

# **The Healthy Body as Religious Territory: Is Health Consumerism a New Religious Practice?**

**Matthias Zick Varul**

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Parallels between health, consumerism and religion are commonly established on the basis of similarities in appearance: Sites of consumption increasingly look like sites of worship, “cathedrals of consumption” (Ritzer 1999: 8ff.). At the same time consumerism seems to have consumed religion (Clapp 1998: 174) compelling religion itself to engage in a promotional culture (e.g. O’Guinn and Belk 1989), matching the cathedrals of consumption with “shopping mall churches” (Sargeant 2000: 106).

The cult of the healthy body in consumer culture, the promise of health as beatitude, as “state of complete physical, mental and social well-being” (WHO 1986) appears to constitute a new form of idolatry replacing salvation in eternity with fitness in an ever expanding life-span. Religions had already discovered the therapeutic aspects of belief as a selling point when they got entangled in the “web of the market” in antebellum America (Moore 1994: 136ff.).<sup>1</sup> One could say the body and its health has become a territory of both visible and “invisible religion” (Luckmann 1967) resacralizing the supposedly secularized sphere of everyday life.

To go beyond the impressionistic I will approach the issue by developing such parallels from structural properties of religion, namely the “dialectics of probation” (Oevermann 1995) and “substance logic” (Dux 1982).<sup>2</sup> I will argue that while religious production of meaning has become problematic in a consumer culture, consumerism itself offers effective and flexible alternatives. Religiosity migrates from churches, mosques, synagogues and temples into the consuming body; and by this the nature of religiosity is significantly altered. This body is no longer the “temple of the Holy Spirit” but the temple of the consumer self. In such “self-

religiosity” (Heelas 1994: 104) the individual self made a godlike spiritual entity and the body becomes a sacred terrain. I will conclude, however, that this does not lead to a new religion in the full sense but into an *ersatz* religiosity that is *ephemeral* and only based on *half-belief*.

### ***Probation***

Oevermann (1995) theorizes religion from the core problem it traditionally works on: the paradox unity of finiteness and infinity that is inherent in the logic of human action: its freedom under the condition of temporality. Every action is a finite selection out of a potentially infinite horizon of alternatives. This calls for a justification of choice against the possibility of the de-selected alternatives. We need to be able to account for our having done one thing and not another – and we must allow ourselves to be measured according to our choices and their justifications. Human agency must prove itself not just in the face of mortality and final judgment, but potentially already on the micro-level of every single action. Being, as Sartre (1949: 638ff.) famously put it “condemned to be free” and hence responsible, accountable for our actions not unlike prisoners released on parole – always being given one last chance like the protagonists in his *Les jeux sont faits*.

Traditionally, religions have dealt with the problem of probation, on the one hand, by laying down rules for everyday life legitimated by divine authority (Geertz 1985: 67) and, on the other hand, by shifting the burden of probation in crises, in the unavoidable “marginal situations” (Berger 1967: 42), to the professional charisma of religious personnel (Seyfarth 1979: 165ff.), so that a profane sphere of everyday routines is shielded off from the extraordinary that becomes the territory of the sacred and those qualified to deal with it.

This boundary between an unproblematic ordinary life with its self-evident legitimacy, and the problematic but professionally managed extraordinary/sacred, is disappearing as the modern self emerges and everyday life is reaffirmed as a field of probation in the Reformation (Taylor 1989: 211ff.). Family life, vocational conduct and economic success acquire central relevance while at the same time relief through the mechanism of confession and absolution becomes unavailable, so that the need to constantly reassure oneself of one’s state of grace leads into an individualized permanent crisis. Such an accelerated pace of probation clearly overstrains the limited elasticity of traditional organized, “frozen” (Luckmann 1967: 82) religion. In the post-Reformation pluralistic situation a great number

of religious suppliers compete against each other and against secular producers of meaning to cater for a dynamic and diversified demand – and by competing they constantly undermine the once self-evident credibility of religious claims (Berger 1969: 138).

The problem of probation is further accentuated by a globalized market society in which the cash nexus is central in social relations. Money, for those who have sufficient supply of it, means freedom of and compulsion to choose – and even choosing *not* to spend it at all still is a *choice*. The resulting de-routinization transforms the most profane everyday actions into decisions to be measured against their alternatives – which now are alternative modes of *being somebody* that constantly are visually presented in advertising: The consumer self, as Rose (1990: 27) observes,

“is not merely enabled to choose, but obliged to construe a life in terms of its choices, its powers and its values. Individuals are expected to construe the course of their life as the outcome of such choices, and to account for their lives in terms of the reasons for those choices.”

Every decision about what to become implies the rejection of an infinite range of possible modes of existence that had been open to the chooser – the possibility to make the wrong decision being a source of constant existential “consumer anxiety” (Warde 1994). Just as economic success has become evidence of probation, a secularized sign of grace (Weber 1992), so has authentic self-expression in consumption in what Campbell (1987: 223) calls the “purito-romantic personality system”. Thus, while the credibility of religious interpretation may be undermined, the need for orientation and guidance is actually increasing.

Consumerism hence could be said to be the culmination of the spiraling dialectics of probation whose acceleration “evaporates” religious “contents” but leaves the “structure and dynamics of religiosity” intact (Oevermann 1995: 62). The need for religious orientation and interpretation does not disappear. As Jackson (2002: 111) puts it, “junking religion doesn’t solve the problem of secular theodicy”; one reason that “consumer culture became so firmly entrenched across the world during the twentieth century [is that] it offered us (superficially at least) a viable alternative in the pursuit of meaning”. Against the background of the problem of probation one can argue that this is not only because consumer goods have

meaning and are instrumental in the construction and expression of meaningful identities (e.g. McCracken 1988) but because consumerism responds to the problem of finiteness of action against the horizon of infinite possibilities. It does so by denying finiteness: Monetary mediation implies the universal exchangeability of choices, the seeming reversibility of all decisions, and therefore the possibility to keep re-inventing oneself. Following pioneering consumer icons like David Bowie and Madonna one can complement or eradicate former selves by re-fashioning oneself with the help of new sartorial, musical, spiritual, ethical etc. stylizations. No chosen identity is ever final.

If with Douglas (1994: 136) we define cultures as standing “on forking paths of decision trees” where having “embarked on one path” makes it “difficult to get back to the choice that would have led another way” – then consumer culture could be described as arrested on that forking where we decided that there will be no more forking, that there be universal reversibility of choice. In contrast to traditionally religious allegiances consumer decisions are devoid of binding consequences. Following a logic of play (Huizinga 1955) consumer dream worlds are staged and enacted in (mentally, temporally and spatially) contained territories, structured by their own specific rules and prevented from spilling over into “real life.” The central skill of the romantic consumer is the capability to indulge in such dream worlds, counterfactually believing in them without seriously committing themselves to their reality (Campbell 1987: 76) – like in theme parks or feature films where we derive pleasure from taking the unambiguous worlds presented to us for real while always riding on a return ticket. The attraction of the idea of parallel universes and time travel in popular culture from *Narnia* to *Dr Who* are closely related to this. The price, of course, is that the consumerist theodicies do not work for longer periods of time. The problem of probation that confronts us in our family lives as well as in our work lives re-emerges constantly as the consumer dream worlds only offer temporary relief. Consumerist religiosity is an ephemeral one.

The greatest difficulty facing consumer religiosity is, of course, mortality. Death as the ultimate elimination of choice is the one thing a consumer theodicy cannot deal with. Not that death is not represented in consumer culture: movies and computer games are full of it. But it has become the death of fictional characters who always can be recreated or restarted. Consumed death is tamed by reversibility – like cartoon characters we have to come to imagine our bodies as infinitely malleable and at the same time elastic and unkillable (Žižek 1989: 134f.). Death has been, one could say, neutralized to such an extent that it does not

even any more play a central role in traditional religious discourses so that “life after death” has been reduced to “an optional extra of modern Christian life” (Turner 1991: 235).

The illusion of reversibility becomes more difficult to uphold over the lifespan – hence the consumerist obsession with anti-aging (Vincent and Tulle 2007) – but illness is a more immediate threat. Since “in a society normally at peace, death in most cases is preceded by illness”, it becomes “a point at which more or less free-floating anxieties about death have an opportunity to focus.” (Parsons 1951: 444). Illness brings back existential questions of life and death with an urgency that cannot be answered in a playful way (Comaroff 1982: 51). Illness constitutes failure in terms of the work ethic because health, in this being the equivalent of abstract labor power, is the most basic precondition for economic vindication – finding expression in the widespread counterfactual claims to health: in “presenteeism” (e.g. Dew et al. 2005). But ill health also constitutes failure in terms of consumer self expression and development. Illness anticipates death by imposing the primordial death experiences identified by Lifton (1981): immobilisation, isolation, disintegration. It thereby radically shrinks the horizon of possibilities, reducing the sufferer to a self without alternatives.

Therefore, while official legitimacy of health promotion lies in the promise of preserving a productive population (Conrad and Walsh 1992), it is as important for maintaining a consuming population. Re-invention works only on the basis of a healthy body. Hence the loss of health is a fear that is easily exploited. And it is one that does not go away: Every attempt to defeat death through health maintenance recalls its inevitability – both in medicine itself (Vigarello 1993) and in health promotion and consumption:

“Public health and health promotion activities are directed at staving off the thought of physical decay and death. Just as life-tables and medical causes of death recorded on death certificates tend to reduce death to an organic function divorced from the socio-cultural context in which the individual died, health promotion texts often discuss death in a manner which skirts around the issues, using euphemisms, metaphors and metonyms: ‘weight problem’ or ‘smoking habit’ as metonyms for ‘the dying body’, ‘reduce your risk’ and ‘exercise for life’ as euphemisms for ‘warding off death’. In their very attempts to contain, control and deny the reality of death, such representations have the paradoxical effect of locating death everywhere, requiring constant attention to keep it away.” (Lupton 1995: 64)

The invocation of illness as failure, moral failure, is a common feature in health promotion (Crawford 1980: 382, Lupton 1995: 74) and in commercials for healthy products (Varul 2004: 157ff.). Health consumption such as in the expanding market for complementary and alternative medicine is perpetuated by a fear of failure even in choosing between health products (Doel and Sergott 2003: 752ff.). By not choosing the healthiest option one can fail as a wife and mother by not supplying a healthy diet to the family, one can fail to be an energetic employee, fail to be a sexually attractive person etc. Above all, not being healthy is conducive to the one mortal sin that there is under consumerism: not being who one could be, and not being able to potentially be all and everything. Illness is the collapse of potentiality, the loss of our “initial indetermination” (Canguilhem 1966: 129). Health, therefore, has become immensely identity relevant since in a culture of choice “health becomes an idealization of a kind of self, healing is then part of the ongoing process by which that self is accomplished” (McGuire 1993: 153). Contemporary romantic health consumerism sneers at people who are focused on their illness as arrested in their development (Varul 2004: 331ff.) – a failure in self growth and expression that has long become part of the folk etiology of cancer (Sontag 1979).

In contrast, the consumer in perfect health finds salvation – salvation not in the traditional promise of serene beatitude in *eternity*, but in the romantic promise of exhilarating *infinity*, endless, restless excitement by the always new. With death and ageing bracketed out and afterlife no longer self-evident, such infinite excitement is no longer, as the Romantics believed, available in death (Ariès 1976: 57) but to be sought in this world already.<sup>3</sup>

In a consumer society maximal free individual development has become a central secular value, ironically rendering it a religious theme; the individual is the residual sacred in post-traditional societies centering on a “cult of the individual” (Durkheim 1898). This implies that health as integrity of the individual body and mind is sacred too. As Williams (1998) notes, all the rituals of health promotion and consumption, however diverse, revolve around the individual. The sanctified individual healthy body is to be protected from profane pollution by noxae and worshiped by ritualized exercise and offerings of wholesome nutrients. This sanctity of the healthy body does not only underpin a *right* to health but also both a soteriological *aspiration* and a ritualistic *duty*. Achieving health becomes proof of grace. As Coward put it,

“there is a strong sense that the body itself has become a sign, a sign which announces the attitudes of an individual. A sick body is a sign of something wrong; the body’s weakness in the face of disease demonstrates that the individual was not integrated, balanced and harmonious. Worse still, certain diseases can be seen as evidence of a whole range of negative emotions, repression of sex and anger, self-denial and an over-developed concern with social pressures.” (Coward 1989: 88f.)

But just as eternal divine grace can only be finally proved after death, infinite health can only be proved by not dying at all. The accent hence shifts from health *outcomes* to health *behavior*. Consuming health is equated with health itself (e.g. Crawford 1987: 104). Probation is in the “taste for health” (Herzlich 1973: 101) as much as in actual health: Health consumers often do not see their achieved health primarily as a reward for the renunciation of pleasure that comes with a health regimen but rather tend to consider their natural tendency to find pleasure in healthy practices, for instance a predilection for whole grain and fresh vegetables, as an indicator for their being worthy of the salvation that is infinite health. In the pursuit of health re-sacralized Darwinist ideas of selection (Martin 1998) and Protestant ideas of election merge so that properly religious narratives are functionally paralleled by scientific explanations of health behavior, e.g. the “luck” of “having good genes” (Varul 2004: 256). Ultimately both are based on beliefs in fate and luck as moral factors (Veblen 1934: 278ff.) – the health of those who just happen to be elected or selected indicates that they *deserve* to be elected or selected by divine grace or Nature, with a capital N.

This does not necessarily mean fatalism. To the contrary: Health – even more than election in Calvinism (Weber 1994) – is uncertain; one cannot ever be sure of it. This is not just due to the omnipresent threat of illness and the inevitability of ageing – health is vitally indeterminate, impossible to define (Greco 2004). The result is a frantic search for means to achieve what then can be interpreted as reassuring signs of grace or fitness. In a quest for the rationally unachievable, contemporary health consumers take refuge in what remains of the old religious schemata of explanation:

## ***Substance Logic***

Substance logic has been identified by Dux (1982) as the logic underlying both religious and magic thinking and still at work in modern philosophical thought up to Hegel. In this schema causality is a matter of origination (Dux 1982: 119) – and origination is conceived in subjective terms so that “objects are understood as if they were centered on an internal sovereignty of action of their own; all wants, as if they were produced by a sovereign agency.” (Dux 2006: 29) As effects are pre-conceived in the cause, anticipating “*modo futuri exacti*,” they emanate in a substantial way from that cause (demon, spirit, god, ...) and once achieved are reunited with it. While this is immediately evident for personalised forces like creator deities or animistic spirits, the more abstract representations in religion and magic also work on this basis. Contiguity and similarity as impersonal magical mechanisms (Mauss 1950: 56ff.) can only be convincing if there is a substantial unity that pervades things that touch, things that look alike etc. – and those are commonly thought along the lines of a shared *origin*, which in turn normally is a subjective agent. When contemporary anthropologists account for the efficacy of spiritual healing and healing rituals there is the tendency to understand “spirits and deities” as “labels of modal states” (Samuel, 2001: 77), metaphors for states rather than supernatural beings themselves. But even if that is granted, even if the spirits and deities do not signify “supernatural beings,” they still are identified, by the way they work, as agentive powers. So, if the conception of the Moon as a concrete goddess who can confer healing powers to certain plants when seeded during the appropriate lunar phase is only a metaphor, what is stated is nevertheless still a substantive contagion under a subjective schema of explanation (only without concrete knowledge of the nature of the agent).

It is common to distinguish magic and religion – usually along the lines of Malinowski’s (1955: 37f.) definition that magic is instrumental towards an immediate end, while religion is more about the provision of meaning. But even so, there is a shared logic in both which is conceded even by advocates of a very strong distinction: While, unlike religion, magic might not refer to gods it still does, unlike science, refer to the “supernatural” (Stark 2001), i.e. subjectivist powers instead of the blind and mindless forces of nature.<sup>4</sup> It is therefore not surprising that some religions easily revert to quasi-magical practices in responding to the demands of health-and-wealth seeking potential followers (Hunt 1998: 277).



Consumerism rivals religion not only in that it works on the problem of probation, but also in that its plausibility structure operates on the same logic. Money as the ultimate fetish (Marx 1996) appears to flow through society like a subjective power, as contemporary *mana* (Mauss 1950: 101ff.) – just as *mana* in some places also denotes money, fetishized money works as *mana*. It has magical connective and transformative powers – and so have the goods it transmogrifies itself into, so that through them that we assume beauty, strength, morality (Marx 1967: 167ff.). In what Haug (1986) denounced as the aesthetic construction of imaginary use values, advertising plays out magical causalities. Commonly described as a purely semiotic construction of differences by associating signs and objects, such statements only work under substance-logical assumptions. How else can we assume that, to take Williamson's (1991: 24ff.) classic example, the image of Catherine Deneuve is transferred to *Chanel No.5* and thence on to the consumer other than under the rules of contagious contiguity and similarity? If the image of Deneuve is to differentiate *Chanel No.5* from *Babe* – a perfume then endorsed by Margaux Hemingway – there must be some assumed efficacy in the mere juxtaposition (as Williamson herself points out: there is no narrative linking actress and fragrance). It must be magical contagion in which a fusion of images results in the substantive identification of the things represented (Mauss 1950 : 59). Williams (1980: 185) notes that advertising operates as

“a highly organized and professional system of magical inducements and satisfactions, functionally very similar to magical systems in simpler societies, but rather strangely coexistent with a highly developed scientific technology.”

This coexistence is even more remarkable as – being geared to achieve immediate effects – in contrast to organized religion magic is subject to the same empirical falsifiability as scientific knowledge (and regularly fails the test) (Stark 2001: 114). Campbell (1996) points out that contemporary magical practices and superstitions are no longer based on firm belief – that they are, rather, followed in a mode of “half-belief” and sometimes even open disbelief. This of course begs the question why they are followed at all: Why does marketing invest so heavily in statements of substantial identity through transferred images, magical powers of commodities etc., while it is clear that no one actually believes that they really have Catherine Deneuve's seductive powers transferred on them through their contact with

a fragrance? After all, the efficacy of magic hinges on a firm belief in it (Mauss 1950: 85f). Campbell's answer is that in a culture that values "instrumental activism" over fatalism, when there is insufficient knowledge, people tend to prefer action based on superstition to passivity based on the acknowledgement of ignorance. That this is feasible at all is due to the "romantic" consumers' aforementioned ability to switch off skepticism without committing to the reality of their daydreams (Campbell 1987: 76). And it is clear that in consumerism as a culture of choice such situations will occur quite frequently – particularly in a field like health and illness that is ridden with uncertainty and therefore a natural field for magical practice (Coe 1997: 2).

If one looks, for instance, at advertising for so-called "pro-biotic" yoghurt drinks like *Actimel* or *Yakult*, they address precisely this uncertainty (Varul 2004: 164ff.). They connect to fears of failure, work on the problem of probation, and they do so in terms of substance logic. The "good bacteria" released into the body are subjective powers, combatants on the side of our immune systems which has come to be conceptualized through military metaphors (Haraway 1991: 211) as an organized army of various biological actors – and of course those "pro-biotic" bacteria are "good" both in an instrumental and a moral sense. They are subjective powers, not blind forces of nature. The claim to agentive powers is quite common in advertising health – and normally it comes as reference to some diffuse *mana*, such as "energy" (Coward 1989: 52ff.), "natural goodness" etc. But often also more concrete agents are invoked by name – like the omnipresent vitamins – and nearly always in a way that either openly proclaim magical efficacy or do so in only thinly disguised ways (Falk 1996: 199).

The same consumer-romantic skill that allows us to work on the problem of probation in territorialized dream worlds under a "suspension of disbelief" enables us to be reassured by the claims of health marketing under a suspension of skepticism. Since substance logic as an operant schema is rooted in early ontogenesis (Dux 1982: 66ff.), it is very easily re-activated through what Marett (1914: 41ff.) aptly termed our "primitive credulity", a pre-disposition to accept the plausibility of magical causality which precedes the emergence of more reflected and elaborated religious systems of meaning – and which seems to survive the collapse of such systems.

But it is not only our cognitive predilection for substance-logical explanation – often there is an actually experienced efficacy of such quasi-magical remedies, as Coe (1997: 3) suggests:

“First, most common ailments are self-limiting and the sick person is very likely to recover whether or not he or she is treated. Second, there is psychotherapeutic power in practices that are consistent with the culture of the sick person. Third, many of the folk remedies are empirically correct, even if the understanding surrounding them is scientifically irrelevant. In addition, these cultural beliefs have staying power in that there rarely can be a disconfirming case. If the patient recovers, the lay practices may get credit. If the treatment is unsuccessful, the rationale could be that the lay practices were not strong enough or not correctly carried out. Either way, the beliefs remain intact.”

Some practices hence enjoy huge plausibility whilst making unashamedly magical claims based on contiguity and similarity, e.g. as the homeopathic claim that water retains a “memory” of the substance diluted into oblivion. But scientifically proven evidence-based treatments, too, are often explained to the layperson in substance logical terms. “Simplification” in the presentation of ever more complicated scientific results usually consists in a translation into quasi-magical terms, so that “as a result of scientific advance [...] the population at large has become ripe for new mysticisms clothed in apparently scientific jargon.” (Merton 1968: 601). While *Bayer AG* (2001) assures the *Aspirin* user that, unlike the “Sumerians, Babylonians and Assyrians”, “you’re unlikely to see migraine as the work of evil spirits raging in your head”, they have, in connection with *Aspirin*, registered a trademark “*Expect Wonders*”. Drawing on scientific research for their legitimacy, they also display customer comments (“simple wonder stories”) that clearly relate to scientific medicine in a mode as if driven by magic belief. One such story posted by “Lisa P., Aspirin User” reads:

“My entire family believes in Bayer. It’s the wonder drug. Whatever the ailment we go for our Bayer. And most importantly, every day Bayer Aspirin gives me one more day with my mother. She suffered from a stroke in 1996 and has taken a Bayer Aspirin daily since that day. I recommend Bayer”<sup>5</sup>

Even when consuming for health on the “official”, bio-scientifically legitimated market, substances are interpreted not as elements in a blind and unmotivated process but as agentive powers, benevolent spirits, allies in the constant battle against pain and mortality. Health and illness, and the body whose properties they are, have remained the site of spiritual and demonic, metaphysical forces, agentive powers who fight out a battle between

good and evil inside the body. The difference of course is that the belief in these powers (including those that are certified as scientific) is one that can no longer count on the unchallenged support of a whole community and is no longer one can claim self-evident validity. Belief only works within carefully balanced and maintained spatial and temporal zones where one is secure from skepticism and contradicting evidence. Under the conditions of a consumerist culture of choice any belief can only be half-belief.

### *Conclusion*

Health may well have become “our new salvation” (Williams 1998: 440), which we try to achieve through consumerist rituals that are imbued with magical powers. In this respect the healthy body has indeed become a major new religious territory. But there are important differences to traditional religiosity. The new consumerist self-religiosity of health offers absolution and salvation only on a short term basis and in the form of ironical or even cynical half-belief.

The cult of health therefore does not constitute a new religion; it cannot offer a unified system of belief[s] and practices. Also, it lacks the sincerity of belief and commitment that religion traditionally implied and consequently it also lacks the collective nature of traditional religion, has a markedly individualistic tendency. On the other hand, it can be seen as part of the cult of the individual that as such unites “postmodern” consumer-capitalist societies even more than it did the modern society it was diagnosed for. It unifies societies around a central totem, health, which is sacred. While the ways to narrate and worship health are contested, health itself is an ultimate value. Health is now a “great international god” (Durkheim 1915: 426) shared by the various “tribes” in consumer culture. Violating Health is a functional equivalent to sinning – and rejecting it altogether may count as a contemporary form of blasphemy.

As such it is pervasive and it can indeed be said that the body as the locus of health and illness has become a new religious territory not only in that religions work on the body (they always did – cf. Coakley 2000) – but in that health now has become a central field of probation. While the value of health and illness used to be defined by traditional religions, health now is the touchstone even for traditional religions.

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<sup>1</sup> And even long before, as Grumett (\_\_\_\_:\_\_) [p.17 in manuscript] reminds us, from early on religious practices such as fasting were related to – among other things – their beneficial health effects.

<sup>2</sup> I do not claim that these are the main or even sole defining properties of religion – I do however subscribe to the view that they can be found in all religion.

<sup>3</sup> This explains the obsolescence of the original Romantic glorification of illness to death as analyzed by Sontag (1979)

<sup>4</sup> That we are quite naturally inclined to act on a sense of contiguity is also shown by what Wynn (\_\_\_\_; \_\_) [page 5 in manuscript] calls “non-religious cases of meaning transmission”. Physical continuity of the dead in grave sites implies, in our everyday cognitive schemata, a substance-logical continuity of identity and subjectivity.

<sup>5</sup> [http://www.bayeraspirin.com/working\\_wonders\\_read.html](http://www.bayeraspirin.com/working_wonders_read.html) (accessed 7th April 2008)