Women’s Bodies as Sites of Control: Inadvertent Stigma and Exclusion in Social Marketing

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Abstract
Responding to the call for critical examinations of the inadvertent effects of marketing (Dholakia 2012), this article offers an examination of the underexplored impacts of social marketing campaigns that derive from government-defined agendas of “healthism.” Specifically, we examine how efforts aimed at the management of women’s bodies can inadvertently render them sites of control. Drawing on embodiment theory, we consider how the neoliberal body project positions certain bodies as less acceptable, leaving women who engage in activities that run counter to prevailing health messages vulnerable to stigmatization and exclusion. Through three body control projects—breastfeeding, weight management, and physical activity—and a critical visual analysis of social marketing campaigns, we contend that the emerging field of critical social marketing must develop a broader social justice agenda along the lines of macromarketing. In doing so, consumers’ corporeal representations and lived experiences will be better addressed and improved evaluations of social marketing’s societal impacts can be developed.

Keywords
critical social marketing, embodiment, breastfeeding, obesity, physical activity, macromarketing

Since it was heralded in the 1970s, social marketing has been considered an important vehicle for the advancement of social good, covering a wide range of social issues including smoking, alcohol, sexual health, and gambling. The aim of social marketing is to induce voluntary behavior change through the adoption of marketing principles and techniques (Andreasen 2006). In recent times, commensurate with the agenda of macromarketing, social marketers have also become concerned with the societal consequences of commercial marketing practices and, in doing so, have introduced a more critical lens to the field (Hastings 2009). However, to date there has only been a limited examination of the inadvertent effects of social marketing campaigns. Significant among these efforts is Berekert’s (2002) assertion that the exchange mechanism in social marketing is considerably more complex than in a commercial exchange. He draws our attention to the very important and understated influence of governments and political power that are most often the defining influence in social marketing campaigns. If a critical social marketing agenda is to be successfully pursued, then it behooves us as a discipline to examine the inadvertent cultural and societal level effects of social marketing campaigns. In this, macromarketing is especially well placed, given its mandate to assess the moral and ethical issues arising from the societal risks of marketing (Layton and Grossbart 2006), and to engage with broader macro-level issues—particularly as those macro issues interface with micro-level effects (Dholakia 2012). In this spirit, the present article addresses the question: Can social marketing campaigns influence the marketplace to privilege some and marginalize others in the provision of simple, doable behaviors?

In asking this question, we must be clear that the issues addressed exist at the cultural level of understanding. The framework offered by Dholakia (2012) for macro-level investigations asserts that a critical perspective is essential. In endeavors where societal institutions are the unit of analysis, the relationships among concepts are intertwined and multilevel. Specifically, in this article, we will examine ideologies of body image that are of central significance, focusing on the representations of the experience of women—although we acknowledge that idealized body images do not apply only to women. As Dholakia (2012) has asserted, ideologies are often overlooked by micromarketing but are of central significance to macro-level studies. Therefore, following his framework, we adopt a critical feminist perspective and utilize embodiment theory—as it has been developed in diverse disciplines such as

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sociology, anthropology, and cultural studies—to cast a critical eye across the wider, potentially social effects of social marketing campaigns that promote specific body styles for women. Dholakia (2012) states that the critical–radical perspective or researchscape is valuable in unmasking false beliefs by demonstrating resistance and thus assists in creating viable alternatives with a view to offering emancipation. Moreover, he offers several guideposts that have been adopted by this study. First, the focus is interdisciplinary and utilizes a critical visual analysis of representations of women. Second, by synthesizing pertinent literature, the perspective combines micro experience with macro phenomena to reveal obscured views of women’s body image.

On the basis of this directive, the purpose is to examine how, in spite of its benevolent intentions to consider “both the good and the bad that marketing can bring to society” (Hastings and Saren 2003, 305), the social marketing gaze engages in efforts to direct and normalize women’s bodies, rendering them sites of control. As per Bristor and Fischer’s (1993) feminist reexamination of consumer research, we engage a feminist theoretical lens to offer a reconsideration of social marketing thought and practices directed at the management of women’s bodies. In doing so, we address four objectives. First, we critique social marketing’s engagement with a gendered, regulatory discourse—whereby women are cast as more vulnerable to social stigma via the normalization of acceptable representations of their bodies—and to stimulate the identification of possible alternate practices. Second, following the lead of Hastings and Saren (2003), we build on the emerging field of critical social marketing by offering a critique of the assumptions and unexamined ideologies perpetuated in social marketing campaigns. Third, we contribute to calls to extend the conceptualization of social justice beyond a narrow focus on business and the alleviation of poverty (Lacznik and Murphy 2008; Scott et al. 2011) by arguing that discrimination emanates not only from an economic purview but also from differentials in social power. And finally we respond to the observed relative scarcity of feminist work in marketing research within the last decade, particularly that which has a transformative agenda concerning the status of women (Catterall, Maclaran, and Stevens 2005; Martens, 2010; Schroeder 2003). In undertaking these stated aims, the research sheds light on the underexplored societal impacts of social marketing, particularly those concerning the corporeal representations and documented experiences of women.

The article begins by examining the functionalist underpinning of social marketing and the implications of managerial practices in health. We then turn to the recent development of the field of critical social marketing as a way of understanding how “healthy” bodies have been managed through normative practices that regulate and control the lived experiences of consumers. We highlight that to date this area has neglected considerations of exclusionary practices, and we draw upon macromarketing concerns with societal level inquiry and social justice to further develop this field. Next, we utilize feminist theory through the concept of embodiment to consider the ways in which social marketing activities can render women vulnerable when they engage in activities that run counter to prevailing health messages. We illustrate this through our study of three mythic body projects—breastfeeding, weight management, and the ubiquity of physical activity—that interrelate across the lived experiences of women. A review of extant literature reveals that women often feel marginalized and excluded in social marketing efforts to improve their health status. We contribute further evidence of the moral bodywork produced for women through a visual analysis of three social marketing campaigns, illustrating how the simple, doable healthy lifestyle practices promoted to women actually reproduce idealized understandings of femininity. The article then turns to a discussion of how women’s health has become less about well-being and more about the aestheticizing that fosters vulnerabilities. In concluding, we outline our theoretical and practical implications to expand the emerging field of critical social marketing and guide more nuanced investigations of the marketing of social good.

The Managerialist Orientation of Social Marketing

Social marketing treats the human body as a site of consumption and seeks to influence consumers’ views of their own bodies through the promotion of healthy lifestyle ideals and preventative health services to transform “unattractive,” “unhealthy,” and “risky” bodies. This consumption-based individualism is a strong focus in downstream social marketing, which applies managerial marketing through the implementation of a marketing mix that motivates individuals to voluntarily change and improve their health and well-being, as well as enhance social and economic ends (Lazer and Kelley 1973). In the past decade, this managerialism has also been extended to upstream social marketing, whereby individual responsibilities have become enshrined in policy (Gordon, Carrigan, and Hastings 2011). At the same time, social marketing has become aligned with neoliberal governance ideas about marketization, with market rationalities believed to improve organizational efficiencies and better address citizen–consumer needs (Goldman 2011; Raftopoulou and Hogg 2010). The shift to neoliberalism draws on political and economic rationality characterized by the withdrawal of government services from many areas of social provision, and the advancement of deregulation, privatization, and the increasing marketization of services. The neoliberal discourse focuses on regulating the subject through an internalization of disciplinary power (Gill and Scharff 2011). Rose (1990, 226) elaborates the neoliberal subject as an “individual whose citizenship is manifest through the free exercise of personal choice among a variety of market options.” Neoliberal governance systems pursing social objectives thus find it desirable to “educate us in the techniques for governing ourselves” (Rose 1990, 221) and deploy social marketing campaigns to encourage and support self-regulation, with the aim of achieving social and health goals, which benefit individual well-being and societal
agendas. In some circumstances, however, the neoliberal shift has resulted in social marketing practices being constrained by cost-based rationalities (Buurma 2001), whereby a sense of reductionism has come to pervade its managerial practices, such as defining and targeting at-risk groups or the promotion of simple, doable behaviors.

In taking this approach to health, social marketing has come to promote specific health and social objectives that emphasize consumer engagement in the market, self-sufficiency, and individual responsibility (Cheek 2008; Kingfisher 2002), which potentially limit engagement with more complex, or contested, health experiences. By mobilizing a process of personalized responsibility for relations between health and the body, social marketing practices have come to promote a type of “healthism” (Crawford 2006; Crawshaw 2012; Douglas 2007). This process not only positions individuals as agentic consumers able to choose their health, but furthermore fuels an environment in which healthiness has been established as the ultimate yardstick of social and personal accomplishment (Lupton 1996). Yet, choice is not always about choosing between equals, and a greater consideration of this is needed to understand individuals’ responses and resistance to health-focused social marketing campaigns.

When questioning marketing’s broader social and cultural impacts, critical scholars have raised concerns about marketing’s functionalist categories and its practical outcomes (e.g., Hackley 2009; Saren 2011). These concerns also need to be repeated and reexamined in the context of social marketing and health because of the potential effects that the market system has on people’s lives (Saren 2011). In addressing the ethical challenges of social marketing, Brenkert (2002) points to the power imbalances embedded in what he calls the “welfare exchange” and how this gives rise to paternalism and disempowering effects for target audiences. This is an important insight into the social marketing exchange process, for it emphasizes the indirect and asymmetrical power differentials that occur between the sponsoring agency, often the government, and the target audience who is then bridged by the social marketer. Before we present evidence that explores these inequities, the following section briefly outlines recent scholarship in critical social marketing. We contend that a greater consideration of social justice would invaluably extend this critique. For example, Scott et al. (2011) encourage marketers interested in societal impacts to more deeply reflect on issues such as subsistence, sound health, safety, sociality, sovereignty, and spirituality. Of these, sociality (the right to command respect from others) and sovereignty (the right to self-determination) are especially pertinent to social marketing efforts that typically embrace a utilitarian “greatest good for the greatest number” approach that ignores how certain “unintended consequences” may exclude, stigmatize, or marginalize particular actors (Brenkert 2002; Scott et al. 2011).

Like Brenkert (2002), we do not call into question the integrity or intentions of individual social marketers. Instead, we aim to raise consciousness of social injustices and open a conversation with social marketers by drawing attention to the restrictive boundaries imposed around the construction of everyday practices involved in the improvement of health—eating, exercising, managing time, and so on, which do not merely constitute being healthy but also constitute women’s identities (Carter et al. 2011). As such, we argue that social marketing thinking can move toward alternative domains of knowledge (beyond the microscientific, medical model) and study health at multiple levels—including the macro sociocultural—to bring an alternative critique to social marketing’s influence on health beliefs and how they sculpt women’s social practices. In doing so, social marketers will be guided by women’s voices when designing lifestyle interventions, and at the same time minimize the potential for paternalistic, and “what’s good for you” marketing solutions.

Turning a Critical Lens to Social Marketing

While critical marketing has interrogated the implications of managerialist thought in the marketplace, only recently have social marketing scholars participated in this critique (Gordon, Carrigan, and Hastings 2011; Hastings 2009). This work contributes to critical marketing’s social and reflexive critique of commercial marketing processes and the outcomes of marketing. It reflects on the influence of government regulation and the social and ethical implications of commercial partnerships and strategies that extend to working with the “competition” (e.g., the alcohol industry). For example, Hastings (2009) discusses the evidence presented by social marketers who have substantiated a link between the promotion of high-fat foods, food advertising, and childhood obesity. In outlining industry’s role in influencing children in unhealthy ways, he explores both the defensive reaction of the advertising industry to critical marketing findings and the more consolatory interest from some in the food industry who consider controversy about food marketing an opportunity rather than a threat.

This early scholarship in critical social marketing indicates that social marketers have begun to examine the practices and consequences of inclusion—that is, whom should social marketers collaborate with to effect social change. To date, however, critical social marketers have left underexamined practices of exclusion—for example, the impact of a social marketing campaign that has unintended consequences which lead to inequality or stigmatism in a community. It is from the macromarketing purview that social marketers can be directed to examine their marketing system more closely and explore the potential risks and vulnerabilities that social marketing processes may have on consumer well-being (e.g., Baker, Gentry, and Rittenburg 2005; The VOICE group 2010). Specifically, we contend that a greater consideration of social justice would invaluably extend this critique. For example, Scott et al. (2011) encourage marketers interested in societal impacts to more deeply reflect on issues such as subsistence, sound health, safety, sociality, sovereignty, and spirituality. Of these, sociality (the right to command respect from others) and sovereignty (the right to self-determination) are especially pertinent to social marketing efforts that typically embrace a utilitarian “greatest good for the greatest number” approach that ignores how certain “unintended consequences” may exclude, stigmatize, or marginalize particular actors (Brenkert 2002; Scott et al. 2011).

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Dismantling the Managerialism of Social Marketing through Embodiment Theory

This section unpacks some of the examinationary unexamined social marketing practices, which we argue contribute to...
constructing women’s bodies as sites of control. We contend that critical social marketing provides a path forward in understanding how particular bodies have been managed through social marketing practices that regulate and control the lived experiences of target audiences. In doing so, hitherto uncontented social marketing areas can be problematized to reveal institutional dysfunction (Saren 2011) and apparent paradoxes in the processes and outcomes of social marketing and its impact on consumer vulnerability (Shultz and Holbrook 2009). To better investigate such phenomena, we suggest that social marketers draw on critical theories that challenge universalized understandings of the body to encourage more reflexive practice. One such perspective pertinent to this discussion is feminist theory, where conceptualizations of social justice incorporate ideals of equality of access and experience for women. We next turn to feminist conceptualizations of embodiment to shed light on the female corporeal experience and how it is managed through social marketing practices.

Embodiment is a deeply complex phenomenon utilized in attempts to theorize the impact of being in the world through a fleshy existence that is contextualized by gender, age, race, and physical abilities (Dworkin and Wachs 2009; Sterk and Knoppers 2009) and, simultaneously, is shaped through sites of leisure, health, disease, attractiveness, consumption, style, and risk (Ettror 2010; Sassatelli 2010). As an entity, the body was widely overlooked in social theorizing (Shilling 1993) even though its presence, visibility, and activities are significant sites of consumption and commodification (Featherstone 1982; Joy and Venkatesh 1994; Thompson and Hirschman 1995). The focus here is the significance of gender for the experience and expectations for the viewable body (Brace-Govan 2010). Gatens (1983, 148) argues emphatically that the sex of a body has important implications for the ways in which it is viewed and socially assessed. Connell (1987) draws attention to the important ways in which bodies become gendered and how cultural understandings of masculinity and femininity rely fundamentally on the physicality and abilities of bodies. The sexed and gendered nature of bodily experiences is also firmly established in extant literature that examines the effects of advertising on women (Duke 2002; McFall 2007; Schroeder and Borgerson 1998; Scott 2005) and the gendered meanings given to the physicality of female bodies, such as giving birth or participating in sports (Dworkin and Wachs 2009; Hargreaves and Vertinsky 2007; Sterk and Knoppers 2009).

Underpinning the broad inequities based on gender and the sex of bodies are notions of the interconnectedness of body and mind. Grosz (1994) challenges the separation of mind and body, often termed the Cartesian dualism, and asserts instead the “mobius strip” connection of psyche and physicality wherein each facet, although distinguishable, is deeply implicated in the workings of the other. This relational conceptualization of mind and body as permanently interlinked and interactive is important. In contrast, the medicalized view of the body assumes a mechanistic separation of mind and body, where the mind can (and should) exert full control over the body in order to discipline it to appropriate standards, with failure to achieve this perceived negatively. Thus, the aesthetics of the viewed body are not only a valuable asset (Schouten 1991, 412) but most often taken to be the moral equivalent of a good person (Joy and Venkatesh 1994, 349; cf. Featherstone 1982). Social marketing’s close ties to government policy leave it heavily influenced by the medical model of the body and thus offer only a limited palette from which to choose.

**Method**

Our visual study investigates how the body is used as an important object of social marketing inquiry, simultaneously avoiding the trap of anatomizing, fixating, and normalizing it (Hindmarsh and Pilnick 2007). We do this by considering the “lived body,” as envisaged through the concept of embodiment, whereby a person comes to know the world around them through a multiplicity of bodily perceptions and experiences (Dale 2001). Guided by the assumption that the body is subject to the “will of the mind,” social marketing presents exhortations for the everyday woman to engage with prescribed regulations around body performances. The focus of this control over the body is to achieve a standard of health as defined by medical discourse. Specifically, we consider how this directs women to enact the same bodily compliant behaviors—breastfeeding, controlling their weight, and participating in specific physical activities.

How the health agenda of social marketing is enacted denies both the complexity of women’s bodily experiences and reveals the vulnerabilities that can arise. This is reinforced by the employment of mass media channels that communicate social marketing initiatives through the promotion of a singular message of health targeted to all women irrespective of their own bodily experiences and identity. Even though this focus on persuasive communications for behavior change has been criticized within social marketing (French and Blair-Stevens 2010; Lefebvre 2011), the fact this remains the pervasive form of social marketing behavior change for Governments illustrates its importance as a site of analysis. To investigate this further, the research examines three sites of control—breastfeeding, weight, and physical activity—to illustrate how social marketing participates in presenting quite specific standards of body maintenance for women to attain a “well-maintained” and “valuable” body. These standards are likely to have unintended negative consequences for some groups of women. We further illustrate this through a visual analysis of three social marketing campaigns, which highlight how the simple, doable healthy lifestyle practices promoted to women actually reproduce idealized understandings of femininity and normalized body projects for women that perpetuate stereotypes.

**The Viewed Body: An Ethics of Representation**

A key facet in our understanding of embodiment is that contained in the gaze. In everyday life, our body is not only looked on by ourselves to make a personal, subjective conceptualization, but it is also looked at by others, something which many
are acutely aware because from this looking we are assessed, defined, scrutinized, and judged. As Sturken and Cartwright (2002, 10) observe, it is “through looking we negotiate social relationships and meanings. Looking is a practice much like speaking, writing, or signing. Looking involves learning to interpret and, like other practices, looking involves relationships of power.” The concept of the gaze is fundamentally about the interplay between pleasure and images and describes the relationship between a subject, the pleasure in looking, and the awareness/pleasure that one can be viewed (Mulvey 1975). It has been used in critical analyses of genres such as art, film, and advertisements to provide insights into how women are represented—often as sexual or maternal figures (Sturken and Cartwright 2002).

The visual aspect of contemporary consumer society is widely recognized in the marketing discipline, with the role that advertising plays in shaping and reproducing identity paid particular attention (e.g., Schroeder 2002, 2005). The fashion and beauty industries rely on our involvement with the way we look, or present ourselves to others, and how we understand that often imagined relation (Bordo 1997; Wolf 1991). Such images tend to conform to normative codes of beauty, which when paired with practices such as fitness programs, dieting, or surgery, fosters an inadequacy in female consumers regarding their appearance. Importantly, it also translates into behavior modifications, where the surveillance of women’s bodies incites self-regulating effects to constantly improve and work upon one’s body (Sturken and Cartwright 2002). The viewed body is also significant to social marketing. Sometimes exemplars are held up as aspirational or inspirational role models; sometimes they are negative role models showing behaviors to avoid. Other times everyday people are shown as examples of what can be accomplished through some kind of behavioral change. Whichever example social marketing is using, the expectation—or hope—exists that everyday people will be able to look and through that visual representation find some means to understand the embodied experience portrayed.

Images play a critical role in the construction of identities, beyond mere reflection or portrayal. As Borgerson and Schroeder (1997) note, the more prominent certain images become, the more power they have in “the sea of images.” Advertising is an important vehicle for image reach and frequency, whereby images become cultural texts that shape individuals’ understandings of the world around them (McQuarrie and Mick 1999; Mick et al. 2004). However, this contribution of marketing images to the construction of reality and its lived experience often eludes critical resistance and interpretation due to the rhetorical authority of visuals (Schroeder and Borgerson 2005). This has led to calls for the ethical dimension of the visual marketing communications to be paid much greater consideration (Schroeder 2002; Smith and Quelch 1993). The concept of “stereography” refers to the nexus of ethical and representational issues, whereby the ways in which people are portrayed in images teaches viewers how they should be (stereo)typically understood (Walker 1997). For example, the representation of women in advertising is often highly sexualized or aestheticized, with women reduced to objectified bodies and bound by regressive ideals of femininity (Bordo 1997), which, in turn, undermine how female identity is understood and propagate certain assumptions as socially salient. Hence, the fear arises that representational practices highlighting differences can create perceptions that often come to take on the “weight of established facts” (Gordon 1995, 203), affecting how certain people are treated and understood and the opportunities afforded to them.

Analyzing Representational Conventions

By highlighting how the “language of images” provides marketers with choices as to how subjects are represented, Schroeder and Borgerson (1998, 2005) outline a framework for the understanding and interpretation of representational conventions within marketing images. We use this to frame our analysis of three social marketing campaigns that highlight the control and idealization exerted upon women’s bodies through the visual representation of women’s experiences of weight, physical activity, and breastfeeding. In addition to providing analytical breadth, the cross section of sites importantly points to the interrelated nature of embodied issues for women and the similarities in their management. The campaigns were selected as per the conventions of art history or criticism, whereby exemplars are analyzed in depth as they are considered individually interesting, significant, and worthy of attention (Schroeder and Borgerson 1998, 2005). Guided by our review of the extant literature, we purposively assembled advertisements that we considered typical and illuminating, as opposed to random, from online sources to investigate how the embodied experiences under discussion were (co)constructed and conventionalized and whether any stereotypes were perpetuated by the images. Bearing in mind Brenkert’s (2002) observation regarding the challenges and freedoms of social marketers, we also sought out social marketing advertisements that involved external organizations, for example, the Ad Council and the National Health Service. Using the visual analysis techniques of facetism, idealization, and exclusion (Schroeder and Borgerson 1998, 2005), we investigate what meanings are created by the advertisements and highlight identity issues of gender that likewise arise.

The “Risky” Bodies of Social Marketing

Corporeality is not experienced with universalized and seamless sameness for all women, and nor are their lived experiences of the body identical to that of men. Indeed, not only do women have different lived experiences of the body but also historically they have had to engage with political activism to gain access to the public acceptance of its different experiences (Brace-Govan 2010). This leaves women in an ambiguous position vis-à-vis the body maintenance promulgated by much social marketing, whereby they become homogenized and managed “for their own good” and to “improve their wellbeing.” This may range from the construction of myths of the
ideal mother, the ideal body shape, or ideal physical activities in which all women should participate. In constructing these “tacit body knowledges” (Alcoff 2001, 272), certain bodies are positioned as less acceptable based on particular visible bodily markers which are considered problematic, fuelling normative and dominant perceptions and aspirations of what is an ‘acceptable’ body (Foucault 1980). This leads to the construction of a constitutive “other”—a less acceptable body considered “embodied deviance” due to being marked as aberrant in a recognizable fashion (Terry and Urla 1995). We will now consider three examples of embodied deviance—the non-breastfeeding woman, the fat woman, and the muscular woman—to demonstrate how social marketing activities normalize and idealize women’s bodies by constructing particular behaviors as risky and unfeminine, leading to the (re)production of social dichotomies that marginalize particular body projects.

The Obese Woman

Obesity is constructed in medical and popular discourse as a major health risk and burden for society. It has been linked to numerous physical health consequences, such as diabetes, heart disease, and some cancers, as well as poor mental and emotional health conditions including higher rates of depression and suicide (Brown et al. 2009; Mather et al. 2009). In response, a variety of preventative health measures have been launched by governments that aim to tackle the risky behaviors of obesity, in turn giving rise to particular understandings and moral values as to what constitutes an acceptable or deviant body in relation to standards of health and attractiveness. The result has been an almost alarmist moral panic about obese bodies, which through a rhetoric of health as constructed as failed body projects that are immoral, unmotivated, gluttonous, undisciplined, undesirable, and defiant sites of moral decay and failure (Murray 2010). The fat body intersects with negative beliefs relating to individual control, trustworthiness, personal responsibility, attractiveness, and social worth. This is heighten by the inescapable physical visibility of the fat body, which clearly identifies its deviance (Moon and Sedgwick 1994). Thin bodies on the other hand constitute the health and social ideal, providing a normative backdrop that structures interpretations of what bodies are acceptable or aberrant (Murray 2007; Wann 1998), as reinforced by a variety of social structures, including the media, fashion industry, and public and commercial health organizations (Gard and Wright 2005).

As a consequence, fat bodies have become pathologized in the public consciousness and prejudice and discrimination against fat bodies has become legitimized, conferring an even greater moral burden on the fat subject (Jutel 2005; Puhl and Brownell 2001). In casting fat as a stigmatized identity, fat individuals are considered “spoiled” (Goffman 1963). In other words, no matter how they present themselves, others are only able to see their stigma—their fat flesh—as opposed to the complete person. This has resulted in widespread negative attitudes against fat bodies, with stigma present in a range of settings such as employment, health care, education, interpersonal relationships, and the media (Puhl and Heuer 2009). This translates into reduced opportunities, social isolation, exclusion, lower willingness to engage in health promoting activities and services, poor mental health, and the internalization of negative attitudes and judgments about the fat body (Lewis et al. 2010; Puhl et al. 2008; Thomas, Karunaratne et al. 2010; Wann 1998). Moreover, experiences of stigma are higher for women. For example, obese women are sixteen times more likely to face employment discrimination (Roehling, Roehling, and Odland 2008) while obese women (but not men) are considered less sexually attractive, skilled, warm, responsive, and able to experience sexual desire (Regan 1996). In addition, weight stigma has significant psychological and physical health consequences for women, such as higher vulnerability to low self-esteem, poor body image, binge eating, and depression (Amnis, Cash, and Hrabosky 2004). As a consequence, weight has come to be presented as a “female problem” within society, whereby fat female bodies are framed as sloppy, sweating, and disgusting (Sandberg 2007). The result is the situation of the fat female body as the antithesis of the modern-day beauty ideal (LeBesco 2004).

This stigma is reinforced by social marketing campaigns about obesity, which have attracted criticism for being overly simplistic and having a limited effect on intent, action, and success in losing weight (Campos 2004; Riddell and Inman 2007). Social marketing messages are an important vehicle in conveying instructions for the achievement of the normative, thin body through a healthy lifestyle, a project that constructs one as moral, disciplined, controlled, successful, knowledgeable, and properly feminine. In this way, social marketing discourse conceives the fat body as something to be repaired and restored to normality, a directive that obese subjects have identified as discriminatory, judgmental, dehumanizing, and disempowering (Lewis et al. 2010; Thomas, Lewis et al. 2010). Studies have further identified that target audiences consider the guilt, blame, and shame tactics of social marketing campaigns to reinforce the association of fatness with negative personal characteristics, perpetuate antifat rhetoric, and promote stereotypes (e.g., Adler and Stewart 2009; Puhl et al. 2008; Lewis et al. 2011). The negative scare tactics of many social marketing campaigns are moreover thought to demonstrate a lack of understanding of what it means to be fat, with obese subjects overwhelmingly calling for campaigns with positive messaging and research reinforcing that such an approach may be more influential in changing behavior (Lewis et al. 2010; Thomas, Lewis, et al. 2010). In particular, nonstereotypical and positive imagery of obese people has been found to help reduce weight stigma and its associated negative health outcomes and be a preferred form of communication, while stigmatizing images endorse stronger social distance and biased attitudes toward obese people (Pearl, Puhl, and Brownell 2012). This is particularly important, given the widespread negative representations of obese people (Heuer, McClure, and Puhl, 2011) and that images alone have the power to communicate prejudices and influence public attitudes (Gibson and Zillmann 2000).
The “Small Steps” campaign (see Figure 1) for obesity in the United States is a powerful example of how visual representation is used in social marketing to invoke normative messages about women’s bodies that shames those considered to under-perform. It portrays the body of an obese woman in a swimsuit with three cut out edges around her body, each advocating a lifestyle change to which she must submit in order to achieve an acceptable body, such as “started going for short walks during lunch hour” (activity) and “stops ordering take-out and starts cooking healthy meals” (behaving as a responsible woman/mother). Face-ism is a representational convention that describes how men are traditionally portrayed with more prominent faces than women. Close cropping techniques are used in the image to focus on the woman’s hip and thigh. By focusing on body parts as opposed to the whole body, not only is her body sexualized (Goldman 1992), but the woman’s identity is removed. This is reinforced by the absent face and head that removes her intellect, personality, and individuality. By denying these through the visual representation, the woman becomes dehumanized and more easily placed as a site of judgment and control. Idealization is also evident in the image, with the woman depicted as a paper cut out doll, thus perpetuating a view of the female body as something to be molded, improved, and worked upon (Tseelon 1995). If she does as instructed, the woman will be able to trim the fat from her body, but the beneficial outcome is superficial and objectifying—”Just bought bikini that challenges some obscenity laws.” Hence, the campaign constructs women’s corporeal experiences as laden with objectives to satisfy the male gaze as opposed to more emancipatory health outcomes. Instead, the body is constructed as “cultural plastic” (Bordo 1993), in need of alteration, improvement, and transformation to be acceptable under the male gaze. This heightens the potential for girls and women to be unsatisfied with their corporeal state and feel duty bound to correct it. Importantly, the disciplinary practices advocated to achieve this, such as diet and exercise, incorporate bodily norms that aim to produce a body of particular size and shape that meets the standards of an acceptable feminine body in patriarchal culture (Bartky 1988).

The “Physically Active” Woman

In social marketing, physical exercise is presented as straightforward and easy to fit into a daily schedule. Exercise is an integral part of health and fitness. Despite the veracity of assertions about improving physical health and however appealingly simple this might appear on the surface, there are nonetheless unacknowledged pitfalls for women in particular. In the first instance, leisure studies have long pointed to the barriers that women face in getting access to personal leisure (cf. Wearing 1998). Second, Connell’s (1987) widely acclaimed social theorization of the gendered nature of physical activity and its profound implications in the development of masculine identities has a complimentary aspect that asserts physical activities are not only gender-specific (Kane and Snyder 1989), but that the choices women can select from are constrained by appropriate presentations of femininity (Brace-Govan 2010). Malin’s (2010) collection of sixteen accounts of women’s experiences of physical activities, including dance, rowing, body building, and spinning classes, while highlighting deep engagement with physical activities are also underscored by tales of injury and loss. Coulter (2010) recounts her interrupted and spasmodic attendance at gym classes over many years. Reflecting on the gym environment, she notes that interruptions were brought on by feeling out of place, being alone, but most often by the sheer drudgery and the personal significance of other obligations.

Broadening the focus from attitude and having time to engage in physical activity, gendered cultural norms underpin appropriate active embodiments because women have a different relationship to physical activity as compared to men; a point widely made in recent literature (Brace-Govan 2010; Crossley 2006; Dworkin and Wachs 2009; Sassatelli 2010; Sterk and Knoppers 2009). The sex-specific nature of particular physical activities (Kane and Snyder 1989) is revealed when women challenge male dominance in developing physical strength. When cultural norms are complied with, fractures and contradictions are rarely exposed. However, when women undertake physical activities usually associated with masculinity and the hegemonic male body project, the inequalities of access to physical mastery are revealed. Indeed, Bordo (1993) famously used both bodybuilding and anorexia to examine the overly controlled experience of the female body.

Figure 1. "Small Steps" campaign. Source: http://www.brogan.com/blog/creative-social-marketing-obesity-prevention/.
Recent work has investigated the lived experience of women who develop significant musculature and found they face quite specific negative responses (Brace-Govan 2004; McGrath and Chananie-Hill 2009; Scott-Dixon 2008). Moreover, there is little evidence that this cultural script has changed much over the last twenty years (Brace-Govan 2008). Asserting that women’s fitness is most often a cosmetic project, Scott-Dixon (2008) investigated women who lifted heavy weights and became well muscled to better understand how they negotiated their identities. Drawing from the feminist critique of fatness and fitness, she asserts that women’s fitness is “largely imagined in a very limited, individualistic, apolitical sense that does not disrupt dominant ideologies or structures” (Scott-Dixon 2008, 23). These larger women rarely saw images of bodies like their own (Scott-Dixon 2008, 35, 38). Judgments of their body shape by strangers conveyed perceptions that these women were seen as fat (Scott-Dixon 2008, p. 36). Despite many of the fifty-two participants being international and national athletes, their body shape was compared to a restrictive ideal of femininity that equates thinness with fitness (Scott-Dixon 2008).

Through participant observation of ten committed women body builders, McGrath and Chananie-Hill (2009, 242) considered whether these large well-muscled women were engaged in an “intentional transgression of cultural expectations”. Despite finding the experience of physical mastery personally empowering, the women found balancing the requirements and expectations around femininity in everyday life challenging (McGrath and Chananie-Hill 2009). McGrath and Chananie-Hill reported the extensive criticism that these gender rebels experience, including resocializing family members to find their body presentation acceptable (cf. Brace-Govan 2004). Therefore, the sex-specific nature of physical activities remains very much in place and cultural norms for feminine activities and body shapes are both restricted and restrained.

When women who are exhorted to exercise for health reasons gain visible and defined muscles, they are ridiculed and experience social stigma about being too big to be women (Brace-Govan 2004; McGrath and Chananie-Hill 2009; Scott-Dixon 2008). Accusations of being too big for a normal feminine appearance have not restricted to heavy weight training athletes. Even the well-muscled legs of young women volleyball players have been (Thomsen, Bower, and Barnes 2004). Cultural ideals of female slenderness limit the range of body types from which women can choose and the physical activities available. To throw like a girl remains as much an insult to an athlete today as it did when Young (1989) first noted its ubiquitous effect on women’s evaluation of their physical prowess. Normalization and idealization are reinstated when women’s active embodiment is gazed upon, thus perpetuating the marginalization and stigmatizing effects of particular body projects.

The “Find Thirty Every Day” advertisement for physical activity in Australia (Figure 2) provides another compelling example of this idealization—a young, thin, blonde working female is depicted “finding an active way to get around.”


Physical activity in this sense is limited to the “feminine” movement of walking—something that can be clearly achieved without sweating, given the subject is clothed in her working wardrobe of a blouse, skirt, and stockings with the small inclusion of running shoes on her feet. The female subject is completely intact—her hair is styled and she clutches a large handbag—remaining perfectly presentable to the male gaze, begging a somewhat unrealistic scenario. The type of body depicted also exposes the exclusion of the muscular body, reinforcing the desirability of the lithe female figure. Interestingly, in seeking out an example of a social marketing physical activity campaign, we were struck by the general absence of women. Hence, it is not simply a matter of the exclusion of different types of active female bodies, but a lack of representation for women engaging in activity across the board. This contrasts heavily with the overrepresentation of women in obesity campaigns, suggesting that body maintenance for women in social marketing is much more directed by food management than bodily movement.

**The Maternal Woman**

Contemporary writing about the way mothers feed their babies typically privileges breastfeeding, affirming the mantra “breast is best” (Schmeid and Lupton 2001). Toward this end, infant
feeding promotion stresses the importance of breastfeeding for the benefit of babies, and to a lesser extent, for mothers’ health and well-being. This inherently positive approach has resulted in the provision of new support services for mothers, such as lactation specialists and breastfeeding helplines, and increased the number of women breastfeeding (Knaak 2010). However, a growing body of literature details the problematic aspects of the contemporary pro-breastfeeding discourse and its cultural milieu (Ryan, Bissell, and Alexander 2010). Issues raised in this emerging literature draw attention to the increasingly hegemonic and homogeneous nature of pro-breastfeeding discourses, which situate alternative choices about infant feeding as acts of moral deviance rather than counterdiscourses or acts of resistance (Knaak 2010; Lee 2008; Ryan, Bissell, and Alexander 2010).

Many social marketing campaigns reflect biomedical orthodoxy about the positive attributes of breastfeeding by drawing upon scientific evidence about nutrition and maternal and infant health (Ryan, Todres, and Alexander 2011; Wolf 2011). A prevalent persuasive approach for promoting breastfeeding in social marketing campaigns has been to mobilize and reproduce the “good mother” discourse, whereby the performance of breastfeeding is constructed as a crucial element of maternal identity. The good mother archetype is a formidable social construct placing pressure on women to conform to particular standards and ideals, against which they are judged by others and judge themselves (Goodwin and Huppatz 2010). Sociocultural studies (Schulze and Carlisle 2010), including work from marketing (Cook 2011), document mothering choices driven by an ideology of “intensive motherhood,” where a mother who shows anything less than complete absorption in maximizing her children’s potential may be considered a societal failure (Lee 2008).

The idealized good mother identity is not just confined to the personal or private sphere, but is seen to be an imperative to broader societal good. That is, social marketers may emphasize breastfeeding not just because of the benefits for the child and the mother, but for society at large. In this respect, breastfeeding is constituted as more environmentally friendly and economically efficient as well as more likely to produce more intelligent and healthy future citizens (Gartner et al. 2005). Mothering is thus constructed as both a private responsibility of individual mothers and a matter of public scrutiny and intervention, with infant feeding choices being defined as good and bad in health expert and policy discourse (Ryan, Bissell, and Alexander 2010). Lee’s (2008) research with UK mothers illustrates the significance of choices between bottle and breast, revealing how mothers respond to the idea that to do what is good is to avoid doing anything that risks being unhealthy for the child. It is within the discourse of health risks that formula feeding has been constructed as risky for both the physical health of the child and the mother–child relationship (Lee 2008).

The transition to motherhood is a vulnerable time in women’s lives as their sense of agency shifts from autonomy and control, to responsibility for another. During this transition, women are “choosing what kind of mother to be” and discovering there are “no ‘easy steps’ to follow” (The VOICE group 2010, 392), while simultaneously being confronted by social marketing appeals that signify breastfeeding as normal, natural and healthy (Previte 2010). How women experience this contestation is richly evident in the literature that documents the feelings of guilt, shame and self-doubt emerging when breastfeeding is problematic (e.g., Hauck and Irurita 2003; Marshall, Godfrey, and Renfrew 2007). Ryan, Todres, and Alexander (2011, 792) summarize the corpus of breastfeeding research, noting that the moral imperative to breastfeed contributes to a “fragile subjectivity accompanied by lifelong feelings of personal failure and grief” when women have breastfeeding difficulties and decide to bottle-feed.

Taking a feminist lens to social marketing responses to breastfeeding reveals that what are presented as positive and affirmative messages about the health and well-being of individuals and broader society are embedded in morally infused disciplinary discourses. Failure to attend to the regulating intent of breastfeeding campaigns can lead to sanctioning and marginalization. One’s embodied sense of self as a mother may be compromised by feelings of self-reproach attributed to an under/nonperforming maternal body. Most recently, such remonstrations are further exacerbated as moral panic, with medical literature routinely associating childhood obesity with the practices of infant feeding (Arenz et al. 2004).

Visually, these pressures and ideals are clearly represented in the “Be a Star” British campaign for breastfeeding (Figure 3), with particular standards constructed as feminine and appropriate. For example, the “gorgeous” woman in the ad is lauded for choosing to breastfeed, a choice not only good for the health of her child but also for maintaining her own body by “burning up to 500 calories a day.” Face-ism can be observed in the advertisement, with the female subject’s body taking center stage as opposed to the prominence of her face. Archer et al. (1983) found that subjects in their research consistently rated those with less prominent faces as less intelligent and ambitious, hence this symbolic representation in the campaign has far-reaching consequences. The depiction of the idealized female form is clearly evident in the campaign, with the female subject—compared to a “model”—with long blonde hair, lips sultry and slightly parted, wearing revealing clothes in feminized colors that serve to highlight her svelte body and portray her as a sexual object for the pleasure of the male gaze. In the image, the act of breastfeeding is not even depicted, but excluded. Instead, the woman is held up as an attractive object of inspection—a highly unattainable goal for most new mothers struggling to manage the demands of a new baby and recover physically from the act of childbirth. Even the reference to being “a star” conflates the act of breastfeeding with the glamour of celebrity. By portraying such an idealized image at the expense of more realistic and helpful visuals, the problematic construction of “health” behaviors for women in social marketing is highlighted.
Both the review of extant literature and visual analyses in this study demonstrate how women’s bodies are managed and controlled by the practices of social marketing in efforts to promote simple, doable acts to achieve a healthy body. As Sturken and Cartwright (2001) observe, the male gaze is grounded in ideas of spectatorship, which are linked to notions of power and domination. What we can observe from the three advertisements is that the vehicle of social marketing directs certain representations of obesity, breastfeeding, and physical activity for women. Who exactly holds the mandate to create idealized or stereotyped identities of those given voice in the campaigns is unclear. The power may reside with social marketers or funders may direct their actions and choices. Regardless, through the specific semiotic decisions made, power is ultimately yielded to the desires of the (male) spectator or voyeur who looks upon the representations of female bodies in social marketing uncritically, accepting the idealized forms as constituting the healthy and attractive female form.

In the body projects of weight management, physical activity and breastfeeding women exist who cannot participate and are instead categorised and marginalised. By denying the complexity of the lived embodied experience of women, social marketing messages have the potential to lack efficacy and also to stigmatize and damage. In the three advertisements analyzed, social marketing acts as a gendered, regulatory discourse that promotes the idealization of female bodies by invoking normalized representations of what is an acceptable body for women. Our evidence illustrates that tacit body knowledges leads to the construction of particular assumptions about women and their bodies that have the concomitant effect of generating or reinforcing damaging stereotypes. By promoting the ideals of the woman in control of her weight, the woman who engages in appropriately feminine physical activity and the perfect mother, additional pressures are bestowed upon women in undertaking the bodywork of health. This “specter of normativity” promotes a fear of deviance, whereby women feel compelled to control their bodies to position themselves “properly” within health discourse. What is even more problematic about this marketing practice is that the achievement of health for women becomes less about well-being and more about achieving an aesthetic ideal.

Commercial marketing has long exploited idealized, objectified beauty as an aspiration (Joy and Venkatesh 1994; Thompson and Hirshman 1995) to promote the consumption of goods and services. Scholars have long recognized the damaging effects that these unrealistic standards pose for women, such as body image crises, disordered eating patterns, and the promotion of traditional gender stereotypes. Conflating beauty with health in social marketing is highly problematic, given its desired goal to empower and enhance the lives of citizens. Given self-esteem and social status are closely associated with women’s bodies (Saren 2007), representations of the ideal woman lead to invidious social comparisons between the real woman and idealized others (Richins 1991). By also participating in the idealization of women’s bodies, social marketing stigmatizes nonprivileged bodies that are unfit to perform at required standards of femininity (Dworkin and Wachs 2009). Social marketing campaigns focus on “productive” bodies for women that are considered healthy—that is, able to breastfeed, participate in physical activity, and meet a required body mass index statistic. In doing so, women’s bodies that do not breastfeed, are fat or are very muscular are positioned as underperforming bodies that pose public health problems and are stigmatized and publicly denounced because of embodied differences.

In taking this approach, social marketing efforts cast women as vulnerable, whereby the achievement of health promotes additional bodywork for women to craft themselves into an idealized form. Vulnerability is a dynamic and ongoing state (Baker, Gentry, and Rittenburg 2005; The VOICE Group 2010), where women throughout their lives will experience at different times a range of pressures and anxieties. While social marketing aims to promote health, its exploitation of beauty as a source of motivation can evoke emotions of guilt, fear, and loathing. Consequently, social marketing campaigns come to “use the body as a template upon which cultural identities are fashioned and through which public emotions and social

problems are being played out” (Ettorre 2010, 1). Taking this approach, however, begs a wider question: what if the recommended behavior is unattainable or unrealistic in the lived experiences of the women targeted? The answer is not—women will simply screen out the promotion message because it does not fit with their lifestyle practices. Rather, social marketing’s micro processes contribute to contemporary society’s body panic, exploiting women’s guilt, fear, shame, and embarrassment. Thus, unintended consequences create potential damage rather than fostering improved health and social well-being for women. Shifting to the macrocultural level of analysis reveals the adverse and unintended consequences of a micro-marketing focus (Dholakia 2012). It is important to acknowledge that such an orientation, while achieving market efficiency and cost-effectiveness, has emphasized ends over means, efficiencies over equity and “undermines the principles of justice” (Dholakia, 1984).

Expanding the Critical Social Marketing Agenda

Challenging social marketing to engage with a macromarketing societal agenda is no small task and requires careful, critical thinking as well as clear, well-theorized intervention strategies. As we have demonstrated, zooming out from the micromarketing of individualized accounts and a purely social marketing perspective, a macromarketing view offers a research space from which to analyze the “nexuses of institutions” and critique ideological stances (Dholakia, 2012, 221). From this vantage point, the overlapping demands made of women to address surprisingly consistent idealized body shapes, reveals the extent to which micromarketing, in this instance social marketing, needs to expand its critical repertoire and to this end we offer theoretical and practical contributions.

This research makes three theoretical contributions to macromarketing. First, our lens of embodiment theory illustrates how the critical nature of feminist theory can guide marketers to better acknowledge the complexity of the embodied experiences of women, enabling practices such as social marketing to take on a more encompassing agenda that responds to the experience of bodily injustices. For marketers, these insights contribute to existing feminist conversations within this journal (e.g., The VOICE group) and also offer nuanced understandings of structural inequalities within the market system that generate disadvantage or exclusion. Second, we aim to expand the emerging domain of critical social marketing to also acknowledge practices of exclusion in the marketplace, which have previously been framed as unintended consequences. In light of growing reflection on relational exchanges between social marketers and their target consumers (Hastings 2003), it is important to consider the nature of such relationships and problematize the assumptions of parity that are brought to bear upon them. By critiquing exclusionary practices, future research can examine how power and resistance underpin social marketer–consumer relations, in turn opening up more reflexive and inclusive discussions of how social good can take place. Third, in responding to critiques of the limited nature of the current discussion on social justice (Scott et al. 2011), this research facilitates regrounded theoretical discussions of inequality, social justice, and disadvantage that encompass the informal and noneconomic sources of discrimination, such as the disadvantages women can experience when gender differences are overlooked.

We also offer two recommendations for marketing practice. First, to make marketer–consumer relations more equitable and effective (Brenkert 2002), more collaborative, cocreative efforts are needed in which the voices of those targeted/marginalized are effectively heard so that individuals are able to participate in efforts relating to their health status. Engagement in this manner has long been a feminist activist position; yet, very few health initiatives exist which seek to incorporate the views of targeted consumers so that they are involved in issues related to their bodies that go beyond the dominant medicalized health paradigm. To combat this silence, both macromarketers and social marketers should better engage with the lived experiences of consumers. Through participatory action research, the voices of the people whose health is under examination can be fully incorporated. Thus, initiatives should be developed through ongoing engagement in which interventions would be altered in response to participant feedback during the progress of the campaign. This allows for more nuanced views of what is considered to be effective, or even necessary, behavior change as opposed to the perpetuation of unrealistic and gendered ideals. Second, the ways women’s health is represented needs to be revisited. The glamorization of health, particularly through the use of specific and often quite limited visual representations that tap into ideals, is a counterproductive tactic as it simply creates more bodywork, pressure, and vulnerability for women. Moreover, the representation of behavior change as an easy option for women denies the realities of those who choose to enact bodily choices that run counter to these messages, for example, women who choose not to breastfeeding or cease when returning to employment. Strategies need to be developed that give women greater efficacy in the choices they make about their individual well-being. By being more encompassing, more inclusive perspectives on health will be generated that do not have the effect of creating moral work for women in the goal of attaining social good.

Future Research

In this article, we have examined some of the unintended consequences of micro/social marketing, and from a macromarketing perspective have demonstrated the value of bringing a critical lens to studying health and behavior change processes to reveal practices of exclusion. From the macromarketing perspective, we have illustrated the complex behavioral and moral problems that social marketers face when engaging in a welfare exchange (Brenkert 2002) without directing blame at individual practitioners. Indeed, macromarketing allows us to recognize as a discipline the particular challenges social marketers face as they increasingly act on behalf of government agencies.
and funding organizations to address social problems. In return, they are expected to provide behavioral change evidence to justify the marketing investment. To meet such requirements, social marketers rely on the logic of consumer behavior. However, as Brenkert (2002) has explained, the use of behavior change theories to partition consumers’ experiences and inform market segmentation may lead marketers down a path of unwittingly substituting a marketing rationale for relevant moral rationales. In some cases, as we have demonstrated, the designing of solutions to societal concerns about health, which intend to empower target markets, may simultaneously disempower the same group in other crucial realms of their lives. In such cases, the marketing investment contributes to consumer vulnerability (Shultz and Holbrook 2009). As noted by Dholakia (1984), it is through macromarketing that the shortcomings of social marketing are revealed due to the different rationality that is brought to bear. Therefore, if social problems are to be solved through social marketing, its ethical dimensions must be understood and addressed (Brenkert 2002).

Given that this is an underresearched area (Dholakia 2012), the challenges described herein present social marketers with a rich agenda of future health and behavior change research. For example, as social marketing has become more widely applied and adopted by institutions with political and economic power, an opportunity exists to explore the power dynamics experienced by social marketers and their relationships with critical stakeholders such as funding bodies. Empirical studies that document the ethical practices of social marketers would illuminate how they manage and respond to the demands of funding decision makers and how this relationship impacts the design, implementation, and evaluation of social marketing campaigns and programs. A second important strand of research to develop entails the different implications of social marketing efforts. Therefore, in addition to tracking those consumers who succeed in attaining the health and marketing objectives set by funding agencies, researchers should explore the experiences of those consumers who have been disempowered by health campaigns. Studies on this subject could potentially draw from the established research domain of consumer vulnerability (Baker, Gentry, and Rittenburg 2005) to explore the transitive state of health vulnerability, particularly to more closely examine the societal influence of healthism and its sociocultural influence on society. For example, research has begun to document the risk attached to the conflation of health and consumerism, noting that commercialization and health marketing are subjecting women (and men) to new standards of health, fitness, and looking good (Dworkin and Wachs 2009). These new body practices and body ideals are also generating widespread body dissatisfaction, particularly among women (Rysst 2010). Much needs to be done to engage with macro perspectives to examine the potential vulnerabilities of consumers who cannot achieve the standards set by social marketing campaigns, and to also explore where and how funding bodies and social marketers respond to the negative consequences of their programs.

Conclusion Remarks

We have considered how social marketing is complicit in a cultural process that privileges medicalized discourses constructed from truths, facts, and evidence (Crawford 2006; Crawshaw, 2012; Dworkin and Wachs 2009), through which a gaze is directed toward women’s bodies, moralizing when they underperform, take up too much space and not do what is expected of them. Specifically, we have considered how in its current form, the micro orientation of social marketing potentially perpetuates stereotypical injustices and exclusionary practices. Our study highlights how through a macromarketing perspective at the cultural level, visual representations can direct, control, and idealize women’s experiences of weight, physical activity, and breastfeeding, as reproduced through the simple, doable practices promoted to women in social marketing campaigns. If social marketing is to progress from its “intellectual adolescence” (Andreasen 2003) to a holistic, self-reflexive discipline, the assumptions guiding its normative practices require interrogation. We argue that a more critical approach offers a fertile path forward. Specifically, we propose that critical social marketing, informed by a social justice agenda derived from macromarketing, can challenge dominant discourses by acknowledging and engaging with the diversity of lived experiences. The benefit of this approach for social marketing will be to reveal new insights and rekindle past ones, such as marketing’s foundational interest in social and distributive justice (Tadajewski and Macalaran 2008). We call for more nuanced investigations that are critical, healthily skeptical of simplistic binary oppositions, and are aware of the undesirable processes of marginalization. Further, in investigating how acts of consumption are embodied, researchers armed with a social justice focus can better interrogate the social shaping of consumer/ marketer ideas about the body and how understandings of specific identities arise from these bodily constructions.

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