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Because she's worth it. How spa therapists in a Norwegian health resort explain women's need for their services

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1. Background

1.1. Spas and health

In modern medicine, health is understood as both "absence of disease and infirmity" and "a state of complete physical, social and mental well-being" (WHO, 2003). According to this definition, health holds both a negative value, in being the absence of illness and possible future illness, and a positive value, whereby it can continue to be further improved. In our contemporary society, spas and many other recreational institutions are targeting health. Traditionally, spas have focused on treating diseases and health problems. In several countries, the spa has been part of the healthcare services (Weisz, 2001). Over time, the spa has grown detached from conventional medicine and become more oriented towards a commercial market for health promotion. This has resulted in new user- and treatment groups (Bastos, 2011; Speier, 2011). ISPA (International Spa Association) (International Spa Association ISPA, 2017: 1) reflects this change by defining spas as "places devoted to overall well-being through a variety of professional services that encourages the renewal of mind, body and spirit".

In Western countries, the consumption of spa services is steadily growing (Anderssen & Vik, 2012; International Spa Association ISPA, 2014). Based on the ISPA (2017) definition, the spa may be seen as part of a growing "body industry", which consists of institutions that range from weight loss centers to pharmaceutical companies that promote the "virtues of a healthy risk-averting body" (Peterson & Lupton, 1996: 24). There are a multitude of services related to lifestyle, body aesthetics, workouts, and relaxation; they are not especially targeted towards sick people (Anderssen & Vik, 2012). Examples of such services include massage, therapies, nonsurgical body treatments, workouts and dieting: activities that Little (2013: 44) characterizes as "a responsibility for the busy, multitasking modern woman". Women are in the majority, as both therapists and clients (Little, 2013). This is also true for a country like Norway (Roos, 2009). This paper presents findings from a study of spa therapists in a commercial health resort in Norway. It addresses the question of how they characterize the women who visit the resort.

1.2. Health as self-discipline

Health has become an increasingly important value (Crawford, 2004). In Western countries, health policy addresses the treatment of disease and identifies and follows up those who have an elevated risk of disease. In Norway, for instance, there are population-based health screenings in different parts of the country. There are also screenings of the whole population of women aged 25–69 years (cervical cancer) and women aged 50–69 years (breast cancer) (Norwegian Directorate of Health, 2017).

The government also has a responsibility to facilitate citizens making "the right" health choices (Peterson & Lupton, 1996). Such health choices often require a special kind of behavior (exercise, no smoking) or the use of certain products (diet, vitamins). Various health programs, like the Norwegian Public Health Act (Ministry of Health and Care Services, 2012), state that, in order to facilitate the population making the right health choices, it is crucial that there is cooperation between municipality, county, and government, as well as cooperation with different areas of society. This is in line with Foucault (1991), who claims that the neoliberal state is based on the premise that the citizens voluntarily, rather than through persuasion or punishment, undertake the official view of how to live their lives. The individual's right to make the right health choices, and the individual's obligation to do what is right in order to remain healthy, is often emphasized. Individual body control

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is part of being a well-regulated citizen, who takes responsibility for his or her own health and well-being (Foucault, 1988).

The individual as responsible for his/her own health is in accordance with descriptions of modern life. One of the characteristics is the freedom to create one's own life (Giddens, 1990). People must understand their life destiny and social reality primarily as an individual responsibility and find meaning by shaping their lives through personal choice (Rose, 1996). In this way, individuals can create their own self, which can be modified and changed. Identity becomes a reflexive, ongoing project, shaped by appearance and performance (Bauman, 2000; Giddens, 1991). One way of expressing identity is through consumption. Our consumption mirrors our values (Ekström & Hjort, 2010) and, thus, there is a market of goods and services that can help reconstruct and sculpt our bodies from both the outside and the inside (Smith Maguire, 2008).

Regarding this, Crawford (2004) argues that individuals are not free to create their own self. Since health is an important value, there are strict limits on how to exercise the freedom. A health model which includes both appearance and well-being (e.g. WHO, 2003) is open to a multitude of individual interpretations of what constitutes health and what are the right health choices. There is also a growing market of "health" workers, who use health as a legitimation for individual consumption of their services (Anderssen, 2016). Thus, health becomes a commodity that can be bought on the market.

As responsible citizens, it is assumed that people use their common sense when considering risk and when making health-related decisions. It is expected that individuals are disciplined enough to make the right choices and, as educated consumers, they are expected to buy the right products. For example, in a market overflowing with tempting food, it is expected that people are willing to choose healthy food and that they have enough self-discipline to limit their consumption (Guthman, 2009). Their own efforts must be regularly monitored; otherwise, the body will deteriorate due to age, flabbiness or obesity (Lupton, 2013).

1.3. Women as responsible citizens

A health model that includes risk, surveillance and consumption is related to conventional ideas about gender (Moore, 2010). Women are said to be ruled by biological cycles and hormones, and are at the mercy of biology. Their biology puts them constantly at risk, since their bodies are vulnerable and exposed to disease (Dubriwny, 2013). This also seems to be acknowledged by women themselves. In Norway, respectively 75% and 80% of invited women take part in the screening programs for breast cancer (Cancer Registry of Norway, 2017a) and cervical cancer (Cancer Registry of Norway, 2017b). For men in Norway, there is no public screening program similar to the cancer screening programs for women.

Women's bodies are also seen as more liquid than the male body; they lack containment and leak both metaphorically and directly (see for instance Grosz (1995) and Shildrick (1997)). Women are overrepresented in disorders with symptoms that are elusive and difficult to distinguish (Dubriwny, 2013). They also report more illness and use more healthcare services than men (Statistics Norway SSB, 2010). This is often taken as evidence that women are more prone than men to disease. Notions that women are vulnerable lead to a focus on women's bodies and their limitations (Dubriwny, 2013). In order to prevent disease, women therefore have to be alert (Moore, 2010).

Self-monitoring and self-discipline are, accordingly, part of what is conventionally expected of women. It is expected that women engage in healthy lifestyle practices and, as responsible citizens, care for and monitor their bodies, while at the same time accepting that they are at the mercy of biology. In the process of controlling risk, caring for the body becomes so important that it may be an end in itself: "We might see such measures as directed towards *maintaining* the body, not as a means of achieving something beyond or outside the self, but as *an end in itself*" (Moore, 2010: 110). Self-discipline involves investing what it takes, in respect of time, effort and money, to maintain their "best" self, which also involves looking their best. In this way, it is open to the consumption of services that aim to improve the body. Since women must keep control over their body, they expect others to do the same. Women evaluate their own and others' bodies with a "cosmetic gaze" (Wegenstein & Ruck, 2011). Hence, women are the target for the beauty industry that states that looking good is feeling good (Sharma & Black, 2001) and underline how health is associated with appearance (D'Abundo, 2009).

Individual responsibility for the body and health can be interpreted as empowerment; it gives women an opportunity to actively influence their own health. However, women are also responsible for ensuring their family's health (Anderssen, 2010). This responsibility is becoming more important, since new knowledge links conditions such as obesity and diabetes with lifestyle (see for instance Guthman and DuPuis (2006)). Women are also role models; overweight mothers have overweight children (Haththotowa, Wijeyaratne, & Senarath, 2013) and inactive mothers have inactive children (O'Brien, Lloyd, & Ringuet-Riot, 2013). The latter study shows that mothers want to do their best but struggle to find the self-discipline to take the "right" amount of exercise to maximize their own health and that of their children. The accompanying shame and guilt places a layer of strain on the mothers. However, stress in itself can be a cause of ill health, since anxiety and worry are risk factors for diseases (Einvik, Dammen, & Omland, 2010; O'Brien et al., 2013). Stress reduction is then a responsibility for the busy multitasking modern woman in the same way that exercise, diet and fitness regimes are (Little, 2013).

1.4. The study

Women are described as both vulnerable and empowered; as risky individuals, they face great demands to make the right health choices and, as responsible citizens, they possess the knowledge to make the right health choices for themselves and their families. Simultaneously, such health choices are made in a context, in which wellbeing is a part of health. What are the consequences for the body industry, in which women are overrepresented as users? This paper is based on interviews with spa therapists in a commercial health resort in Norway. How do they understand women who use the resort? What characterize women as guests? Are the guests empowered or vulnerable? How do they assess the value of a stay at the resort for women's lives and for their health?

As the number of commercial health services grows, it is important to understand how the therapists portray the users of their services. Their understanding of women, women's health choices and their health needs is important in order to understand the services they offer. The therapists are dependent on selling their services, so their images of the users influence the development of this industry. The therapists are in direct contact with their guests, so their thoughts about women's lives may also affect how their guests look upon themselves and their health. This may also add to the knowledge of women and their health problems. The paper contributes to the understanding of women, health, and health as a commodity. It also gives insight into how health is perceived by some of those who work in this industry. Since the purpose of the paper is to understand the therapists' images of women as guests, the paper does not provide information on how the guests perceive their own lives and their use of the resort. It is therefore impossible to compare and contrast their experiences to those of the therapists.

1.5. The health resort

As the author lives in Norway, and as commercial health tourism is rather new in Norway (Anderssen & Vik, 2012), it was natural to select for the study a Norwegian health resort, of which there is a variety. Some are recreational centers, i.e. part of cure tourism, defined by