

Health Branding Ethics

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Abstract Commercial food health branding is a challenging branch of marketing because it might, at the same time, promote healthy living and be commercially viable. However, the power to influence individuals' health behavior and overall health status makes it crucial for marketing professionals to take into account the ethical dimensions of health branding: this article presents a conceptual analysis of potential ethical problems in health branding. The analysis focuses on ethical concerns related to the application of three health brand elements (functional claims, process claims, and health symbols) as well as a number of general concerns that apply to health branding as such. Being a pioneering analysis, this article advances the academic understanding of health branding and provides practitioners with knowledge of important

concerns to take into account when marketing health brands.

Keywords Health branding ethics · Health claims · Process claims · Health symbols · Inducement of false beliefs · Distortion of health knowledge · Exploitation of false inferences · Pathologizing · Stereotyping · Medicalization

Introduction

The aim of this article is to analyze potential ethical problems in commercial food health branding.¹ The rationale for aiming at *potential* rather than *actual* problems is that health branding, though a timely issue, is a nascent field of marketing research and the few published studies do not address ethical issues (Chrysochou 2010a, b). Accordingly, the overall purpose of this article is to provide a platform from which future investigations into the *actual* ethical problems in health branding can be progressed.

Food health branding might provide great benefits to the consumer. For instance, health brands communicate easily recognized promises that the products are healthy, which makes reading the nutritional product information superfluous (provided, of course, one trusts the promise) (de Chernatony 2006, 2009; Keller 2008). In this way, health brands could reduce the time and energy that should otherwise be invested in reading and understanding the nutritional information on the back of the pack and, thereby, make the healthy choice an easier choice. Another beneficial aspect of health branding is its potential of social

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¹ Hereafter, “health branding” refers to “commercial food health branding” unless otherwise specified.

norming: recent evidence indicates that the employment of health branding in public health promotion can positively change the social norms governing a variety of health behaviors and motivate people to adopt healthier lifestyles (Evans et al. 2008; Farelly and Davis 2008; Farelly et al. 2002; Hastings et al. 2008; Hecht and Lee 2008; Huhman et al. 2008).

However, one has to weigh up the benefits of commercial health branding against its detriments. Perhaps, the most significant overall ethical concern is that health branding will run counter to the public health efforts to equip citizens with proper skills and knowledge to adopt and maintain healthy lifestyles, because health brand messages aim at generating positive emotional response in order to produce a purchase intention. Thus, the argument goes, health branding is ethically dubious, because it is likely to be a source of unjustified and misleading health information (Nestle 2002). Accordingly, health branding will conflict with consumers' ability to make informed choices and exercise autonomy (Anker et al. 2010). In what follows, we address a number of specific ethical problems in health branding.

The rest of the article comprises four sections. In the first section, "[Health Branding](#)", we define "health brand" and introduce a distinction between three different health brand elements: functional claims, process claims, and health symbols. The second section, "[Ethical Problems Related to Specific Health Brand Elements](#)," analyzes key ethical challenges related to the application of the three health brand elements mentioned above. The third section, "[General Ethical Problems](#)," explores issues that apply to health branding as such. The final section, "[Concluding Remarks and Limitations](#)," gives a brief outline of the contribution of the article.

Health Branding

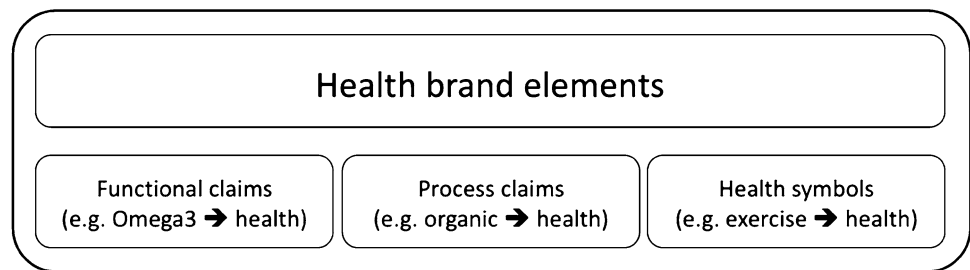
The American Marketing Association defines a brand as "a name, term, design, symbol, or any other feature that identifies one seller's good or service as distinct from those of other sellers (AMA, 2011)." A recent shorthand definition claims a health brand to be a set of associations that individuals hold for health behaviors and healthy lifestyles (Evans and Hastings 2008; Evans et al. 2007). Though not developing a generic definition of health brand, Evans et al. (2008) elaborate on the shorthand definition suggesting especially two constructs to be key components in a health brand: consumer–brand relationships and consumer–brand benefits. Research in relationship marketing demonstrates the notions of consumer–brand relationships and consumer–brand benefits to be deeply intertwined because

consumers are co-creators of brand experiences and brand benefits (Berry 1995; Bitner 1995; Grönroos 1990, 1996, 2006a, b; Prahalad 2004; Vargo and Lusch 2004, 2006).

In branding the idea of consumers as co-creators has usually been connected to service brands (Brodie 2009; Brodie et al. 2006), but Gummesson (1995, pp. 250–251) claims that the distinction between tangible products and intangible services has collapsed, because "customers do not buy goods or services: they buy offerings which render services which create value." In our context, the implication of Gummesson's thinking is that product health brands effectively function as service brands that require the consumer to act as a co-creator of the health brand experience and health brand benefit.

Without making any commitments to the broad scope of Gummesson's general claim, we find the idea of consumers as co-creator's of brand experiences and brand benefits to be significantly relevant in relation to product health brands. The rationale is that health is a complex function of various factors including balanced diet, exercise, meaningful social relations, and mental well-being (Blaxter 1990, 2010). Thus, a brand promising to promote health can only deliver on its promise if it motivates the consumer to engage in health behaviors that significantly exceed that of consuming the health brand product. This means that if health brands are to promote consumers health—as evidence suggests they can (Evans et al. 2008)—health brands should not be viewed as brand entities but social processes (Stern 2006) that facilitate consumer–brand interaction conducive to healthy living. In other words, consumers are co-creators of the health brand promise (e.g., improved health), because food-related health status is a function of a complex set of actions deeply embedded in the consumers' actual lifestyle and their overall eating patterns.

As to the second health brand construct—consumer–brand benefits—there is a fundamental distinction between at least two rudimentary forms of brand benefits: functional and symbolic (de Chernatony 2006; Keller 2008; Park et al. 1986). *Functional brands* are designed to solve or prevent a problem or to enable the consumer to more effectively carry out a specific undertaking (Park et al. 1986). Functional health brand benefits are quite obvious, i.e., improved health status and decreased risk of developing disease. *Symbolic brands* are identity oriented as they promise to associate the consumer with a desirable self-image or social group (Park et al. 1986). Symbolic health brand benefits are, perhaps, not as obvious, but recent consumer research has demonstrated that being fit and slim are not just symbols of adequate physical and psychic functioning, they are attractive symbols of health, which consumers associate with a range of positive personal benefits such as self-control, intelligence, and leading a meaningful life (Kristensen et al. 2010). The subsequent analysis of ethical aspects of health

Fig. 1 Health brand elements

branding has been informed by the distinction between functional and symbolic brand benefits.

To summarize, a health brand is a set of features that identifies and distinguishes a health product (or service) from its competitors by promising functional or symbolic consumer–brand benefits, which are to emerge in a process of consumer–brand interaction. Health brands are, like all other types of brands, multifaceted concepts build of a variety of brand elements such as “brand names, URLs, logos, symbols, characters, spokespeople, slogans, jingles, packages, and signage (Keller 2008).” In this article, however, the focus is on three distinct health brand elements, i.e., functional claims, process claims, and health symbols. In what follows, we explain each of the health brand elements (see Fig. 1).

Functional Claims

Functional claims have the form of health and/or nutrition claims, which promise to improve consumers’ health, help maintain good health or prevent disease. Nutrition claims state, suggest or imply that a food product has particular beneficial nutritional properties (EC 2006). Nutritional claims are, for instance, statements of the form “contains Omega3,” “enriched with bran,” “low in saturated fat,” or “reduced salt.”

Health claims state, suggest or imply a relation between consumption of a particular product and maintaining good health, promoting health or preventing disease (EC 2006). Health claims are, for example, statements of the form “Omega3 is good for your heart,” “calcium helps you build strong bones and teeth,” or “oat bran can reduce cholesterol.”

On a literal interpretation, nutritional claims are quite distinct from health claims, because they do not assert any relationship between the product and health. Nutritional claims simply highlight the presence or level of specific nutrients in the product, whether healthy or not. Though little is known about the inferences consumers make while processing nutritional claims, there is growing indication that consumers interpret nutritional claims as health claims (Grunert and Wills 2007; Williams 2005). Thus, marketers can use both types of functional claims as health brand elements.

Trans-national and national laws (e.g., EC 2006; FDA 1994) regulate the use of health and nutrition claims, which

means that functional health brand elements must be adequately supported by scientific evidence.

Functional claims are integral components of health brands (Chrysochou 2010a). Consider, for instance, Yakult, a probiotic skimmed milk-based drink invented in Japan in 1935. The dominating theme in their marketing communications is a functional claim to improve digestive health (www.yakult.co.uk).

Process Claims

In health branding, process claims represent characteristics of the production process that are likely to influence the consumer to infer that the product is healthy. Several studies have demonstrated that consumers often interpret process claims—such as “organic production” (Baker et al. 2004; Eurobarometer 2006), “locally produced” (Roininen et al. 2006), and “non-genetic-modified” (non-GM) (Grunert et al. 2001)—as an indication of a food products’ healthfulness. Thus, process elements suggest that products belonging to a given category (e.g., organic milk) are healthier than comparable products from the same product category (conventional milk), because of the production process (organic farming). In order for a business to be allowed to use a process claim, e.g., “organic,” it needs to satisfy certain criteria of production (e.g., EC 2007; USDA 2005). However, there are no regulations in place that govern the deliberative use of process claims as indicators of product healthfulness regardless of whether such inferences are scientifically substantiated or not.

Like functional claims, process claims are integral components of health brands (Chrysochou 2010b). For example, the Scandinavian dairy company, Arla Foods, often uses process claims on their various health brands (e.g., Arla Cultura Shot), which presumably reinforces the overall perception of product healthfulness www.arla.dk/Produkter/Brands/Cultura/).

Health Symbols

Symbolism plays a crucial role in brand management and brand consumption. From a managerial point of view, the

notion of brand symbolism is closely related to brand names and brand logos: brand symbols are versatile constructs that transfer well and ensure instant recognition across cultures, segments, nationalities, and product categories (Henderson and Cote 1998; Keller 2008; van der Lans et al. 2009). From a consumer point of view, brands are deeply embedded in individual identity projects in the sense that consumers view brands as symbolic resources enabling the construction and expression of a desired self-image (Arnould and Thompson 2005; Belk 1988; Fournier 1998; Schembri et al. 2010; Solomon 1983; Wattanasuwan 2005). Brand marketing informs the consumer of a brand's functional features and capabilities, but also impart to the brand symbolic meaning relevant to consumers (Meenaghan 1995). Thus, brand marketing communications is an inherent part of symbolic consumption that encourages and reinforces the employment of brands as narrative material to construct and express desired self-identities (Escalas and Bettman 2003, 2005). It is health symbolism in this last sense that is relevant to this article. Accordingly, health symbolism as a health brand element refers to the process of employing to a health brand abstract concepts (e.g., depiction of physical activity, slim bodies, fruits, and vegetables), which impart to the brand symbolic health related meaning relevant to consumers.

A clear-cut example is Hovis' wholegrain bread brand, Hovis Wholemeal. Through primarily functional claims—e.g., “naturally rich in wholegrain goodness for a healthy heart” and “people with a healthy heart tend to eat more wholegrain foods as part of a healthy lifestyle”—Hovis establishes Hovis Wholemeal, as a functional health brand. Yet, in connection with specific campaigns, Hovis augments the functional dimension with health symbols. Consider, for example, the 2010 wholemeal campaign featuring professional cyclist Victoria Pendleton, seven times World Champion as well as Olympic Champion 2008. Depicted on the wrapping of Hovis Wholemeal, Pendleton racing on her bike adds an emotional or experiential dimension to the brand, which invites the consumer to associate the product with performance and endurance. Thus, the depiction of the athlete works as a symbolic health brand element that adds an emotional or experiential dimension to the functional health messages.

To summarize, functional claims state or imply a direct relation between product properties and physical or mental health. Process claims trigger associations between a product and health by highlighting processes—by which the product is manufactured—that consumers think imply that the product is healthy. Health symbols aim at augmenting to a health brand an emotional or experiential dimension through depiction of abstract concepts such as “the sea,” “friendship,” “fruit,” “exercise,” and “blossoming tulip fields” that consumers associate with healthy lifestyles.

Ethical Problems Related to Specific Health Brand Elements

In this section, we explore potential ethical issues related to the application of the three health brand elements outlined above. Seeing that health branding is an emerging research topic and that there is no prior research into the ethics of health branding which this article can be defined against, we will propose a distinction between epistemic and emotional ethical problems. The rationale for the distinction is twofold. First, the distinction converges on an important difference between the health brand elements: functional and process claims inform about factual product features and, thus, assign descriptive content (Keller 2008) to a health brand, whereas health symbols impart symbolic meaning and, thus, assign emotional or persuasive content (Keller 2008) to a health brand. Second, the distinction also converges on the problems emerging from the analysis of the health brand elements. Factual and process elements turn out to be correlated with epistemic problems: the main underlying ethical problem regarding factual claims is the inducement or exploitation of false beliefs (e.g., pathologizing), whereas process claims pose a problem because they allow for the exploitation of unjustified inferences. By contrast, symbolic elements turn out to be correlated with inappropriate emotional appeals (e.g., stereotyping).

Functional Claims: Ethical Challenges

As illustrated above, functional claims state or imply that there is a correlation between the consumption of a product and health. A natural interpretation of a promotional functional claim of the form “Product P contains Y, which is good for your health in X respect” is to form the belief that consumption of P improves one's health in X respect. Likewise, an obvious interpretation of a preventive functional claim of the form “Product P contains Y, which reduces the risk of developing disease in X respect” is to form the belief that consumption of P reduces the risk of developing disease in X respect. Along these lines, it is natural for consumers to infer that consuming a product augmented with a functional claim either promotes health or reduces risk of developing disease. Though entirely comprehensible, these interpretations are—seen from the perspective of professional nutritionists—very often naïve and flawed (Cowburn and Stockley 2005; Gorton 2007; Grunert and Wills 2007; Mannell et al. 2006; Williams 2005).

The problem is, the objection goes, that no single product is healthy or unhealthy; it is diets or patterns of food consumption that are healthy or unhealthy (ADA 2007). Particular foods do have different nutritional qualities and it

is appropriate to think of products as being of good or bad nutritional quality (e.g., nutrient density (Miller et al. 2009)). However, it is erroneous to infer that consumption of products of low nutritional quality is necessarily unhealthy and vice versa (ADA 2007). The point is that what makes up healthy or unhealthy consumption of products is not solely the products nutritional qualities (or lack thereof), but the average frequency as well as amount of consumption (WHO 2000; USDHHS and USDA 2005). Almost any type of food can fit into a healthy diet “if consumed in moderation with appropriate portion size and combined with regular physical activity (ADA 2007, p. 1224).” Simply put, health is a function of the total diet, not of consumption of particular food products or categories.

Against this background, one could reasonably argue that health branding is deceptive to the extent that it induces in consumers the unjustified belief that consumption of individual products promotes health. And one could extend this argument claiming that inducing unjustified beliefs about the relation between food consumption and health is particularly harmful, because it impairs consumers’ ability to make reasonable healthy choices and adopt healthy lifestyles. In what follows, we will challenge this argument. One way of doing so is to repudiate the assumption that individual products cannot be healthy or unhealthy in their own right. However, this is a very predominant and influential assumption among nutritionists. Another more promising route is to distinguish between broad and narrow functional claims.

A narrow functional claim intentionally conveys that consumption of a food product can improve health. By contrast, a broad functional claim intentionally conveys that a food product, consumed as part of a specific type of lifestyle, can promote health. Now, even if it is the case that narrow functional claims are always false, we can justify broad functional claims. The justification goes like this: a brand non-deceptively applies a broad functional claim to the extent that the brand universe encourages certain patterns of consumption, which, if adopted by the targeted consumers, are likely to bring about the health benefit promised by the claim. The underlying idea is very simple: if a brand can encourage consumers to think of individual products as healthy in their own right (narrow functional claims) as the critics claim, then it is reasonable to assume that a brand likewise can encourage consumers to think of specific types of lifestyles (or patterns of consumption (Anker et al., forthcoming)) as healthy or unhealthy (broad functional claims). And since the underlying assumption is that health is a complex function of lifestyles and eating habits, then marketers can justifiably use broad health claims provided they actively encourage and enable consumers to adopt healthy lifestyles.

Some might think that this argument is technically solid, but practically flawed, because marketers only have limited options to encourage and enable healthy lifestyles. However, research demonstrates that both social marketing (McDermott et al. 2006) as well as commercial marketing (Kotler and Lee 2005) can be an effective tool to promote healthier lifestyles.

Process Claims: Ethical Challenges

Through reference to the production method, process claims influence the consumer to associate a product with health. Thus, if a target group associates, say, organic or locally produced food products with health because of the attributes “organic” and “locally produced,” then marketers can use these attributes as health brand elements in that target group.

Process claims are ethically interesting because they, though justified, oftentimes lead to unjustified inferences. For example, 8% of consumers throughout the European Union interpret the process claim “organic” as an indication of product healthfulness (Eurobarometer 2006), despite the fact that evidence suggests non-organic products are as healthy as their organic counterparts (Dangour et al. 2009; Williams 2002). When food manufacturers use justified organic claims without the intention of encouraging unjustified inferences to product healthfulness, the application of process claims is fully warranted. However, if food manufacturers employ justified process claims with the intention of triggering unjustified inferences to product healthfulness, the application of process claims is unethical. It is, however, very difficult to decide if the application of process claims is intended to trigger unjustified inferences. Perhaps, instead of focusing on food manufacturers’ and marketers’ intentions when employing justified process claims, one should perceive of this situation as a lack of health marketing literacy: the ethical problem is, then, that many consumers are not adequately skilled to interpret the meaning of common food claims (Gorton 2007; Mannell et al. 2006).

Health Symbols: Ethical Challenges

This sub-section analyzes two ethical problems correlated with the application of health symbols in health branding: stereotyping and medicalization.

Stereotyping

Stereotyping, which we define as the creation or reinforcement of one-sided representations of persons, social groups, norms and values, is a well-known problem in some areas of marketing (de Mooij 2005), in particular

sexual and gender stereotypes in advertising (Black et al. 2009; Hastings et al. 2010; Reid and Jones 2010; Thomas 2009). Research in social psychology suggests that being exposed to stereotype stimuli can motivate individuals to adopt behavioral assimilation, i.e., to act in accordance with the perceived character traits of the stereotype (Bargh et al. 1996; Schubert and Häfner 2003). No previous research has established the existence of health stereotypes in marketing, but analysis of actual health brands suggests the existence of such stereotypes. Kellogg's cereal brand, Special K, provides a telling example.

Frequent application of functional health claims on the cereal box and product website suggests that Special K is a health brand. To be emotionally appealing to the target consumers, Special K employs as a key symbol of health the depiction of ultra-slim models (www.specialk.co.uk). Recent research in consumer behavior demonstrates slimness as one of the most common and favorable health symbols among contemporary consumers (Kristensen et al. 2010).

One can argue that using "slimness" as a health symbol—and actively encouraging women to get slimmer as Special K actually does—is not a problem because ample research demonstrates excessive body mass to be causally correlated with a number of health conditions such as cardiovascular diseases (Lavie et al. 2009), type 2 diabetes (Mokdad et al. 2003), hypertension (Rahmouni et al. 2005), certain cancers (Bianchini et al. 2002) and, in general, with loss of quality of life (Fontaine and Barofsky 2001) and shorter life expectancy (Peeters et al. 2003). The ethical concern is, however, that slimness is only one out of many different indicators of being healthy (Bowling 1991; Ware 1987) and, therefore, that behavioral assimilation (Bargh et al. 1996; Schubert and Häfner 2003) of this stereotype can distort individual health behavior through an excessive focus on slimness. Thus, the general concern is that behavioral assimilation of health stereotypes might lead to patterns of health behavior that excessively promote one aspect of health while suppressing other patterns of behavior necessary to obtain or maintain good health (Bowling 1991; Ware 1987).

Medicalization

We define medicalization as the act of subjecting aspects of life, not previously conceived of as health topics, to a health discourse.

Furthermore, we propose to distinguish between two forms of medicalization. The first form, descriptive medicalization, is to describe and tackle as medical problems human conditions not previously thought of as medical problems. Consider, for example, overweight and

obesity, which the report "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity" for the first time officially described in medical terms as "epidemic" in 2000 (Mitchell and McTigue 2007). The second form, symbolic medicalization, is to influence people to associate with health aspects of life not previously thought of as health issues. In this sense, medicalization is the process of transforming into symbols of health phenomena, which people usually not correlate with health. A telling example of symbolic medicalization is bottled water, which has become a clear and expressive symbol of healthy living.

Whereas marketing fueled descriptive medicalization is a well-known problem in the pharmaceutical industry where marketers sometimes conceptualize normal physical states as diseases (e.g., age-related hair loss, menstruation (Brennan et al. 2010; Moynihan and Cassels 2005; Myers and Stafford 2007)), symbolic medicalization in marketing has been ignored. Interestingly, it is exactly this latter form of medicalization to which health branding is prone. Medicalization occurs especially in relation to the use of health symbols because the very aim of this health brand element is to broaden or expand the health context into realms of consumers' life that, when symbolically represented in a brand campaign, create more emotional response than factual health claims having a more rational appeal usually do. As such, health symbolism is a method that is likely to influence consumers to associate new aspects of life with healthy living. And this is exactly what we dubbed symbolic medicalization.

Brennan et al. (2010) mention a range of negative consequences associated with descriptive medicalization, but the ethical impact of symbolic medicalization is hitherto unaddressed. However, previous research in public health communications suggests that public indifference (i.e., desensitization, Cho and Salmon 2007) emerges as a result of repeated exposure to public health messages (Kinnick et al. 1996). Against this background, it is reasonable to infer that public desensitization can occur as a response to symbolic medicalization through which health messages become more and more pervasive in the life of consumers.

General Ethical Problems

In the previous section, we analyzed ethical problems arising from the application of three specific health brand elements: health claims, process claims, and health symbols. In this section, we take a more general approach and explore specific ethical problems that apply to health branding per se.

Creating Irrational Concern: The Problem of Pathologizing Consumers

The overall aim of health branding is to strengthen brand awareness, brand positioning and, eventually, create purchase intentions. In order to achieve this aim, marketers need to make the brand relevant or appealing to the consumer. The brand must create or exploit an incentive and, in our case, that incentive ties into health and healthy living. Interestingly, when we ask what it is for a health brand to be relevant or appealing to the consumer a new ethical problem emerges: the problem of pathologizing the consumer. For our purposes, we define pathologizing as the act of inducing in a person the unjustified belief or feeling that he or she is sick or should be seriously concerned about developing health problems.

Imagine a functional brand for a probiotic milk-based drink that promises to create or maintain a healthy digestive balance. Fundamentally, when we ask for whom such a brand is relevant, we naturally reply “for consumers that experience digestive problems or have reasonable concerns about maintaining a healthy digestive balance.” Accordingly, the “natural” target group is consumers who actually experience digestive problems or have reasons for concern regarding maintaining healthy digestion. Health branding for a product that promises to create digestive balance usually also reaches consumers who do not experience any digestive problems and who—given their lifestyle—have no reason to be concerned about digestive health. The essence of the problem is that consumers who do not suffer from digestive problems and have no reasons for concern might perceive the powerful, persuasive health brand communication as conveying relevant information and, accordingly, form the unjustified belief that they are at risk of developing digestive problems and, therefore, need the functional benefits, which the health brand offers. To sum up, the problem of pathologizing the consumer is that health brand communications might induce in healthy persons an unjustified belief that they do have health problems or should be seriously concerned about developing health problems.

Though unable to judge the actual frequency of pathologizing in health branding, we are in a position to describe the seriousness of the problem when it occurs. Initially, one might think of the problem in terms of “collateral damage,” that is, one views pathologizing as an unintended but known side effect of health branding. On this understanding, the scope of the problem would be determined by the frequency and amount of collateral damage: how many people will be harmed in this way compared to the number of people who will be unaffected or benefit from this particular type of health branding. However, on critical reflection it appears that pathologizing

is a much deeper problem that has to do with the very structure of what it is to do business.

On the assumption that corporations ultimate goal is to raise profits, it is reasonable to claim that pathologizing should not just be treated as a matter of collateral damage, but as a tempting marketing strategy. The reason is this. In order for a functional health brand promising to solve problem X (e.g., digestive imbalance) to be relevant or appealing, the consumer must normally think of him- or herself as having reasons to be concerned about problem X. This means that a perfectly rational way of getting the highest possible market share is to try to induce in people the unjustified belief that they have a health problem or have reasons to be seriously concerned about developing health problems. From a strictly profit-oriented point of view it is entirely rational to pathologize consumers because it is a lever to expand the target group, win market shares, and raise profits.

To our best knowledge, there is yet no evidence as to the degree to which corporations with health brands in their portfolio deliberately pathologize consumers in order to expand their target group, but exactly this kind of pathologizing is a well-described problem in pharmaceutical marketing (Brennan et al. 2010; Moynihan and Cassels 2005; Myers and Stafford 2007). There is, however, strong evidence that emphasizes the significant harmfulness of the problem. The act of pathologizing induces in consumers a belief that they have health problems or are at serious risk of developing health problems. Pathologizing becomes harmful exactly because believing oneself to be in good health and/or to execute appropriate health behaviors—i.e., having a strong self-efficacy belief (Bandura 1997)—is a psychological precondition of actual health status and engagement in health behaviors (Caprara et al. 2008; Cross et al. 2006; McAlister et al. 2008; O’Leary 1985; Stretcher et al. 1986), including physical exercise and consumption of fruit and vegetables (Reuter et al. 2010).

Capitalizing on Existing Concern

Pathologizing the consumer is essentially about creating irrational health concerns. A thematically related, yet quite distinct, issue is the problem of exploiting existing irrational concerns. To put it differently, where pathologizing creates irrationally concerned consumers, this paragraph will analyze how health branding sometimes also capitalizes on already existing irrational concerns among consumers. One such example is Kellogg’s breakfast cereal brand, Cocoa Krispies. Launched in the USA in 1958, the brand has undergone a series of re-positionings ever since and has recently (October 2009) been re-branded as a health brand employing the functional claim “Now helps support your child’s immunity” (Buss 2009). Furthermore,

a signpost claims: “25% daily value of antioxidants and nutrients. Vitamins A, B, C & E.”

One can reasonably object that the implied health claim (that the product improves one’s immune system) is unjustified, because there is little scientific evidence that supports the claim and a good deal of scientific evidence that contests it (Horowitz 2009a, b). Moreover, there is an important piece of background information: Kellogg’s re-launched the cereal brand with its functional immunity claim when the global fear of swine flu was peaking (Horowitz 2009a, b). The point is that a credible explanation of this incident is to assume that Kellogg’s intentionally capitalizes on consumers’ irrational concern for being deficit in vitamins at a time where consumers are especially vulnerable.

In its own right, it is morally dodgy to exploit consumers’ irrational concerns. Marketers and consumers engage in a relationship the ultimate purpose of which is the exchange of products for money. To this end, the contemporary western marketplace allows marketers to emotionally persuade consumers to buy products, but cunning, lying, cheating, and deceiving is banned (Brenkert 2008). Exploiting irrational concern is most reasonably thought of as form of cunning, whereas application of unjustified product claims is a form of deception. Against this background, we can hold that Kellogg’s marketing of Cocoa Krispies Immunity is a fairly obvious example of health brand deception (to the extent that the health claim is unwarranted) and cunning (insofar as they exploit consumers irrational health concerns).

However, there is another problem as well. When marketers exploit consumers irrational concerns, their interest is to use these concerns as a vehicle to create purchase intentions. An unintended side effect is that the exploitation of irrational concerns could also work as a form of false substantiation of these concerns. One could fear that health branding such as Cocoa Krispies Immunity—in addition to tying into and capitalizing on consumers irrational health concerns in order to create purchase intentions—provides foundation for these irrational health concerns in the sense that the affected consumers perceive the marketing communications as a form of justification for their irrational concern. The following scenario demonstrates the point. Imagine that a consumer, C, trusts the marketing communications of a common health brand, which conveys the impression that vitamin deficit is a common problem as well as promises to solve that problem through added vitamins. Moreover, assume that C is irrationally concerned about being deficit in vitamins. In this situation, it is rational for C to interpret the marketing communications as an indication that his or her concerns about being deficit in vitamins are reasonable, because the communications—which C trusts—convey the impression

that vitamin deficit is a common problem. In this case, health branding works as a form of justification of C’s irrational belief that he or she is deficit in vitamins.

When Kellogg’s launched Cocoa Krispies Immunity, authorities, academics, journalists, and NGOs immediately challenged the product’s claim to help support children’s immunity (Horowitz 2009a). The opposition was so strong that Kellogg’s removed the functional health claim from the product (Horowitz 2009b).

Distortion of Everyday Knowledge of Healthy Eating

At home, in kindergartens and nurseries, children learn about food and health (Summerbell et al. 2005) and most children know, say, that carrots are healthier than sweets. In other words, from a very early age we build up folk or everyday knowledge of healthy eating. Curriculums in primary schools as well as various forms of public health campaigns support and extend this everyday knowledge of health issues with more advanced knowledge of healthy diets (Summerbell et al. 2005). One could fear that this carefully build up everyday knowledge about healthy eating is at odds with health branding. The alleged reason is that health branding positions as healthy products, which consumers in light of everyday knowledge and actual food culture usually would not associate with healthy eating. Thereby, health branding has the potential to conflict with the longstanding public health efforts to create a healthy food culture build on objective advice, knowledge, and simple heuristics. We will consider two examples.

By inducing the belief that new product types (e.g., breakfast morning bars) can make up a healthy part of a proper meal or perhaps even substitute a normal meal, marketers disturb the sound and cautiously formed everyday health knowledge of what a proper meal (e.g., breakfast) consists of. A good example is Kellogg’s cereal bar brand, Nutri-Grain, as marketed in the UK. On the wrapping of the bars it says “Nutri-Grain—morning bar,” suggesting that the bar is a nutritious part of modern breakfast. This type of health branding runs counter to everyday knowledge and public advice, which normally do not recommend bars as part of a healthy breakfast (e.g., USDHHS and USDA 2005). On the strongest formulation of this objection, the problem is present even if the bars are in fact nutritious, because the underlying problem is that positioning of bars as part of a healthy breakfast is per se at odds with the allegedly better “breakfast culture” that public health professionals try to establish.

Another illustrating example is bread baked on white wheat.² White wheat is much higher in fiber than

² We owe the example to Morten Strunge Meyer, Project Director, Unit for Health Promotion, The Danish Cancer Society.

traditional wheat, which means that white wheat breads are nutritionally very good choices compared to white bread baked on traditional wheat. On the one hand, this is great news because the fact that white wheat breads actually are white in color might make it much easier to make people—who prefer traditional white breads—swap to healthier alternatives. On the other hand, the worry is that branding as healthy white wheat bread products will compromise the sound everyday heuristic that white bread is unhealthy, brown or black healthy. Thus, health branding of products usually not associated with healthy eating could be counterproductive to the public health efforts that go into building up sound folk knowledge about healthy eating. The anticipated conclusion is, largely, that health branding in such cases impairs consumers' ability to make healthy choices through confusing sound health heuristics.

Anti-consumption

As described in the sub-section “[Health Symbols](#),” consumers use brands as symbolic devices to construct social meaning, in particular construction and expression of self-identity (Arnould and Thompson 2005; Belk 1988; Fournier 1998; Schembri et al. 2010; Solomon 1983; Wattanasuwan 2005). The field of symbolic brand consumption is, however, not exhaustively described by discovering the sum total of ways in which consumers use brands to yield social meaning. The reason is that brand rejection—i.e., avoidance of certain brands or brand-associated lifestyles perceived to impart negative meaning to one's desired self-identity—constitutes an important form of symbolic consumption known as anti-consumption (Cherrier 2009; Hogg et al. 2009; Lee et al. 2009). The phenomenon of anti-consumption is a maturing field of research in consumer behavior (Banister and Hogg 2004; Holt 2002; Thompson and Arsel 2004; Thompson et al. 2006).

Lee et al. (2009) introduce three different forms of anti-consumption: experiential, identity, and moral. (a) Experiential anti-consumption occurs as a function of unmet consumer expectations related to actual consumer experiences of a brand. (b) Identity-oriented anti-consumption occurs when a given brand image is perceived to be incongruent with the individual's identity. (c) Morally motivated anti-consumption occurs when certain brand values or associations are perceived to run counter to the individual's moral or ideological beliefs. In the context of health branding, identity-oriented anti-consumption is of particular importance. Interim findings from a survey into teenagers' perception of food brands and branding (including some health brands) suggest that identity-oriented anti-consumption is actually taking place in health branding (ISM 2009): some social groups perceived of health brands as expressing undesired symbolic values

(e.g., being geeky, snobbish, and upper-class) from which they dissociated themselves.

If the consequence of identity-oriented anti-consumption in health branding is rejection of particular health brands, then the problem is only of real relevance to businesses and does not address the broader health agenda. However, if identity-oriented anti-consumption in health branding leads to rejection—not just of particular brands—but of the lifestyles which health brands express, then the problem is of crucial significance because this would imply a rejection of healthy living as an appealing lifestyle. The actual evidence on the existence of identity-oriented health brand anti-consumption underdetermines whether this form of anti-consumption involves rejection of healthy living as an attractive lifestyle, but the literature on symbolic consumption cited throughout reminds us that this is a realistic scenario of which we need to be aware.

Brand Extensions

A brand extension is an introduction of an established brand name to a new product. Transferring brand values and brand promises from the base brand to new product categories, brand extension strategies offer many benefits, most notably by giving new products instant recognition and faster acceptance (Keller 2008; Kotler et al. 2008). There are two forms of brand extensions (Keller 2008): (a) line extensions apply the brand name to a new product within the same product category; (b) category extensions apply the brand name to a new product in a new product category. Kellogg's Special K employs both types of brand extensions: (a) The original Special K breakfast cereal has been subject to various line extensions (e.g., Special K Red Berries, Special K Fruit & Nut); (b) the Special K brand name has been extended to new product categories such as cereal bars (e.g., Special K Bliss Bar).

There is nothing ethically problematic with brand extensions per se, but in connection with health branding there is a subtle challenge. When brand managers introduce health brand category extensions, it is natural for consumers to form the belief that the new product also delivers on the overarching health promise of the parent brand (Keller 2008). However, as the following example will demonstrate, this natural interpretation is not necessarily justified.

When Kellogg's decided to add to the original Special K cereal brand the category extension Special K Bliss Bar, they extended their health brand promise to apply to this new product category as well (Keller 2008). Compared to Special K cereal, the Special K Bliss Bar is high in fat and sugar. Special K Original (breakfast cereal): fat 1.5 g of which saturates 0.5 g; sugars 17 g. Special K Bliss Bar Chocolate & Orange (cereal bar): fat 10 g of which

saturates 5 g; sugars 36 g (Kellogg's 2011). Yet, it is natural to think of Bliss Bar as a nutritious product, because it ties directly into a well established and, assumingly, nutritious parent health brand. The basic ethical point is that category extensions of low nutritional quality to established nutritious health brands have a potential to misguide the consumer to automatically overrate the products nutritional quality, because the promise of the parent brand is automatically inferred to the brand extension (Keller 2008).

Concluding Remarks and Limitations

The aim of this article was to analyze ethical challenges in commercial food health branding. The analysis has demonstrated a host of problems relating (a) to the application of three health brand elements (i.e., functional claims, process claims, and health symbols) and (b) to health branding as such. To demonstrate that the various ethical problems—though, perhaps, looking speculative at first glance—are correlated with and therefore potentially impact on individual health status, the analysis was grounded in wider academic literature, in particular research in determinants of health behavior (e.g., Bandura 1997, Caprara et al. 2008; Cross et al. 2006; McAlister et al. 2008; O'Leary 1985; Stretcher et al. 1986) and consumer research (e.g., Arnould and Thompson 2005; Belk 1988; Fournier 1998; Schembri et al. 2010; Solomon 1983; Wattanasuwan 2005).

This is a pioneering study into the ethical dimension of food health branding, which advances the academic literature on applied marketing ethics and provides an important point of reference for marketing practitioners wishing to conduct ethically responsible health branding.

The article provides, however, not an exhaustive analysis of health branding ethics: there are two principal limitations. First, the article is clearly limited by the authors' choice of only three health brand elements to be analyzed. A brand is a complex, multifaceted concept, which emerges over a prolonged period of time as a function of the application of a variety of marketing tools and techniques. Future research should attempt to extend the exploration of health branding ethics by analyzing ethical concerns related to other important health brand elements such as pricing strategies; PR; relationship marketing; channel strategies; sponsorships; celebrity, expert, and NGO endorsements.

Second, the tenor of this article is negative in the sense that we exclusively focus on the perils of food health branding and ignore all the promises. Seeing that poor consumer choices are part of the explanation of the current obesity epidemic, health branding might play an important role in influencing consumers toward healthier food options

(Gordon et al. 2006; McDermott et al. 2006). Thus, there is an apparent need for future research to analyze how best to employ health branding as a resource to promote healthy living.

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