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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 (50-65yrs). 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.

Key words: wellness, wellness skills, middle-agers, active third age, mature consumers, group interview

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. Walker 2002; Craciun & Flick 2015). 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 y) 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 aging people increasingly using wellness products and services to meet society's expectations (e.g. Garnham 2013; Schafer 2014). 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 anti-aging 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 2013). People tend to assess their bodily well-being according to subjectively experienced aging, and therefore body-related consumption may start to feel timely when the physical signs of aging become more concrete (Laz 2003; Calasanti et al. 2013). 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 neo-liberal 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 et al. 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 & 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 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 (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 et al. 2013), and wellness technology (Mitzner et al. 2010), 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"[1] (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 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 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?

[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).

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 1988). The group interview method has also shown itself to be a powerful tool for studying collectively shared norms and meanings (Marková et al. 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 minutes 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 (Krippendorff 2012; Dumay & Cai 2015). 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 et al. 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 may 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 discuss with 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 2014).

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 -- you should find new hobbies 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 it's also that you need hobbies and things to do so that you won't lose the rhythm of life, and you have some communities left as well. I've heard a good tip that you should keep on making schedules. -- I'm going to be active, 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 <u>they, if anyone, can do everything</u>

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 <u>exercising is the most important thing</u> [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, <u>it is almost compulsive. --</u> I've thought that <u>I need to be able to dance and socialize</u> 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, I've started 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"[2] 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

[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.

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 and 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 self-management, 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 & Kaufmann 2001) and life stage of middle-agers (e.g. Green 2014), and by analyzing our interviewees' (aged 50-65) 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 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" (Kornadt & Rothermund 2014; Craciun & Flick 2015), 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 2008; Schafer 2014).

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 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 2010). 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. Smith & Kelly 2006; Spindler 2008; Chen et al. 2013). Moreover, people increasingly demand experiential value when it comes to everyday consumption as well (cf. Pine & Gilmore 1999; Erfurt-Cooper & Cooper 2009). 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. Mitzner 2013; Craciun & Flick 2015), 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.

Appendix 1

Transcription conventions:

… : pause

[ ]: interviewer's corrective or complementary comment

-- : speech/ discussion continues

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References

Ahonen, K., & Vaittinen, R. (2015). Eläkeikäisten kulutus suomessa 1985–2012. *Eläketurvakeskuksen Raportteja 06/2015*.

Backett-Milburn, K. (2000). Parents, children and the construction of the healthy body in middle-class families. *The Body, Childhood and Society*, 79-100.

Beck, U., Giddens, A., & Lash, S. (1994). *Reflexive modernization: Politics, tradition and aesthetics in the modern social order*. Cambridge: Polity.

Calasanti, T., Pietilä, I., Ojala, H., & King, N. (2013). Men, bodily control, and health behaviors: The importance of age. *Health Psychology, 32*(1), 15.

Chen, K., Liu, H., & Chang, F. (2013). Essential customer service factors and the segmentation of older visitors within wellness tourism based on hot springs hotels. *International Journal of Hospitality Management, 35*, 122-132.

Craciun, C., & Flick, U. (2015). "I want to be 100 years old, but I smoke too much": Exploring the gap between positive aging goals and reported preparatory actions in different social circumstances. *Journal of Aging Studies, 35*, 49-54.

Crawford, R. (2006). Health as a meaningful social practice. *Health (London, England : 1997), 10*(4), 401-420.

Divine, R. L., & Lepisto, L. (2005). Analysis of the healthy lifestyle consumer. *Journal of Consumer Marketing, 22*(5), 275-283.

Dumay, J., & Cai, L. (2015). Using content analysis as a research methodology for investigating intellectual capital disclosure: A critique. *Journal of Intellectual Capital, 16*(1), 121-155.

Erfurt-Cooper, P., & Cooper, M. (2009). *Health and wellness tourism: Spas and hot springs* Channel view publications.

Featherstone, M. (2010). Body, image and affect in consumer culture. *Body & Society, 16*(1), 193-221.

Fries, C. J. (2014). Older adults' use of complementary and alternative medical therapies to resist biomedicalization of aging. *Journal of Aging Studies, 28*, 1-10.

Garnham, B. (2013). Designing 'older' rather than denying ageing: Problematizing anti-ageing discourse in relation to cosmetic surgery undertaken by older people. *Journal of Aging Studies, 27*(1), 38-46.

Gilleard, C. J., & Higgs, P. (2000). *Cultures of ageing: Self, citizen, and the body.* Pearson Education.

Green, L. (2014). *Understanding the life course: Sociological and psychological perspectives.* John Wiley & Sons.

Halkier, B. (2010). Focus groups as social enactments: Integrating interaction and content in the analysis of focus group data. *Qualitative Research, 10*(1), 71-89.

Hennink, M. M. (2007). *International focus group research: A handbook for the health and social sciences*. Cambridge: University Press.

Jolanki, O. (2008). Discussing responsibility and ways of influencing health. *International Journal of Ageing and Later Life, 3*(1), 45-76.

Karisto, A. (2007). Finnish baby boomers and the emergence of the third age. *International Journal of Ageing and Later Life 2007 2(2): 91–108. © The Author,* (2), 91-108.

Katz, S. (2005). *Cultural aging: Life course, lifestyle, and senior worlds*. Peterborough: Broadview Press.

Koch, S. (2010). Healthy ageing supported by technology–a cross-disciplinary research challenge. *Informatics for Health and Social Care, 35*(3-4), 81-91.

Kornadt, A. E., & Rothermund, K. (2014). Preparation for old age in different life domains. Dimensions and age differences. *International Journal of Behavioral Development, 38*(3), 228-238.

Krippendorff, K. (2012). *Content analysis: An introduction to its methodology* Sage.

Laz, C. (2003). Age embodied. *Journal of Aging Studies, 17*(4), 503-519.

Lumme-Sandt, K. (2011). Images of ageing in a 50+ magazine. *Journal of Aging Studies, 25*(1), 45-51.

Lupton, D. (2014). Self-tracking cultures: Towards a sociology of personal informatics. *Proceedings of the 26th Australian Computer-Human Interaction Conference on Designing Futures: The Future of Design*, pp. 77-86.

Marková, I., Linell, P., Grossen, M., & Salazar Orvig, A. (2007). Dialogue in focus groups: Exploring socially shared knowledge.

Millington, B. (2015). Exergaming in retirement centres and the integration of media and physical literacies. *Journal of Aging Studies, 35*, 160-168.

Mitzner, T. L., McBride, S. E., Barg-Walkow, L. H., & Rogers, W. A. (2013). Self-management of wellness and illness in an aging population. *Reviews of Human Factors and Ergonomics, 8*(1), 277-333.

Morgan, D. L. (1996). *Focus groups as qualitative research.* Sage publications.

Mueller, H., & Kaufmann, E. L. (2001). Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry. *Journal of Vacation Marketing, 7*(1), 5-17.

Ojala, H., Calasanti, T., King, N., & Pietilä, I. (2016). Natural(ly) men: Masculinity and gendered anti-ageing practices in Finland and the USA. *Ageing and Society, 36*(02), 356-375.

Peirce, C. S. (1958). Values in a universe of chance: selected writings of Charles S. Peirce.

Pilzer, P. Z. (2002). The wellness revolution.

Pine, B. J., & Gilmore, J. H. (1999). *The experience economy: Work is theatre & every business a stage* Harvard Business Press.

Sawchuk, D. (2015). Aging and older adults in three Roman Catholic magazines: Successful aging and the third and fourth ages reframed. *Journal of Aging Studies, 35*, 221-228.

Schafer, M. H. Health as status? Network relations and social structure in an American retirement community. *Ageing and Society,* , 1-27.

Spindler, M. (2008). Surrogate religion, spiritual materialism or protestant ethic? Three accounts of the function of religiosity in anti-ageing. *Journal of Aging Studies, 22*(4), 322-330.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* Sage Publications, Inc.

Walker, A. (2002). A strategy for active ageing. *International Social Security Review, 55*(1), 121-139.