek relief and pampering experiences through wellness consumption, and to dedicate time and effort to build a lifestyle that would aid in maintaining one's well-being and supporting one's personal desires in the years to come (Koskinen et al., 2017).

In the case of the older adults, the maintenance of adequate physical and cognitive functioning was in itself perceived as an everyday duty. At a stage in life when health cannot be taken for granted, it was seen as necessary to pay attention to one's health and well-being on a regular basis. As proposed by Pack et al. (2018, 2104), the prevailing standards of appropriate aging together with the risk-oriented discussions on the aging of the population are likely to "transform older adults' intensive bodywork practices into a work-like activity that creates value to society through the pursuit of health maintenance." A similar work ethos regarding self-care was prevalent in the empirical examinations of this thesis as well. It was generally important for the retirees in the third sub-study to participate in activities that were meaningful for them but also brought a sense of being productive (see also Nimrod, 2007). In one way or another, these kinds of activities were typically related to enhancement of physical, social, and/or mental wellness. For example, the spa vacation that the interviewees went on not only felt fun and relaxing, but also socially rewarding. In a way, the spa vacation served as proof of these people's active engagement in self-care and thereby as a sign of their competence as "healthy and active agers." Referring to the above, the growing wellness market may provide a large array of possibilities for older people to pursue the qualities that are generally seen as good for aging well; it may thus allow them to be seen as productive and responsible citizens, something that is essential for the sense of personal wellness of any individual at any stage of life.

Although the consumerist discourse around wellness actively raises the concept of "agelessness" no matter one's chronological age-namely, that it is possible through personal efforts to choose one's age-this kind of idea was hardly present in the accounts of the middle-agers and older adults interviewed in this study. Of course, as stressed in the previous literature, aging occurs within a variety of lifestyles and individual strategies for aging well; as many stay in relatively good condition long into old age, the lifestyles of older adults have also become more active and, in that sense, more "youthful" (Gilleard & Higgs, 2000; Katz, 2005; Kornadt & Rothermund, 2014). As demonstrated in the empirical examinations, however, the quest for "eternal youth" clearly is not at the heart of people's wellness-related endeavors. Rather, wellness for those 50+ years old is about comprehensive management of the aging self and rearranging own lifestyle within the framework of the prevalent opportunities and social norms. With the normalization of wellness-oriented lifestyle, this management is, however, increasingly happening in the realm of wellness consumption, taking a variety of forms (from meditation to gym training to spa vacations).

More importantly, instead of considering this kind of holistic self-care to be burdensome, interviewees seemed to be pleased with the variety of opportunities they nowadays have as regards to the care of the self. After all, self-indulgence and having fun are the most obvious aspects of wellness consumption, the significance of which will not disappear with aging. However, as could be sensed especially in the interviews with the older adults, the situation becomes more complicated when one is no longer able to take care of oneself as independently as before. Therefore, when considering the well-being of older adults as well as the future of care for the elderly, it would be good to pay attention to the ways of incorporating different wellness activities into the everyday lives of old people. If and when people consume wellness services while still in relatively good condition, they are likely to find such services enjoyable and meaningful also in the later stages of their lives.

6.3 Individual's wellness and society

Finland is currently receiving mixed news about the wellness of its citizens. In the latest global comparisons, Finland was declared the happiest country in the world three times in a row (Helliwell et al., 2018; 2019; 2020). Simultaneously, recent statistics show that an increasing number of longer sick leaves by Finnish employees are due to mental health problems, such as depression and burnout (OECD/EU, 2018), and the previous upward trend in the statistics on the functional capability and working capacity of Finnish people has slowed down or even stopped (Koponen et al., 2018). This kind of double-sided atmosphere was prevalent also in the empirical examinations of this dissertation. On the one hand, people felt that they had a wealth of information and opportunities to promote their personal well-being; overall, it seemed that the various forms of wellness consumption brought pleasure, joy, and meaningful content to the lives of many. On the other hand, the positive experiences of self-care and wellness consumption were colored by discussions on how people could maintain health, cope better, and enhance their life satisfaction in an increasingly complex, hectic, overstimulating, and in many ways less manageable world. While the standards of living have risen and people are living longer and healthier lives, there is something in our modern way of life that contribute to stress and uncertainty for people-and drives them to be more proactive in terms of their own wellness.

It is hardly likely that people's unease and worry about their personal wellness and life balance will fade in the near future; thus, the business of wellness is expected to continue its growth. For instance, work life is currently undergoing a tremendous change as employment relationships are becoming even more precarious, the boundaries between work and free time are ever looser, the workforce is aging, and the total time in life spent working will be longer. Functioning in this kind of complex and demanding environment not only requires work-related skills but also the ability to, for example, find a work-life balance, disconnect from digital devices, and reduce problems related to physical inactivity and stress. It is obvious that an individual's lifestyle and self-care play a significant role in this whole. On a discursive level, this development can be seen, for instance, in the skill talk raised in the previous chapter. On a more concrete level, in turn, the empirical findings of this dissertation show how people turn to different wellness services not only for

self-pampering but also for self-development, more directly taking control of their own lives (Koskinen et al., 2017; Koskinen, 2019). On the larger scale, this can be seen as a positive societal trend and an indication of people's ingenuity and ability to adapt to changing life situations and broader social change. However, the converse side of the phenomenon can be seen, for example, in the increase in addictions related to healthy lifestyles and the growing inequality related to the opportunities for self-care in increasingly commercial health and well-being markets.

As discussed throughout this thesis, the different manifestations of commercial wellness more or less fuel the idea that personal health and wellbeing are something that people can practice and fine-tune, being something for which they themselves, for better and for worse, are responsible. Whether it is about being a student, employee, or retiree, active self-care in the form of wellness consumption is presented as a solution to various adversities in life and individual dissatisfaction (e.g., Crawford, 1980; Katz, 2005; Smith Maguire, 2007; Sassatelli, 2010). However, it is obvious that not only the will to take good care of oneself will lead to a person actively engaging in a wellness-oriented lifestyle largely based on consumption. There is a vast amount of literature indicating that lower social class predicts weaker health and that wealthier people have better resources, both social and financial, to lead a healthier lifestyle; for this reason, the latter also tend to have greater interest in personal wellness and related consumption (e.g., Prättälä & Paalanen, 2007; Dvorak et al., 2014). While many Finns can afford an occasional spa vacation, membership in a health club, or other wellness-promoting products and services, some cannot even afford their weekly medicines.

For decades, health sociologists have emphasized the need for reflection on the aspects that maintain societal inequalities in citizens' health and wellbeing. Although the empirical data in this research was not particularly designed to examine inequalities in the context of wellness, the present findings corroborate the conception that people are in an unequal position as regards the opportunities for adequate self-care. In the quantitative sub-study (Article 1), for instance, it was found that those respondents who were unemployed and/or less educated had a greater tendency to feel that they could not influence their own health and wellness, or at least not as much as they would like. This, in turn, was reflected in their wellness attitudes as a kind of frustration and apathy toward personal self-care (Koskinen & Wilska, 2018). This is just one example of how the present wellness ideology, which shifts responsibility for personal health and well-being to the individual and simultaneously measures a person's competence and eligibility by their degree of personal wellness, contributes in maintaining or even increasing well-beingrelated inequalities in society.

Based on the background literature and empirical findings, it can be concluded that the phenomenon of wellness, both ideologically and as a consumer practice, greatly reflects the needs and desires of rather well-to-do people living in more affluent societies. Wellness products and services are also

mainly targeted at those who consider themselves more or less "healthy." Although it is unrealistic to assume that all citizens would have equal opportunities to promote their own well-being or that they would share a similar interest in holistic self-care, it is important to note that as consumerist wellness is gradually becoming—and has already become—an ordinary part of self-care for many, the fact that all do not have access to this realm of self-care is not only a matter of well-being inequality but increasingly also a matter of social exclusion. In other words, those who already are "doing well" will continue to optimize their wellness, whereas some will probably remain excluded from this holistic regime of self-care and even be socialized to feel guilt and shame about it (e.g., Hakim, 2010; Umberson & Montez, 2010). Given that in addition to healthy lifestyles wellness consumption incorporates other currently appreciated lifestyle aspects, such as intangible and experiential consumption, as well as the values of sustainability, authenticity, and individuality, intense devotion to a wellness-oriented lifestyle can currently be viewed as a specific characteristic of "elite citizenship."

Regarding the above, despite the current emphasis on self-care, society's efforts to improve the well-being of citizens are also of great importance. This is because the support of a social environment has a great influence on the decisions that people make for their wellness and how they process health and well-being-related information. Take, for example, the bleak statistics on eating disorders, depression, loneliness, and obesity. These are wellness-related concerns that cannot be fought by encouraging people to eat healthily, read selfhelp books, meditate, or track themselves with wellness technologies. While we can think of it as being in an individual's own interest to take steps toward ever better wellness, there are situations where solutions for the individual's illbeing should be sought more broadly from the society's social environment—at both the discursive level and practical level. In recent years, we have witnessed a variety of civil society-level campaigns on such issues as body positivity and mental health; this is a positive trend that, for its part, demonstrates that by influencing people's attitudes it is possible to not only break unnecessary stigmas and improve the attitudinal atmosphere but also make it easier for individuals to seek help in situations where one's resources are not enough. Moreover, taking into account the fact that growing health awareness and a plethora of wellness-related information may not necessarily improve individuals' wellness but make people even more confused about how to take care of themselves, there are means through which society can support the ability of its citizens to navigate this information overload and assist them to make choices that may potentially be beneficial for their overall well-being. For example, Finland's new elementary school curriculum takes mental health and emotional skills into account (e.g., Finnish National Agency for Education, 2014), urban planning is increasingly focused on promoting everyday physical activity (e.g., Helsinki City Strategy, 2017), and in recent years projects have been launched to develop life skills and mental well-being for older people (e.g., Age Institute, 2016). These concrete steps to promote the wellness of

citizens also support the notion that the various holistic technologies that have previously been considered as part of an individual's personal self-care or even considered as conspicuous consumption are now merging into the promotion of public health.

6.4 Final remarks

This thesis is the first sociological examination of the wellness-oriented lifestyle in a Finnish context. As such, it adds to our understanding of people's attitudes and behaviors in relation to personal wellness enhancement, especially in the context of aging. The applied pluralistic research strategy enabled collection of a rich data set, which aids in reducing the possible limitations related to the use of a single set of data and/or method. Like any empirical research, however, this thesis also involves limitations that should be recognized when evaluating the findings based on the collected data. Since the dissertation consists of three independent studies that in turn rely on separate data sets, the reliability and validity of empirical examinations was discussed earlier on a case-by-case basis in Chapter 4. Considering these three sub-studies as a whole, the key limitation of this dissertation is related to the generalizability of the research results.

First, although Finland – as a relatively affluent society – provides a fruitful context for analyzing the different societal and commercial manifestations of the current wellness phenomenon, the findings of this research are not easily generalizable to other wealthy nations or cultural contexts. As stated throughout this study, perceptions of health and wellness are always linked to wider cultural and societal contexts; therefore, it is difficult to say whether some of the results obtained in this thesis apply only in the Finnish context or only to this particular data set. For example, the Finnish culture is highly individualistic, and people are usually expected to take care of only themselves and their closest family members; this may be reflected in the respondents' thoughts on self-care, especially as regards to aging-related planning. In addition, Finns commonly place more value on equality, solidarity, and well-being than personal status; this may have contributed to the expansion of the wellness ideology, for example, to Finnish working life and social institutions more generally. Finns have also been shown to be rather modest when it comes to attending to one's appearance (e.g., Sarpila, 2013); therefore, more holistic approaches to self-care may be generally more attractive to Finns than for some other nationalities. As these and many other cultural nuances only become visible when compared to another culture, future research could benefit from comparative studies addressing wellness attitudes and related lifestyles of two or more nationalities in addition to Finland.

Second, as all of the data in this thesis was collected in spa environments and/or among spa visitors, it is worth noting that the findings of the research reflect the views of people who have at least some degree of interest in wellness consumption and whose current situation in life, both financially and otherwise,

enables them occasional spa visits. Although the collected information on the participants' sociodemographic backgrounds reflects that, as a whole, the participants represented a rather varied sample of Finnish adults, it is obvious that the research does not cover the views and experiences of all Finns or even all Finnish spa visitors. Therefore, particular caution was applied in interpretations made on the basis of the collected data. For instance, while many interesting individual observations emerged in the survey study (presented in Chapter 5.1), the conclusions of this dissertation have overall focused on the findings that were more broadly supported by the qualitative data and background material as well.

In spite of the possible limitations, the findings of this dissertation have a number of important theoretical and empirical implications. Through the notion of *wellness*, this dissertation has joined a vibrant discussion about the emphasis on holistic self-care in contemporary society and the increased commercialization of health and well-being. The research brought together sociological and commercial perspectives on the wellness-oriented lifestyle, clarified the wellness-related terminology in light of the social sciences, and combined current approaches of aging and wellness consumption that may serve as a foundation for future studies. The empirical findings could also be a useful aid for the development and design of wellness-related projects, campaigns, and services targeted at middle-agers and older adults in particular.

dissertation has gone some way toward enhancing understanding of how aging and stage of life affect the way people work on their bodies in the context of personal wellness and related consumption. The present findings depict how middle-agers and older adults reflexively build and modify their lifestyle in the realm of wellness consumption in order to adapt to shifting situations and cope with the different tensions in life. Among middle-aged people, stress management and self-pampering, as well as curiosity toward integrative and experiential forms of wellness consumption, were particularly emphasized. In turn, in the data collected among retirees the social dimensions of wellness promotion and the importance of holistic self-care as an empowering and refreshing part of one's life were highlighted. Furthermore, the perspectives of both age groups were dominated by experiences of the gradual aging of the body and the consequent growing interest in leading an active life and maintaining physical and mental fitness from the point of view of aging well. Applied research on how to integrate these type of opportunities for holistic self-care into people's everyday lives could be one focus of future research regarding the wellness of aging people.

Although the empirical findings of this dissertation are mainly limited to the experiences of the "mature market," on the basis of the literature review and the results of the survey (Article 1) it can be concluded that interest in holistic self-care and increased participation in various forms of wellness consumption are a common trend across the different age groups. On the whole, it can be argued that rather than being a lifestyle for health enthusiasts or a passing consumer trend, orientation to wellness is a phenomenon that in some

way affects us all, as the increased emphasis on holistic self-care is considered to produce value for both society and the individual. With regard to the differences between different age groups, the results of this study provide evidence that, in the context of wellness and related consumption, young adults are slightly more interested in their own style and appearance than older age groups. In relation to this, it would be particularly interesting to study the influences—both the pressures and the opportunities—created by social media with regard to the construction of wellness-oriented lifestyles of young people. It would also be fascinating to look at whether wellness consumption among younger people is as strongly related to life management and life planning as it seems to be in the lives of middle-agers and older adults.

While gender differences in leading a wellness-oriented lifestyle were not at the heart of this research, some conclusions on that matter can be drawn as well. First of all, previous studies have systematically emphasized wellness consumption as a rather feminine form of consumption, which appeals more to women. It is also generally stated that the core market of wellness products and services consists of middle-aged women (e.g., Smith, 2018). However, this general perception can also be seen as reflecting the trends within the particular consumer environments in which the phenomenon of wellness has mainly been studied (spas, wellness vacations, the anti-aging industry, yoga markets, etc.), as well as how the concept of wellness is generally understood in these studies. By contrast, the perspective of this dissertation, which views wellness as a currently virtuous lifestyle orientation rather than as a collection of certain consumer products or services, suggests that people of different genders face similar requirements for conducting this type of lifestyle. For instance, the requirements of efficiency, vitality, and continuous reflection on own wellbeing and development of it that are inherent in contemporary society apply equally to all genders. Ideas of this kind have been raised in some recent sociological studies, although they have not been discussed through the concept of wellness (see, for example, Salmenniemi et al., 2019). Thus, it would be essential for future studies to expand the perspective from which wellness and related consumption is studied, as well as to examine this complex phenomenon in more varied contexts. One concrete step in this direction is to increase dialogue between different disciplines and to more boldly combine research results of different fields.

Regarding gender differences, the results of this dissertation indicate that gender impacts more on consumer behavior (i.e., what products and services are purchased) than on wellness attitudes on a general level. In this research, both men and women interviewees formed a very similar picture of their current stage of life in relation to the promotion of personal wellness, within which certain life events, life cycle transitions—as well as common assumptions, opportunities, and expectations regarding their age and stage of life—became emphasized. As noted throughout this dissertation, an individual's wellness-related choices are not guided only by the knowledge that a certain behavior might be unhealthy, but by broader societal and cultural norms and ideals often

determined by one's age, gender, and social reference group more generally. Considering these aspects, both population-level studies and qualitative studies with varied target groups should be carried out in the future to examine wellness-oriented lifestyles in the Finnish context more profoundly.

Furthermore, it would be necessary to conduct more research on the health and wellness-seeking strategies of Finnish people in transnational contexts. There is already some research on domestic spa and wellness tourism, but studies on Finns' wellness travels abroad are few in number. This is despite the fact that the popularity of wellness tourism has significantly increased in recent years and many travel agencies have also added more wellness vacations to their offerings. As health and well-being have become increasingly commercialized, health and wellness markets have simultaneously become increasingly global. Such mobility not only affects the health and wellnessseeking strategies of citizens, but also the organization of national healthcare in complex ways. The findings of this dissertation lend support to the notion that as people are seeking more unique experiences in the field of wellness consumption, and more holistic and alternative ways of promoting their personal health and well-being, it is likely that traditional healthcare and wellness services will increasingly merge in the future. This has been noted by Business Finland (2019) as well, which maintains that health and wellness tourism is a growing business opportunity for national well-being service providers and health practitioners. All of this development in the health and wellness markets calls for a deeper understanding of the behaviors and experiences of wellness consumers with different backgrounds, both in local and international contexts.

YHTEENVETO (FINNISH SUMMARY)

Vuosituhannen vaihteen jälkeen wellness ja siihen kytkeytyvä elämyksellinen hyvinvointikulutus eli wellness-kulutus ovat nousseet yhteiskunnallisen hyvinvointikeskustelun ja kulutuskulttuurin keskiöön erityisesti vauraissa länsimaissa. Wellness-käsitteelle ei ole suoraa suomenkielistä vastinetta, mutta ilmiön kohdalla voidaan puhua esimerkiksi kokonaisvaltaisesta tai holistisesta hyvinvointinäkemyksestä, jossa elämäntapavalinnoilla ja kulutuksella on keskeinen rooli. Konkreettisimmillaan wellness avautuu eteemme lukuisina hyvinvoinnin edistämiseen tarkoitettuina tuote- ja palvelukokonaisuuksina, mutta ideologisella tasolla wellness-ilmiö on voimakkaasti läsnä myös laajemmassa yhteiskunnallisessa keskustelussa ja päätöksenteossa. Tässä väitöskirjassa wellness määritellään aikaamme leimaavaksi hyvinvointisuuntaukseksi, joka korostaa yksilön omaa valveutuneisuutta, vastuuta sekä yksilöllisiä (kulutus)valintoja henkilökohtaisen hyvinvoinnin edistämisessä.

Wellness-ilmiön kaupallisia ilmenemismuotoja on tarkasteltu monipuolisesti etenkin matkailun ja markkinoinnin tutkimuksessa, mutta ilmiön sosiokulttuuristen ulottuvuuksien tarkastelu on toistaiseksi ollut varsin vähäistä. Tässä sosiologian alan väitöskirjassa wellness-ilmiötä tarkastellaan kolmen osatutkimuksen kautta hyödyntäen sekä laadullisia että määrällisiä aineistoja ja analyysitapoja. Tutkimuksen keskiössä ovat hyvinvoinnin edistämistä koskevat asenteet ja kulutuskäytännöt, joita tarkastellaan erityisesti yli 50-vuotiaiden suomalaisten näkökulmasta. Väitöskirja paikantuu sosiologisen kulutus- ja elämäntapatutkimuksen sekä ikä- ja elämänkulkututkimuksen leikkauskohtiin. Sosiaalitieteellistä tulokulmaa täydennetään muun muassa terveystieteiden sekä matkailu- ja vapaa-ajan tutkimuksella. Väitöskirja pyrkii kuvaamaan ja selittämään wellness-ilmiötä moninaisista ihmistieteellisistä ja yhteiskunnallisista lähtökohdista ja näin laajentamaan jo olemassa olevia sosiologisia selitysmalleja. Väitöskirjan tuloksia voidaan hyödyntää myös hyvinvoinnin edistämiseen liittyvien palveluiden ja kampanjoiden suunnittelussa sekä laajemmin hyvinvointipoliittisten päätösten tukena.

Väitöskirjan empiirinen osuus koostuu kolmesta artikkelista, joiden avulla tavoitellaan syvempää ymmärrystä siitä, minkälaiset sosiokulttuuriset ja elämänvaihesidonnaiset tekijät suuntaavat ihmisten kiinnostusta wellnesskuluttamiseen. Ensimmäisessä artikkelissa, joka pohjautuu suomalaisten kylpyläkävijöiden keskuudessa teetettyyn kyselytutkimukseen, tarkastellaan hyvinvoinnin edistämiseen liittyviä asenteista ja käytäntöjä sekä niiden yhteyttä vastaajien sosiodemografisiin taustatietoihin. Toisessa artikkelissa syvennytään ryhmähaastatteluaineiston avulla haastateltavien näkemyksiin ja kokemuksiin hyvinvoinnin edistämisestä ja wellness-kulutuksesta keski-iän ja kolmannen iän taitekohdassa (50-65 vuoden iässä). Kolmannessa artikkelissa pureudutaan havainnointia ja yksilöhaastatteluja yhdistävän kenttätutkimuksen kautta holistisen itsehoivan saamiin merkityksiin osana eläkeläisten elämänvaihetta. Empiiristen osatutkimusten ja aiemman tutkimuskirjallisuuden kautta valotetaan wellness-ilmiön taustalla vaikuttavia yhteiskunnallisia kehityskulkuja, ja ihmis-

ten toimintaa ohjaavia kollektiivisia merkityksiä, jotka tekevät hyvinvoinnin edistämiseen liittyvistä valinnoista mielekkäitä ja sosiaalisesti legitiimejä eri elämänvaiheissa sekä erilaisissa sosiaalisissa konteksteissa.

Väitöskirjassa wellness ymmärretään monitahoisena ilmiönä, joka linkittyy osaksi laajempaa yhteiskunnallista muutosta. Elintason nousu yhdessä lääketieteellisen, teollisen ja teknologisen kehityksen kanssa ovat tuoneet lisää terveitä elinvuosia ja uudenlaista sisältöä ihmisten elämään. Laajassa kuvassa yksilöiden mahdollisuudet edistää henkilökohtaista hyvinvointia ja rakentaa oman näköistä elämää ovat lisääntyneet. Yhteiskunnan hyvinvointihaasteiden limittyessä yhä monimutkaisempiin ja ylikansallisiin kehityskulkuihin mukaan lukien väestön ikääntyminen, elintasosairauksien yleistyminen ja yleisen yhteiskunnallisen muutoksen nopeus, ihmisiltä myös odotetaan enemmän vastuunottoa omasta hyvinvoinnista ja kykyä sopeutua muuttuviin olosuhteisiin. Tätä taustaa vasten holistisesta itsehoivasta erilaisine wellness-kulutuksen muotoineen on muotoutunut yleisesti hyväksytty elämäntyyli. Samalla itseään aktiivisesti kehittävästä ja hoitavasta yksilöstä on tullut hyvinvointikansalaisen ihannekuva.

Wellness-liiketoiminnan yleistyminen on osa terveyden ja hyvinvoinnin kaupallistumisen jatkumoa, jota viime vuosikymmeninä ovat olleet vauhdittamassa muun muassa teolliset ja digitaaliset innovaatiot sekä vallitsevat elämäntyyli- ja kehoihanteet. Erilaisten palveluiden ja kulutushyödykkeiden ollessa yhä suuremman kansanosan ulottuvilla, materiaalisen kulutuksen sijaan omia arvoja, sosioekonomista statusta ja elämäntyyliä tehdään näkyväksi itseä ja omaa kehoa hoitamalla, kehittämällä ja muokkaamalla. Kulutustyylinä wellness linkittyy paitsi kehokeskeisen myös yhteiskuntavastuullisen kuluttamisen yleistymiseen: omien kulutusvalintojen kautta pyritään rakentamaan yksilöllistä, mutta myös yhteiskunnan kannalta kestävää hyvinvointia. Elinkeinoelämän ja palveluliiketoiminnan yhteydessä wellness voidaan määritellä elämykselliseksi hyvinvointikuluttamiseksi, jolla tavoitellaan kehollisten muutosten lisäksi ainutlaatuisia kokemuksia sekä sosiaalisia hyötyjä ja henkilökohtaista mielihyvää.

Väitöskirjassa wellness-ilmiötä tarkastellaan pääosin ikääntymisen viitekehyksessä, sillä väestön ikääntymisen yhteydessä korostuvat kansalaisten toimintakyvyn ja hyvinvoinnin ylläpitäminen ja vahvistaminen. Tämä näkyy myös vallitsevissa ikäihmisten aktiivisuutta ja tuottavuutta painottavissa ikääntymisen diskursseissa. Erityisesti varhaisvanhuuden ympärille on muotoutunut aiempaa monisävyisempi ikääntymisen kuvasto, jossa painotetaan ikääntymiseen liittyviä yksilö- ja yhteiskuntatason mahdollisuuksia. Tämän päivän ikäihmiset ovat myös keskimäärin aiempia sukupolvia terveempiä ja vauraampia, mikä on yleisesti muokannut ikääntyvien elämäntyylejä aktiivisempaan ja monimuotoisempaan suuntaan. Elinvoimaisuutta, iätöntä olemusta ja yksilöllisiä elämäntyylejä korostavan hyvinvointipuheen on ajateltu lisäävän nimenomaan ikääntyvien kiinnostusta kokonaisvaltaiseen hyvinvoinnin edistämiseen ja wellness-kulutukseen.

Väitöskirjan keskeisenä tuloksena on uudenlainen ymmärrys hyvinvoinnin edistämisen ympärille muotoutuneesta kulutuskulttuurista 2010-luvun Suomessa. Väitöskirjan tulokset osoittavat, että käsitys hyvinvointia tuottavasta

elämäntyylistä on laajentunut terveyden edistämisen kontekstista kattamaan muita elämänlaatuun, elämäntyytyväisyyteen ja yksilölliseen hyvinvointiin liittyviä näkökohtia. Esimerkiksi stressin hallinta, henkisen hyvinvoinnin kehittäminen, hyvinvointielämykset, itsen mittaaminen ja personoidut hyvinvointiratkaisut ovat tulleet osaksi arkista itsehoivaa. Väitöskirjan tulokset tukevat näkemystä siitä, ettei wellness-kulutuksessa ole kyse ainoastaan ulkoisen olemuksen kohentamisesta tai itsen hemmottelusta, vaan se koetaan tarpeelliseksi laajemmassa elämänsuunnittelun ja itsestä huolehtimisen kehyksessä. Kokonaisvaltaisen "kehonhoitotyön" ajatellaan viestivän paitsi kehollisesta hyvinvoinnista, myös muista nyky-yhteiskunnassa korkealle arvotetuista ominaisuuksista, kuten hyvästä elämänhallinnasta ja korkeasta sosiaalisesta statuksesta.

Väitöskirjan johtopäätöksissä todetaan, että hyvinvoinnin ymmärtäminen yksilön omien taitojen ja (kulutus)valintojen näkökulmasta on ajallemme ominainen diskursiivinen lähestymistapa hyvinvoinnin edistämiseen. Vallitseva hyvinvointipuhe ja kaupallinen tarjonta itsehoivan ympärillä kannustavat tarkkailemaan henkilökohtaista hyvinvointia varsin yksityiskohtaisesti sekä panostamaan niin ajallisesti kuin rahallisesti oman hyvinvoinnin aktiiviseen kehittämiseen. Haastateltavien puheessa wellness-kulutus näyttäytyy elämyksellisenä kulutusareenana, joka mahdollistaa erilaisten hyvinvointitaitojen, kuten itselle sopivien liikunta- ja ruokailutottumusten, rentoutumismenetelmien tai keskittymiskyvyn harjoittelemisen. Oman hyvinvoinnin ja siihen vaikuttavien tekijöiden ymmärtäminen koetaan merkitykselliseksi ja tarpeelliseksi niin terveyden, elämäntyytyväisyyden kuin sosiaalisen arvostuksen näkökulmasta.

Väitöskirjan tuloksissa näkyy vallitsevan hyvinvointikulttuuriin kahtalaisuus. Aineistossa korostuvat yksilölliset valinnat, mahdollisuudet nautinnollisiin hyvinvointielämyksiin ja kokonaisvaltainen kiinnostus oman hyvinvoinnin kehittämiseen. Positiivista hyvinvointipuhetta sävyttävät kuitenkin myös kokemukset nyky-yhteiskunnan hektisyydestä, suorituskeskeisyydestä ja arjen kuormittavuudesta, ja niiden myötä huoli omasta jaksamisesta ja pärjäämisestä. Aineiston valossa wellness-elämäntyyli näyttäytyy ajallemme ominaisena, mutta myös oman hyvinvoinnin kannalta välttämättömänä elämäntyylinä, jonka kautta tavoitellaan arjen tasapainoa sekä parempaa fyysistä ja henkistä olotilaa. Väitöskirja argumentoi, että aikana, jolloin ihmisen elämänkulku ei ole enää yhtä vahvasti sidottu kronologiseen ikään ja kollektiivisiin rakenteisiin, kehokeskeinen kulutus toimii oman elämän ja elämänkulun suunnittelun välineenä. Holistisesta itsehoivasta etsitään myös helpotusta haastaviin elämäntilanteisiin ja elämänkulun taitekohtiin muun muassa omia elintapoja päivittämällä.

Empiiristen osatutkimusten keskeiset johtopäätökset liittyvät siihen, millä tavoin ikä ja elämänvaihe näkyvät henkilökohtaisen hyvinvoinnin edistämisessä. Tutkimustulosten perusteella elämänvaihe näyttäisi määrittävän hyvinvoinnin edistämiseen liittyviä asenteita enemmän kuin esimerkiksi sukupuoli. Tutkimustulokset vahvistavat myös näkemystä siitä, että kiinnostus oman terveyden ja hyvinvoinnin edistämiseen korostuu ikääntymisen myötä. Haastatteluaineistoissa ikääntyminen kuvastuu subjektiivisena ja sosiaalisena prosessina, johon liittyy luopumista ja sopeutumista, mutta myös uusien mahdollisuuksien

avautumista. Sekä myöhäiskeski-ikäisten että eläkeläisten kohdalla aineistosta nousee esiin kokemus kehon asteittaisesta ikääntymisestä ja sen myötä voimistunut halu etsiä keinoja, joiden avulla ylläpitää aktiivista elämäntyyliä sekä fyysistä ja henkistä kuntoisuutta. Tämä tarve heijastaa ikääntyvien omia toiveita, mutta myös kulttuurisia hyvän ikääntymisen ideaaleja.

Väitöskirjassa argumentoidaan, että wellness-kuluttamisen merkitykset varttuneiden kuluttajien kokemuksissa ovat varsin moninaiset ja sidoksissa yhtä lailla sosiaalisessa ympäristössä tapahtuviin elämänvaihesidonnaisiin muutoksiin kuin keholliseen ikääntymisprosessiin. Keski-ikäisten pohdinnat hyvinvoinnin edistämisestä kietoutuvat yhtäältä työssä ja arjessa jaksamiseen nykyisessä elämänvaiheessa ja toisaalta omaa vanhenemista koskeviin toiveisiin ja odotuksiin. Keski-ikäisten kokemuksissa stressin hallinta, itsen kokonaisvaltainen kehittäminen sekä kiinnostus integroivia ja elämyksellisiä wellnesskuluttamisen muotoja kohtaan ovat korostetusti esillä. Wellness-kulutus näyttäytyy myös yhtenä keskeisenä vanhuuteen varautumisen keinona keski-iän ja kolmannen iän taitekohdassa.

Eläkeläisten keskuudessa kerätyssä aineistossa taas painottuvat hyvinvoinnin edistämisen sosiaaliset ulottuvuudet sekä wellness-kulutuksen merkitys mielekkäänä ja virkistävänä osana eläkeläisen elämää. Elämänvaiheessa, jossa suurelta osin muut kuin työ- ja perhevelvoitteet määrittävät arjen kulkua, hyvinvoinnin edistämiseen liittyvistä rutiineista ja (kulutus)käytännöistä voi muodostua tärkeitä arkea rytmittäviä tekijöitä. Vaikka terveyden ylläpito on vahvasti esillä eläkeläisten kokemuksissa, wellness-kulutuksesta ei haeta vain terveyshyötyjä vaan kokonaisvaltaista mielenvireyttä, joka syntyy esimerkiksi sosiaalisesta kanssakäymisestä, osallisuuden ja pystyvyyden kokemuksista sekä mahdollisuudesta omaehtoiseen ja omannäköiseen hyvinvoinnin edistämiseen.

Väitöskirjan keskeinen väite on, ettei wellness ole vain ohimenevä kulutustrendi vaan useista ilmiöistä koostuva yhteiskunnallinen kehityssuunta hyvinvoinnin edistämisessä. Tämä kehityssuunta näkyy yhteiskunnassa niin arvojen, asenteiden kuin kaupallisten trendien tasolla. Se vaikuttaa olennaisesti myös siihen, miten esimerkiksi terveys- ja hyvinvointipalveluja kehitetään, ja minkälaisia hyvinvointi-innovaatioita tulemme lähivuosina näkemään. Kehityskulkuna wellness-ilmiö osittain vastaa ajallemme ominaisiin hyvinvointihaasteisiin, mutta on myös omiaan syventämään hyvinvointieroja yhteiskunnassa. Terveys- ja hyvinvointipalveluiden jatkuva kaupallistuminen yhdessä yksilön taitoihin nojaavan hyvinvointieetoksen kanssa rakentaa elämyksellistä itsen kehittämisen ja hyvinvoinnin optimoinnin areenaa heille, joilla jo on riittävät taloudelliset ja sosiaaliset resurssit oman hyvinvoinnin kokonaisvaltaiseen edistämiseen. Väitöskirjassa todetaan, ettei yksilön tahtotila yksin riitä ratkaisemaan esimerkiksi sellaisia länsimaisissa hyvinvointivaltioissa yleistyviä hyvinvointihaasteita kuin krooninen stressi, työuupumus, yksinäisyys tai syömishäiriöt. Väitöskirjassa painotetaan yhteiskunnan roolia omaehtoisen hyvinvoinnin edistämisen rinnalla ja perään kuulutetaan keinoja, joilla voidaan tukea eri elämänvaiheissa ja elämäntilanteissa olevien ihmisten kokonaisvaltaista hyvinvointia.

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II

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"Healthy to heaven" — Middle-agers looking ahead in the context of wellness consumption



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ABSTRACT

Concentrating on personal health and well-being has become a central objective for people living in wealthy societies. In an age of consumerism, the current health enthusiasm can be observed particularly in the fast-growing wellness industry, the popularity of which has increased, in particular, among mature consumers, a trend also evident in people's individual strategies for aging well. As it is generally assumed that aging people consume wellness mainly to delay signs of aging, this study focuses on this understudied phenomenon with the aim of deepening the profile of mature wellness consumers. The data consist of eight group interviews of Finnish middle-agers (50–65 years). Interviewees' (N=41) talk about the pursuit of wellness revealed several points of connection between their current life stage and wellness consumption. As people were experiencing many aging-related changes in their lives they tended to engage in different bodily practices with a view to an "active third age." In the context of the life stage of middle-agers, wellness as a present-day phenomenon can be interpreted as one of the social settings in which people both reflect on their personal aging experiences and seek to strengthen the "wellness skills" they feel are necessary for personal self-care and life-management especially in forthcoming years.

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Introduction

Aging of the population has fostered negative connotations about old age and aging, as health problems have become something people face only as they get older. Never in the history of the world have so many people lived into their old age as healthy as today. Modern medicine, a high standard of living, and contemporary understanding of health and healthy lifestyles allow a growing number of people to live longer but also healthier and more vigorous lives. Consequently, in studies of aging the debate continues regarding the best strategies for maintaining quality of life as individuals get older (Katz, 2005). In this debate, individual lifestyle choices are often emphasized, as the ability to lead a healthy life is considered important for aging well (e.g. Craciun & Flick, 2015; Walker, 2002). Moreover, the current wellness trend, which encourages people to be comprehensively interested in their own health and engage in self-care, will add depth and visibility to this discussion (Crawford, 2006). As a result, the pressure to take personal responsibility for one's own health increases with age.

Against this background, this study examines the ways in which Finnish middle-aged people (50–65 years) reflect on the current ideas of aging and wellness. Here wellness refers to the holistic health

approach that emphasizes self-interest, self-awareness, and self-improvement (Mueller & Kaufmann, 2001). From the individual's perspective, pursuing wellness is about designing individual wellness strategies – mapping possibilities and making the "right" choices – to support one's own bodily needs and personal growth. Within this lifelong body-project people are greatly influenced by the surrounding social, material, and cultural world. In current socio-cultural conditions where consumption penetrates most aspects of our life, wellness has largely become an object of consumption (Featherstone, 2010). Accordingly, the fast-expanding wellness industry is now providing a plethora of different consumer goods and services aimed at improving holistic health and enhancing quality of life (Pilzer, 2002). In this paper we want to highlight this significant relationship between personal wellness promotion and consumption, and therefore we mainly write about "wellness and related consumption."

The pursuit of wellness is also closely connected to one's age and life stage. Middle-agers on the verge of the third age are a demographic group which has been studied relatively little, although their economic and social position makes them an interesting group in the context of wellness. As people do not automatically adapt to the role of an "old person" when they reach the statistical age of a senior citizen, the transition phase from middle to old age has lengthened and increased in significance as a life stage for self-development and self-actualization (Gilleard & Higgs, 2000). Moreover, it has been stated that the popularity of wellness consumption reflects ongoing demographic change, with

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aging people increasingly using wellness products and services to meet society's expectations (e.g. Garnham, 2013; Schafer, 2016). This is said to apply especially in the Western societies, where social success is more strongly linked to looking and acting youthful than it is in, for example, many Asian cultures (Green, 2014).

So far, researchers have mainly concentrated on the commercial aspect of wellness, providing information to the wellness industry. There is a noticeable gap in the literature due to the fact that people's experiences of and underlying reasons for wellness consumption at different ages and stages of life have received less attention. In addition, in studies concentrating on mature consumers, the focus has mostly been on antiaging aspects of wellness consumption. Therefore, we aim, by analyzing our interviewees' talk about the pursuit of wellness, to find out whether and how wellness and related consumption is connected to the interviewees' life stage, which can be described as a transition phase from middle to old age. Here, "transition phase" does not refer to a life-course transition in a scholarly sense but to our interviewees' descriptions of changes that they have experienced and expect to experience in their lives in the near future.

The article begins with a discussion of the life stage of middle-agers together with an overview of the current debate on lifestyles and future expectations of aging people. After that, the characteristics of wellness consumption are briefly outlined. Our data analysis is divided into three sections. In the first section we discuss the interviewees' way of talking about the pursuit of individual wellness in relation to age. In the second section we focus on participants' future expectations and future planning in relation to wellness. Finally, in the third section, we present our construct, wellness skills, which describes the proactive and target-oriented nature of the diversity of consumption modes and preferences in the context of wellness consumption.

Life stage and aging horizons

In late middle age, people face changes that have been shown to increase their interest in personal health and wellness (Mitzner, McBride, Barg-Walkow, & Rogers, 2013). People tend to assess their bodily wellbeing according to subjectively experienced aging, and therefore bodyrelated consumption may start to feel timely when the physical signs of aging become more concrete (Calasanti, Pietilä, Ojala, & King, 2013; Laz, 2003). In addition, in late middle age, working life gradually settles down, childcare is no longer a necessity, and there might be more time for oneself and one's personal interests, all of which may enable, or even prompt people to assess their life from new perspectives (Green, 2014).

During the past two decades, concepts such as "active aging," "successful aging," "positive aging," and "productive aging" have emerged in aging studies to describe the later life stages. Common to these approaches is that they emphasize the future assets and capabilities of aging people instead of concentrating solely on aspects of aging that may appear to be a burden for society or the individual (e.g. Katz, 2005). On the one hand, these constructs have been criticized as manifestations of a neoliberal ideology that sees "activity as the 'positive' against which the 'negative' forces of dependency, illness, and loneliness are arrayed" (Katz, 2005, 136). On the other hand, it is obvious that since people live healthier for longer they also age with different future expectations and orientations than earlier (Karisto, 2007).

It has been suggested that chronological age no longer determines our life-course perspectives. Therefore, planning for old age has become a more reflexive process, and hence depends on people's own visions of aging (Beck, Giddens, & Lash, 1994). People's expectations for their 'third age' – the period between active working life and "the oldest old years" – have now become more activity-oriented (Millington, 2015). Far from being a homogeneous group of people with disabilities, third-agers' lives are now more dynamic and framed by individual consumption-driven lifestyles (see e.g. Karisto, 2007). A recent study by Kornadt and Rothermund (2014) points out that while the transition

phase from middle to old age has lengthened so too has the nature of the preparations made for later life stages. Similarly, Craciun and Flick (2015) stress that today people value a healthy lifestyle as their main strategy for gaining positive aging experiences, and therefore the domains of health, appearance, lifestyle, and social relationships are connected to third-age preparations. Moreover, previous studies suggest that bodily control related to healthy lifestyles, especially in the context of aging, can be seen as a risk management strategy in conditions of uncertainty about the future (Lupton, 2014).

On average, women are more likely to lead a healthy lifestyle (see e.g. Divine & Lepisto, 2005) and therefore more interested in wellness consumption than men. One obvious reason for that is our culture, which embraces youthful looks and tends to be harsher for aging women than it is for aging men. However, the current wellness trend includes more than aspects relating to physical appearance. The idea of a body and mind as reflexive projects that can be improved throughout life equally concerns both men and women (Featherstone, 2010). For example, in media representations of people over 50 years of age, we can see the promotion of active lifestyles and the glorification of freedom, self-confidence, and life experience (Lumme-Sandt, 2011; Sawchuk, 2015) — all the aspects that have more to do with the individual as a whole and less with just one's gender and appearance.

In most developed countries today, people over 50 years of age are the fastest growing consumer group, and hence this group's patterns of consumption have started to interest both commerce and research. In Finland, incomes are highest at the age of 55–59 years (Ahonen & Vaittinen, 2015), which suggests that middle-agers may have a level of purchasing power that younger consumers lack. Furthermore, aging consumers have shown increasing interest in spirituality (Spindler, 2008), complementary and alternative medical therapies (Fries, 2014), wellness tourism (Chen, Liu, & Chang, 2013), and wellness technology (Mitzner et al., 2013), which indicates that they are, against many expectations, curious and adventurous consumers.

Consuming wellness

Visiting fitness centers and beauty salons, taking vitamins, reading self-help books and wellness blogs, going on an activity holiday or quieting down at a silent retreat are all examples of material and immaterial manifestations of wellness today. As the opportunities for modern citizens to affect their bodily well-being are almost limitless, "practicing health" has become a socially acceptable consumption practice (Crawford, 2006). This trend applies equally to people in all age categories, although its manifestations may not be exactly the same in these categories.

Recently, the "spiritual side of wellness," which before had generally been seen as part of Asian traditions of health promotion, has become more prominent in the wellness market worldwide (Smith & Kelly, 2006). In this regard, the rise of the "experience economy" (Pine & Gilmore, 1999) is evident in the wellness industry in which people seek and reflect on different techniques and services aimed at self-development, learning, and relaxation, in addition to physical wellness (Erfurt-Cooper & Cooper, 2009). Overall the idea of "wholeness" of physical, mental, social, and environmental wellness seems to connect different forms of wellness consumption. Consequently, alternative medicine and environmental consciousness are also seen as parts of a wellness lifestyle (Chen et al., 2013; Fries, 2014). In addition, digitalization has opened myriad new opportunities for wellness innovations such as various self-monitoring technologies (Lupton, 2014).

The rise of the wellness industry can also be approached from the perspective of a more individualized society in which people are

¹ The "experience economy" has been used to describe the contemporary phenomenon in which services alone no longer provide practical solutions to the problems at hand but instead combinations of entertainment and services are growing in importance (Pine & Gilmore, 1999).

encouraged to adopt self-sufficient lifestyles also in the context of health promotion (Lupton, 2014). According to Garnham's (2013) research on anti-aging, the current understanding of self-care increasingly involves questions of *ethical agency and self-stylization* and not only health maintenance. The wellness industry responds to these ideas by providing opportunities for consumers to make the most of one's body. On the societal level this development is also predicted to lead towards a more individualistic approach to health care (Koch, 2010).

Research questions, data and methods

In view of the discussion above, this study sheds light on factors that make wellness consumption meaningful for the middle-aged people interviewed in this study. Our particular interest is in life stage factors that influence the way wellness is currently understood, pursued and consumed. Several aspects make middle age particularly interesting in the context of wellness. As different age and life stage-related transitions loom on the horizon, many questions associated with aging and lifestyle arise, regardless of whether one regards oneself as "old" or not. Taking into account that the dominant discourse of aging favors vitality and lifelong activity, we were curious to see if these ideas could be seen in middle-agers' discussions of pursuit of wellness. Moreover, we wanted to find out whether the current wellness trend is something people in their middle age identify themselves with, and if so, how this is expressed in group interviews.

Specifically, the research questions are:

- 1. How is wellness pursued in the context of aging, life stage, and life planning?
- 2. What meanings are attributed to wellness consumption?

Data collection

The research data comprise eight focus group interviews with two to eight participants in each group (N=41). The sampling was based on the prospective participants' age, which ranged from 50 to 65 years. The group interviews were conducted at a spa and rehabilitation center in Central Finland in autumn 2015. The center provides a variety of health, wellness, and entertainment services that are accessible to hotel customers and day visitors, as well as to clients enrolled in different medical and/or wellness rehabilitations. Most of the interviewees were recruited with the assistance of the center personnel, who spread the information about the research to their clients. Some of the participants were recruited face-to-face in the corridors of the center.

The recruited participants had come to the center either to relax by themselves or with their families, or to take part in vocational rehabilitation meant for employees with minor health problems (e.g., back pain, work-related stress). In general, the participants' motives for visiting the center were very similar. The most frequently reported purpose of the visit was to take time off from everyday life and daily routines. One of the groups was all men, three were all women, and four were mixed. Most of the participants were currently employed and a few were recently retired. The groups formed a good sample of Finnish middle-aged men (N = 14) and women (N = 27) with diverse educational, occupational, and regional backgrounds. It should be noted, however, that the informants had already chosen to come to a spa and rehabilitation center, which indicates that they were probably more interested than the average citizen in issues related to personal wellness. As the present research interest is focused primarily on factors unifying the subjects, more detailed social and demographic background information is not included in this paper.

We chose to use group interviews in collecting our data as group dynamics may generate new thinking about a topic, which is beneficial for the present study seeking a broad perspective on how people think about and discuss wellness (Hennink, 2007, 4–5). We were interested to find out what kinds of topics would arise as people in the same range

of ages were brought together to discuss the pursuit of wellness, which overlaps with topics that are rather personal (e.g., health, body sensations and emotions) but also topics perceived as common or even light (e.g., consumption, leisure time). As to our best knowledge there is no previous research concerning wellness consumption in middle age (except for some studies concentrating purely on anti-aging or alternative medicine), the group interview method was helpful in delving into the new topic (Morgan, 1996). The group interview method has also shown itself to be a powerful tool for studying collectively shared norms and meanings (Marková, Linell, Grossen, & Salazar Orvig, 2007), concerning, in the present instance, the pursuit of wellness and wellness consumption.

All of the interviews were conducted by two of the authors of this paper. The interviews were kept free-floating in order to find new approaches to the topics of interest. In order to make the interviews resemble ordinary social situations and conversations as much as possible, the interviewers only guided the discussions, but did not fully control them. The same thematic interview frame was used in all groups. In collecting the data, wellness was understood as a sociocultural phenomenon referring to the current ideas surrounding holistic health promotion. In this regard, our data-gathering can be described as theory-oriented.

The overall topic of the interviews was the pursuit of wellness, including themes ranging from the contents of wellness and behaviors in the pursuit of wellness to wellness consumption and new trends and innovations in the wellness industry. In the beginning of the interviews, the research theme was shortly presented to the interviewees. Participants were told that they were chosen for the study because of their age, so they were aware of that perspective of our study. During the interviews the participants were asked to consider the themes that were discussed in relation to their past, present, and future, the aim being to capture possible changes in ways of thinking about and practicing wellness during their life course. Issues concerning aging and life stage were not brought into the discussions in order to learn about the interviewees' life stage based on their own reports. All the interviews lasted from 45 to 75 min and they were recorded and fully transcribed. All participants were guaranteed anonymity.

Method of analysis

The analysis followed the principles of theory-guided content analysis, in which the inferences are based on abductive reasoning (Dumay & Cai, 2015; Krippendorff, 2012). Throughout the reasoning process, theory and data were compared in order to validate and confirm findings. The main objective was to produce categories that could best illustrate the relationship between the participant's life stage and the meanings they attributed to wellness and related consumption. Here, life stage refers to the participants' own reports and lived experiences of their current situation in life. Our guiding principle (Peirce, 1958) in analyzing the data was the theoretical assumption that wellness consumption is in some way related to the process of health promotion and life planning of middle-agers. We also assumed that nowadays people are more receptive to different options in the promotion of personal wellness as wellness consumption has become a global megatrend.

The first step of our chosen method of analysis was to do open coding (Strauss & Corbin, 1998). After more than one author had read all the coded transcripts, we decided to focus on the informants' talk about their future, as the main theme of the interview, "pursuit of wellness," presupposes looking ahead in life. We separated the parts of the texts that had been given the code "future talk." In those parts of the text people were talking in the future tense and/or talking about the future. Talk about the future also involved those parts of the interview where participants were directly asked about their future, or the talk at that moment was centered on a future theme, but participants discussed the theme from the point of view of their present life. The talk about the future – 33 pages of text in total – was then examined more deeply.

By observing how people described, validated, and made collective sense of their personal views and doings, we were able to form further categories. Based on the most frequently discussed content, we distinguished three main categories: (1) experience of aging and pursuit of wellness, (2) expectations and planning for the future, and (3) adopting and learning wellness skills. These three categories are discussed in the analysis in this order and together illustrate the central characteristics of wellness consumption in relation to the life stages of our informants. Across the analysis, our focus is on our informants' life stages. Thus, it is not relevant to discuss individual preferences concerning the usage of certain products or services within this chosen research perspective. In this study, we concentrate on those aspects and dimensions of wellness that, in general, make wellness consumption meaningful for our interviewees in their current life stage.

When reading and analyzing the data, the interview accounts were understood as "enactments" that are produced and performed in connection to social life (Halkier, 2010, 73–74). Hence, our reading of the data does not concentrate on the ideas and opinions of a single individual, but enables examination of social knowledge expressed in a group interview context. The unit of analysis varies from a single expression to longer excerpts from a conversation. We chose examples that represented widely held views and courses of discussion frequently observed in the groups. Our understanding of wellness as a phenomenon that involves collective mentalities developed during the data gathering and analytical process.

Analysis

Wellness - a matter of age?

When we asked our interviewees how they in their daily lives try to support and achieve personal wellness, the talk quickly turned into talk about aging.

Pertti (male, age 55): Yeah, along with age, when you get older, then health becomes more important. When you hear that someone you know is not feeling that well...you kind of like understand that, damn, I'm actually, still, in pretty good condition as I do not have THAT, yet.

Bodily wellness was seen as essential not only because of the physical signs of aging but also because of the narrowing possibilities to influence one's bodily wellness in future. Interviewees stressed the importance of bodily self-care in the present, as they still had the opportunity to prepare themselves for the (bodily) changes they would undergo with age.

Marja (female, age 61): Well, I would say that when I was younger I didn't pay attention to it [pursuing wellness]. There were no pains and I just didn't feel that I'm aging, but now when you have started to notice that you're aging, you have started to think that I need to do something about it now while I still can. Like when I was younger, I didn't realize that I should have started doing something already back then so that those things would have formed a habit....

Personal wellness was typically evaluated in relation to the corporal sensations of an aging body (Laz, 2003). As these experiences and sensations made aging more concrete, the need to do something about it was also emphasized throughout the discussions. As noted above, Marja felt that she should have taken better care of her body when she was younger. More precisely, by using the word habit and by using the future conditional tense, she refers to the continuity of those actions, picturing both aging and the pursuit of wellness as ongoing and somewhat overlapping processes. This approach – stressing the age factor while discussing the pursuit of wellness as a lifelong process – was repeated from one account to another.

In general, the interviewees talked about their age, life stage, and aging very positively. They clearly did not yearn for youth, but it was nonetheless suggested that aging had its effects on how wellness was understood, pursued and also consumed. In addition to one's personal

responsibility for wellness, agency in the process of age management was highlighted. Aging was seen a process which could not be ignored and which required personal attention from the individual. In line with previous studies of health management and aging, it was suggested that the aging body is, to some extent, manageable (e.g. Ojala, Calasanti, King, & Pietilä, 2016).

Marja (female, age 61): – but now I'm very aware of the fact that, if I don't do something now something serious may happen...and <u>may</u> happen even if I do something.

Bearing in mind the unpredictability of life, self-care – pertaining to both body and mind – was seen as one of the few things one could do to maintain and secure one's wellness.

Looking ahead

Adjusting to the future

On the one hand, interviewees were worried about facing a feeling of emptiness in the future, but on the other hand, a future life without predetermined roles and responsibilities was seen as full of possibilities (cf. Gilleard & Higgs, 2000). Such ambivalent notions were very typical when people discussed their future expectations.

Liisa (female, age 57): ... and sometimes it makes me sad that I might soon be counting the days and it's like it's a very big change [retirement] because I have worked with enthusiasm all of my life – Like what's going to happen then? Like what's the next thing in life? Although, in one sense I'm not worried because I know that there are plenty of fabulous things in the world that I can do then [after retirement] ...it's actually quite a big change so it may actually be a good thing to think about it [retirement] in advance.

At the same time as age-related decline was one of the most unwanted consequences of aging, freedom in the future was discussed as one of the positive side effects of aging. For many, moving forward in life simply meant the possibility to create, learn, and experience new things, which partly inspired them to invest in their own wellness more comprehensively.

Paavo (male, age 65): I'm not in a hurry anymore. Now I'm able to enjoy life and... times have changed. I just don't do things without thinking anymore [what suits me]...like what I want...I don't care what others do...it's ok to be a bit selfish.

Especially in the accounts of those participants whose children had already moved away from home, the increased free time and time for oneself was discussed with particular enthusiasm.

Maarit (female, age 61): – I don't have to think any more about well-being as a collective matter. I can go in front of the mirror and <u>discuss with</u> myself what I want today.

This transformation of well-being into a matter of the *self*, seemed to affect people's activities in the present but also in their future plans. The possibility to place one's personal needs and wishes at the center of one's future plans meant that people had to start to contemplate what they wanted from their lives. As illustrated in the following extract, this involved strategic planning, which, in many respects, was connected to the promotion of personal wellness (cf. Kornadt & Rothermund, 2014).

Interviewer: If we think about the years to come, have you set any goals [for the future]?

Ulla (female, age 60): To be healthy when retiring [laughter]

Interviewer: Is it health in particular that is important in terms of retiring well?

Interviewees together: Yes

Jaana (female, age 53): We have this project called "Healthy to Heaven" [laughter]...It's a joke among our older friends.... We have discussed ... what property we should buy together when we get older. And then we are going to finance it [the property] in a way that there will be – or of course we are first going to do as much as possible without external help – but after that we are going to finance our own well-being services. Then there will be cooks and caretakers and also masseurs and personal trainers.

The "Healthy to Heaven" project is illustrative when it comes to the preparations people saw as necessary to make in the interest of aging well. Health promotion is the main objective of this project, but rather than referring to a state without illnesses, the word *health* is directly paralleled with the notion of *capability*, as good "health" is needed to be able to manage without external help. Good health was also seen as an important factor in terms of personal and social competence, which are thought to predict social success, independence, and life-management in the life stages to come (see also Jolanki, 2008; Schafer, 2016).

The participants in the previous excerpt offered a picture of very self-contained elderly people. In the vision of the informants, life in old age remained original and independent with the assistance of professional help not only in *daily matters* (cooks and caretakers) but also in *wellness matters* (masseurs and personal trainers), referring to ways of maintaining an active and enjoyable life as long as possible.

Doing and being in the future

When health was paralleled with capability, it was also notably paralleled with the notion of the *active body* (cf. Backett-Milburn, 2000). The willingness to take good care of one's body did not appear in the interviews as a desire to delay or reject aging, but rather as a need to secure future activeness. The near future – the third age – was seen as a *time for doing* rather than *being*. To a large extent, the third age was also viewed as a possibility, not only for activeness per se, but also for a new kind of activeness. Moreover, these ideas emerged from the discussions as something that was seen as totally normal. It was a common view that the exit from working life did not mean passively settling down but rather was a time for rescheduling the calendar, as the next excerpt illustrates.

Kirsi (female, age 58): Well, for me, my mother who's already passed away told me that before retirement – <u>you should find new hobbies</u> and interests. –

Interviewer: Mm, so do you mean that then [after retirement] there won't be such a massive change when you don't have your working community around you anymore?

Heli (female, age 59): Yeah, and even if you have friends but <u>it's also</u> that you need hobbies and things to do so that you won't lose the <u>rhythm of life</u>, and you have some communities left as well. I've heard a good tip that you should keep on making schedules. – <u>I'm going to be active</u>, exercise, take yoga classes and so on.

Although the different forms of wellness consumption people wanted to do varied widely according to gender or personal interests, it was frequently stated that finding new activities was necessary when people age. In this regard, the interviewees' future expectations notably reflected the cultural norms of aging. This was especially apparent in situations where people felt it necessary to validate their chosen ways of pursuing wellness.

Pirjo (female, age 58): I also have friends who are older than me and are already retired. It's like every one of them exercises regularly. And also

those who don't exactly enjoy [exercising] but simply because they want to stay in good condition and remain self-sufficient to be able to do the things they want.

Above, Pirjo felt not only that exercising was necessary for her future wellness, but also that people close to her had demonstrated that certain bodily practices were an essential part of their wellness strategy in old age. Moreover, older people who had remained in good condition were described with admiration as in the next example, where the interviewee is talking about the fitness class he regularly goes to.

Matti (male, age 59): the age profile there is broad – and the oldest there, they are very old but they are not ashamed if they cannot do some movements there. Some of them are old war veterans and they, if anyone, can do everything.

Exercising "wellness skills" through wellness consumption

The interviewees discussed a variety of *skills* that they felt were beneficial for one's wellness. They also expressed that wellness is not a condition you either have or don't have, but instead something you can intentionally pursue or even practice. Therefore, the construct of *wellness skill* is used in this connection to indicate the intentionality and orderliness we observed in people's accounts. Treating the body as a lifelong project together with a holistic understanding of wellness (Crawford, 2006; Featherstone, 2010) was a combination of ideas that most strongly connected individual ways of pursuing wellness to different commercial self-care practices (see also Mueller & Kaufmann, 2001). Here we identified two types of wellness skill – physical and mental – that were discussed slightly differently according to how these skills were practiced and justified in interviewees' daily lives.

Physical wellness skills

Physical wellness skills appeared in the interviews as diverse references to healthy lifestyles. The most frequently mentioned techniques to improve physical wellness were exercising and a healthy diet. Also functional food and vitamins, physical treatments and massages, alternative medical treatments and self-help techniques, relaxation methods, and wellness products were discussed. Through routine use or practice, those would affect one's bodily wellness (appearance, fitness and/or overall bodily functions). This is also the case in the example below, where one participant describes his weekly self-care routines and the desired effects of those routines on his future wellness.

Tarmo (male, age 60): Well, like I have said before exercising is the most important thing [in pursuing wellness]. – I go water running five times a week. And I also do some forestry work to get that sort of functional exercise but then I have to have time to practice water running at least 30 minutes every time.

Interviewer: So you have a real exercise program then

Tarmo (male, age 60): Yeah, it is almost compulsive. – I've thought that <u>I</u> need to be able to dance and socialize at least 26 years from now. –

Apart from describing his exercise routines as enjoyable, Tarmo also sees them as highly necessary for active and healthy aging. While the "risks" associated with physical aging were acknowledged, so too was the potential for living a long and healthy life as a result of staying physically fit. For the man in the previous example, dancing was something he really enjoyed and wanted to continue doing. This, in turn, encouraged him to take good care of his physical functioning.

Several interviewees, such as the following, highlighted the fact that wellness and wellness consumption had entered their lives only recently, when they had faced situations that had spurred their interest in

learning new techniques for more comprehensively taking care of themselves (cf. Calasanti et al., 2013).

Tuula (female, age 53): Yeah, and also in terms of exercising, <u>I've started</u> to listen to myself more with age. So that I exercise in a way that suits my body even though I would like to exercise more –

Sari (female, age 57): Yeah, sure it [age] always sets some limits and every year you notice something that you can't do anymore –

Tuula (female, age 53): Sure you have to search for them [new activities], for example, if I think about it when I moved from gymnastics into Pilates and Yoga, from where I now get more of that inner peace and physical wellness. – It [gymnastics] doesn't anymore bring that same wellness as your skill level and physical capability have declined so much

The ability to listen to one's own body and notice its changes and needs was also mentioned as one kind of wellness skill (cf. Lupton, 2014). Moreover, the importance of having the skill to react to those bodily needs was emphasized. As in the above account, the self-perceived decline in skill level and physical capability had led Tuula to seek new ways of taking care of her bodily well-being. Moreover, in addition to self-knowledge, the interviewees often mentioned the importance of balance when describing their individual paths to wellness.

Matti (male, age 59): if you try to achieve too much – you will end up with having less wellness...so you need to find the balance that suits yourself, for example – I'm fine with my weight, which is 82 kg but someone else may be fine with the weigh 100 kg...I think that's the main point of wellness that you feel happy with yourself.

It was repeatedly asserted that physical wellness skills, of different kinds, made aging more manageable. Among the interviewees in this study, such age management was, however, practiced more within a "healthy and natural aging" than "anti-aging" framework (cf. Ojala et al., 2016). For example, when talking about appearance people agreed that certain characteristics like having a slender figure and straight posture signal wellness and may predict healthy and long life. However, "artificial" attempts to manage the physical signs of aging were disparaged in all groups. For example, when some of the participants started to discuss the TV program "Ten Years Younger" they commented that it is: "a bit disgusting," "it doesn't promote health," and "when it [appearance] is artificial, it's not beauty anymore."

The interviewees seemed to share similar ideas of what constituted appropriate means of improving and/or maintaining their looks and pursuing physical wellness. For instance, exercise, consulting health professionals, or buying functional foods were examples of such means. Therefore, getting into the habit of exercising or knowing different techniques for bodily self-care were physical wellness skills that were accepted, and even needed, for improving wellness and aging well

Mental wellness skills

Mental wellness skills appeared in the interviews as references to techniques that enhance self-knowledge and support the ability to accept and adjust to changing situations in life. For example, it was repeatedly mentioned that emotional competence – being able to recognize and deal with one's emotions – is important for gaining positive aging experiences (cf. Craciun & Flick, 2015). Furthermore, in the same way as physical skills, mental wellness skills were understood to be something that could be learned through conscious exercise – a notion

which played an important part in people's decisions to acquaint themselves with methods of mental wellness such as meditation or mindfulness.

Hannele (female, age 58): – I have now once again started to try activities that through some techniques like mindfulness [affect mental wellness], and I've only now started to understand those techniques. And I've wondered why I haven't practiced them before. I believe that it is possible to develop one's well-being by developing oneself, because anyway it [wellness] derives from those inner factors, and not so much from outer ones

Furthermore, when specifically asked if skills that might help to promote mental wellness in the future exist, one of the interviewees answered:

Marjo (female, age 57): "There are some such mental health skills. And the ability to relax is related to them and maybe some skills that kind of improve your self-knowledge."

In addition to self-knowledge, mental balance, stress tolerance, adaptability, optimism, lenience, and the ability to relax and be hopeful were mentioned as mental skills useful in achieving wellness. Thus, practicing different forms of mental wellness activities was about developing these different wellness skills. For example, one of the male participants told how he had overcome depression with the help of meditation, while one of the women participants saw mental exercises performed alongside yoga movements as her personal lifesavers during hectic times at home and at work. Although it is a given that yoga class nurtures both body and mind, some of the combinations of physical and mental wellness mentioned in the interviews were not that obvious. One man, for instance, explained that the reason why he regularly goes to the same chiropractor is that this certain chiropractor is able to meditate with him at the same time.

Wellness skills were also seen as useful in enhancing longevity and quality of life in the future — in other words they were seen as helpful in gaining positive aging experiences. Not only fit bodies but also minds that are trained to be fit (Craciun & Flick, 2015) were seen to help people prepare and adapt to changing situations in life. Moreover, mental awareness and adaptability was discussed as a virtue of a productive and undemanding citizen.

Helena (female, age 60): To really be able to stay in good condition, it requires you to stay very aware [of the things that are happening]. Because change is happening all around you and you need to really like keep up with those changes.

On a personal level, exercising mental wellness skills was about individuality and curiosity, raising consciousness and becoming more aware of the inner and outer factors affecting one's wellness. From a wider perspective, however, as can be observed in the last account, mental wellness skills were also seen as important in aging in a societally acceptable manner. As pointed out by Lupton (2014), in the present culture of selfmanagement, decline and ill-being are easily interpreted as loss of self-control, which may encourage people to practice even better self-care. At least for the participants in this study, it seemed highly important that they keep up with today's rapid societal change and not become a burden to others.

Discussion

The purpose of our study was to understand the role of wellness and related consumption in relation to the life stage of middle-agers. More precisely, our interest was in understanding the meanings attributed to wellness consumption in this certain life stage, which can also be described as being a transition phase from middle age to old age. By drawing on previous research on wellness consumption (e.g. Mueller &

 $^{^2}$ In the reality TV show Ten Years Younger, the participant is given a complete makeover in an attempt to make them look 10 Years Younger. The makeover is partially done through plastic surgery.

Kaufmann, 2001) and life stage of middle-agers (e.g. Green, 2014), and by analyzing our interviewees' (aged 50–65 years) talk about their pursuit of wellness, we were able to identify some of the dimensions through which wellness consumption becomes meaningful to our interviewees in their daily lives. Our findings indicate that the interest in wellness and related consumption is associated with personal experiences of getting older, personal life-course expectations, and sociocultural factors that encourage people to pay more attention to their individual lifestyles and holistic bodily self-care. The most interesting finding is that people seem to develop and intentionally exercise a variety of wellness skills in the context of wellness consumption. Most importantly, the findings suggest that these skills are not exercised to combat aging but to support active, self-sufficient, and enjoyable aging.

According to our results, wellness consumption covers a range of life stage-based dimensions that influence the way wellness is pursued. As the interviewees talked about the pursuit of wellness in their current stage of life, their considerations seemed to involve a lot of thinking about the years to come and how to prepare for them. Physical aging, in particular, made wellness consumption timely, as people saw it as necessary to prepare themselves for the changes they and their bodies might undergo with age (Laz, 2003; Mitzner et al., 2013). Also current situations in family and working life seemed to influence the participants' interests regarding wellness consumption. These age-related landmarks in life placed people in a situation where they felt the need to comprehensively map their lives and ponder their future prospects. In light of these considerations, the participants often drew attention to the changes and transitions in life, expected and already experienced, that had led them seek new ways of pursuing wellness.

In line with previous studies suggesting that bodily self-care is an essential part of people's "third age preparations" (Craciun & Flick, 2015; Kornadt & Rothermund, 2014), our informants saw good and comprehensive bodily functioning as prerequisites for making and actualizing their future plans. Similarly, peoples' expectations of their near future (their expectations of third age) seemed to follow the concept of "active aging" (e.g. Walker, 2002), which was associated with quality of life in later life and treated in people's discussions as the societal norm of aging. It must be taken into account, however, that the group interview context may also have encouraged people to speak about aging in this manner as the cultural discourse of aging strongly emphasizes activity, healthy lifestyle choices, and individual effort in later life (e.g. Katz, 2005). The strong presence of this type of discourse in the groups nonetheless demonstrates how important it is, especially in the context of aging, to emphasize health and self-sufficiency, in order to be taken seriously as a decent citizen and capable human being in society (Jolanki,

In addition to this worried talk about health decline in the future, discussions included a lot of positive talk about future possibilities. Freedom from predetermined roles (parent, employee, etc.) in particular inspired people to look for new products and activities for themselves and their own wellness (cf. Gilleard & Higgs, 2000; Karisto, 2007). Plans and preparations for the future were constructed, enacted, and legitimized in a complex dialogue with personal and corporeal experiences as well as culturally shared understandings of what constitutes a healthy body and appropriate ways of aging. In this connection, we suggest that people's interests related to wellness consumption are not only connected to their tendency and need for self-observation but also reflect the relationship between individual experiences and wider constructions of society (cf. Lupton, 2014).

Wellness was generally viewed as a condition where one was not only able to live a normal day-to-day life, but also able to enjoy opportunities for individual choices and self-fulfillment (Mueller & Kaufmann, 2001). This standpoint together with the opportunities available for life-management and life-stylization in today's consumer society (cf. Garnham, 2013) guided the participants' life planning and lifestyle choices. In the group interviews, people described how they had drifted into certain forms of wellness consumption either because

they wanted to improve some aspect of their personal bodily well-being or simply because they had encountered an opportunity to do so. This notion of given opportunities and varied possibilities for individual body-mind training in present-day society complements earlier studies discussing the changing pattern and commercialization of contemporary self-care practices (e.g. Crawford, 2006; Featherstone, 2010; Fries, 2014).

In choosing between different forms of wellness consumption, our middle-aged participants felt that it was important to make choices based on their own knowledge of their individual bodily needs. This bodily self-knowledge, in turn, was said to increase with age but also develop alongside wellness consumption, leading to comprehensive exercising of both physical and mental wellness skills. It can thus be argued that within their wellness consumption people had found ways to strengthen and practice skills they felt necessary for feeling and aging well. In other words, whereas an athlete practices to take part in competitions, wellness skills are practiced for everyday performances and life-course situations where people need to tolerate and pass through different uncertainties in life without losing their feeling of well-being.

In this study, we sought a broad perspective on the theme of wellness consumption in late middle age, and thus we decided to focus on the unifying rather than distinguishing features of wellness consumption in our interviewees. There were both men and women in our interviews but unlike in previous studies indicating that women are more interested in "healthy lifestyles" and wellness than men (e.g. Divine & Lepisto, 2005), this notion was not corroborated by our data. Overall, in our data men and women seemed to share similar worries in relation to their life stage and old age, and the underlying reasons for being interested in wellness consumption were similar. Gender differences in wellness consumption could, however, be interesting subjects for future studies.

Due to the limited sample of just 41 Finnish middle-agers broader generalizations of wellness consumption within different socio-demographic groups were beyond the scope of this study. However, the present study makes a noteworthy contribution regarding studies of aging and the current wellness phenomenon. First, the findings in this study provide additional evidence to support the general assumption that the increased interest in wellness consumption in middle age is mostly about attempts to slow down physical aging. Given that aging is understood as something that requires anticipation and processing, wellness consumption becomes one of the areas in which aging is processed. In our study, wellness consumption seemed to be an arena in which aging was mostly reflected and worked on in a positive manner, which challenges the negative connotations around aging (cf. Garnham, 2013).

Second, our analysis showed that there are other issues besides bodily changes that made wellness consumption interesting to our interviewees. For many, the current life stage was experienced as complex and stressful, which led people to seek relief and pleasure in consumption enhancing mental wellness in particular. However, this is not the case only among middle-agers whose life stage has been shown to be favorable for body-related consumption (Millington, 2015). In Finland, as in other developed countries, people in all age categories now have more opportunities to influence their life and well-being, but simultaneously, life has become more dynamic and complex, and there is a growing need for activities that help to calm and clarify the mind (cf. Chen et al., 2013; Smith & Kelly, 2006; Spindler, 2008). Moreover, people increasingly demand experiential value when it comes to everyday consumption as well (cf. Erfurt-Cooper & Cooper, 2009; Pine & Gilmore, 1999). Wellness and fitness centers, health and lifestyle stores, spas and holiday resorts, to mention but a few examples, can thus be understood as normal spaces for modern self-care.

Third, as previous studies have indicated that activity-oriented goals in life predict better quality of life in old age (e.g. Craciun & Flick, 2015; Mitzner et al., 2013), it is crucial for marketing and policymaking to

understand people's experiences of what motivates them to engage in holistic self-care. The empirical evidence of our study reveals that the way people, in their current stage of life, understand and experience wellness, as well as the increased supply of wellness products and services, are the most significant underlying reasons for the wellness consumption of our middle-aged participants. Furthermore, the core idea of wellness - the inextricability of body and mind and simultaneous exercising of physical, mental, emotional, and even spiritual wellness are the aspects of wellness consumption that fascinate people most. This also indicates that nowadays people - whether young, old, or middle-aged - are demanding a more holistic approach to their personal health and wellness (Koch, 2010) which, in turn, is reflected in the way they live and plan their lives. Moreover, the experiences of bodily wellness induced by different wellness practices can be assumed to support a sense of personal competence, and through that a sense of mastery over one's life.

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Appendix 1

Transcription conventions:

- []: interviewer's corrective or complementary comment
- -: speech/discussion continues

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III

SPA TOURISM AS A PART OF AGEING WELL

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