

ABSTRACT

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REIFYING *VITALITY* IN AND THROUGH THE
CLINICAL GAZE OF THE NEOLIBERAL
FITNESS CLUB

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Against the backdrop of changing understandings of (public) ‘health’ and ‘fitness’ in the contemporary United States, and through a nuanced critique of healthism (Crawford, 1980; Kirk & Colquhoun, 1989; Skrabanek, 1994), the aim of this project is to investigate how mediated renditions of ‘healthiness’ are constructed and maneuvered in the for-profit fitness industry—and interrogate the *non-necessary* interrelationship between health, fitness, and (bio)citizenship in the historical present (Grossberg, 2006). This is examined through a critical explication of Amber’s experiences and observations drawn from her period of (ethnographic) employment in the fitness industry. Focusing specifically on personal training as a biotechnological and pedagogical tool, we explicate how personal training becomes complicit in the communication of particular “healthist” understandings, which unerringly benefit private enterprise (as well as corroborate a pervasive political individualism) through the normalization of the individual’s moral responsibility to embody, practice, and ultimately *consume* healthist practices and ideologies.

TRAINING THE BODY FOR HEALTH/SM: REIFYING *VITALITY* IN AND
THROUGH THE CLINICAL GAZE OF THE NEOLIBERAL FITNESS CLUB

By

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vitality

Dedication

I dedicate this work to my mother, Tari, and my grandmother, Deslyn.

As I always say, I could never be me... I could never pursue this path... without you!

There are no words that can *justly* **thank you** for the amazing women you are...

and for everything you selflessly do for me, and for others.

Here's to the "Three Geneteers"!

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There is much work to do *together!*

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Table of Contents

Dedication.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
Proem: <i>Fitness</i> , a <i>necessary</i> constituent of healthiness!?	1
Literature Review: Consuming Healthism in (and Through) the Corporatized Fitness Club.....	8
Methodology: Understanding Lived Experience Via Radical Contextualism: On the Relevancy of Physical Cultural Studies.....	12
Analysis/Findings.....	18
Subsection 1: Negotiating (Neoliberal) <i>Healthism</i> : A Governing Biotechnology and Biopedagogical Imperative of Personal Training.....	18
Subsection 2: (Re)conceptualizing <i>Healthism</i> Through “A Kind of Regulated Freedom”.....	23
Coda: An Exigency for Pushing Epistemological Boundaries and (Re)Imagining Beyond Healthist Metanarratives.....	27
Notes.....	29
References.....	33

Proem: *Fitness, a necessary constituent of healthiness!?*

After purchasing her fitness club membership, the white, middle-aged woman scheduled her “complimentary fitness assessment”, a *valuable amenity* accessible to new members who financially committed to signing up for a club membership. During the first assessment with a personal training sales staff member held a few days later—in which the new member is prompted to discuss her or his reason(s) for joining the club and the goals he or she wants to achieve—the woman passed out. After the woman was stable, she informed the staff member that she had a medical condition that caused her to faint spontaneously. The assessment was cut short for the day.

However, the Training General Manager (TGM), a considerably younger man, eagerly took advantage of the opportunity to take over her fitness assessment the next time the woman was available to attend the club and finish the evaluation. Upon this member’s return, the TGM assisted her through a strength training workout session, which was the last component of the fitness assessment.¹ The TGM instructed her through a circuit workout in which most of the exercises were performed with the heavy stationary strength training machines. Throughout her workout, he repeatedly urged her to invest in a packaged personal training membership. Nevertheless, she declined.

After arriving at the club the following day, this new member requested brief assistance from the TGM to operate the same exercise machines he had demonstrated how to use during her second assessment session. She expressed apprehension in using the same machines because she was not familiar with maneuvering this workout equipment properly. The TGM refused to provide any guidance, and justified his indifference for the new member’s trepidation or safety through condemning her

rejection to purchase personal training from him. Yet, he was the very same club representative who instructed her to use those workout machines the previous day, positioning the specific strength training routine as an invaluable exigency “for her health”.

She requested just a quick run-through of how to use the machines appropriately in order to avoid injury (evading any mention of the medical condition she informed us about a few days before). Again, he refused to provide guidance and walked away from the woman, claiming that he did not have the time to discuss this matter since he was “extremely busy with appointments”. The member watched him stroll back to his desk where he sat alone, not in any meetings, not doing, really, anything. The new member immediately left the fitness club upset, discouraged, and disadvantaged from her negative experience.

I, unfortunately, never saw her again.

The narrative above is derived from Amber’s experiences working as a front desk receptionist at a fitness club that was part of a privately-owned national chain. We² do not employ this narrative to rebuke the Training General Manager. Rather, Amber’s experience is included here as a starting point from which to analyze the broader context, and articulate the forces framing, the all too commonplace experience of this fitness club consumer.

Since, in this experiential account, the Training General Manager expressed “health” as *the rationale* to purchase personal training, it is important to illuminate broader shifts in how “healthiness” is understood and mediated and, more specifically,

translated into constructions and practices of “health” in and through the fitness industry. In the last thirty years there has been a broad shift in ideas and practices concerning the individual’s responsibility to pursue healthiness (in particular ways, with particular idealized outcomes). This is a result of the “unwinding” (Packer, 2013) of the social welfare contract between governments and its citizens, and the concomitant rise of neoliberal practices and sensibilities. Such neoliberal logic—in which everyday life is positioned if not increasingly defined by a free market orientation—is manifested by, amongst other things, the commercial co-optation of ‘healthiness’, the responsabilization of health, and the marginalization of collective interests (Rose, 1999a).

It is by no means a new insight to suggest that discourses of health and healthiness have become embedded within the language and conditions of neoliberalism (see: Ingham, 1985; Howell & Ingham, 2001). However, what has not been investigated at length is the more intricate interconnection(s) between neoliberalism, health, and (technologies of) fitness. Therefore, the purpose of this project is to explore these interconnections, and to investigate the complexities and contradictions materialized in, and through, dominant ideas, institutionalizations, and practices pertaining to fitness and their *relation* to (public) health in the historical present. Importantly, health and healthiness are evermore entangled with discourses surrounding (and glorifying) *fitness*, as well as the growing acceptance (and, in fact, commercializing) of corporeal practices required to achieve this condition—if we can indeed speak of *fitness* as a condition to be *achieved*. Put differently, in the current moment, we contend that we cannot investigate such a shift (i.e., the responsabilization of health, conceivably, from a ‘right’ to a ‘duty’) without examining the socialized and medicalized implications of what it means to ‘be’

and ‘look’ ‘fit’. For the relationship conjoining health and fitness is not given, but is a product of the historical and contextual forces that make fitness a *necessary* constituent of healthiness, and thereby a corroborating agent of biopolitical surveillance under neoliberalism.

To this end, we posit that it is imperative to examine what health means to different people so that we can better understand how various articulations of ‘healthy’ (and ‘fit’) manifest in ways that reproduce—or, conversely have the potential to challenge—social inequities and injustices. Therefore, this inquiry is not prefigured on the existence or establishment of a singular definition of health or healthiness. If we construct an essential understanding of health, we are, in effect, contributing to the dissemination of a *grand* health narrative and logic, which is precisely what we aim to critique. For instance, the World Health Organization promulgates “health” as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Larson, 1999, p. 126). Yet this definition fails to acknowledge the responsabilized/ responsabilizing and individualized/individualizing *processes* concomitant with the active pursuance of this holistic condition. More recently, “healthiness” has come to be understood through moralized lifestyle practices to embody such a state. This understanding we can complicate as well; healthiness is, in the same moment, perceived by what it *is not* or *should not* be—diseased bodies, obese bodies, deviant bodies, and thereby, irresponsible bodies—which implicates bodies (and subjectivities) in those moralized practices and performances. In this way, it is oftentimes assumed that those who do not embody idealized aesthetics and performances are responsible for their own “poor health” and are, therefore, irresponsible citizens. Yet,

healthiness, in the same instance, becomes an interminable process of consumption, which privileges those who have the (forms of) capital to participate in these moralized lifestyle practices (e.g., purchasing a fitness club membership).

Petr Skrabanek (1994) elucidates such a metaphysical notion of healthiness, which does have very real effects, in the following manner:

The pursuit of health is a symptom of unhealth. When this pursuit is no longer a personal yearning but part of state ideology, *healthism* for short, it becomes a symptom of political sickness. Extreme versions of healthism provide a justification for racism, segregation, and eugenic control since ‘healthy’ means patriotic, pure, while ‘unhealthy’ equals foreign, polluted. In the weak version of healthism as encountered in Western democracies, the state goes beyond education and information on matters of health and uses propaganda and various forms of coercion to establish norms of a ‘healthy lifestyle’ for all. Human activities are divided into approved and disapproved, healthy and unhealthy, prescribed and proscribed, responsible and irresponsible. (p. 15)

Since conceptions of health and healthiness are oftentimes used to justify inequality, we must problematize these dominant conceptions. One way forward involves critically analyzing how mediated renditions of ‘healthiness’ are constructed and mobilized in, and through, spaces designed to govern what it means to be physically ‘fit’. It is in this sense that we can perceive individuals as recognizing the (social) profit derived from the consumption of fitness, and from becoming a *good* citizen (in physical/moral terms). Indeed, we hope that, through this analysis, we can encourage the imagining of

alternatives to the moralizing entrepreneurial quest for health, and suggest directions for future inquiry.

Focusing our analysis on the fitness industry, particularly personal training practices, we offer a critical explication of Amber's experiences and observations composed from her period of employment at a privately-owned national chain of fitness clubs. We draw upon institutional constructions and practices of health (as expressed through the workings and sensibilities of the fitness club) to illuminate the power relations implicated in (and operating through) the promotion of health as a *condition* to be achieved by the morally responsible citizen (i.e., the fitness club members). These dominant understandings frame, and are framed by, public policy. They are further reified through commercial entities, such as the fitness club, which capitalize on selling medicalized information and technologies that disseminate and justify the ideological assumptions underpinning healthism. Promoting health in this way arguably privileges these commercial entities by making it the citizens' duty to consume the 'appropriate' commodities and technologies *necessary* to achieve a "state" of healthiness. From this analysis, we can better assess how and where there is (potential for) resistance to *rationalizing* and practicing health as a compulsory commodity, that is, in this context, *collocated* with fitness.

Specifically, by examining how power materializes in and through the daily practices of members and employees *acting* within this space, we hope to present a nuanced critique of healthism (Crawford, 1980; Greenhalgh & Wessely, 2004; Skrabanek, 1994) and the healthist presumptions entrenched in the ways the fitness industry operates and is often experienced. It is, thus, important to conceptualize how

personal training is employed as a biotechnology and pedagogical tool that, as we will support through Amber's empirical insights, and drawing from Nikolas Rose's (2007) explication of contemporary biopolitics, contribute to the body's (bio)medicalization and perceived optimization. In contributing this empirically-grounded analysis, we will evaluate how personal fitness is maneuvered as a technique of governance, moralizing individuals' responsibility to embody, practice, and ultimately *consume* healthist ideologies. Expressed differently, this article will dissect the relations of power enmeshed in the ways health is communicated and interpreted through established personal training regimes, practices, and procedures. To do so requires a critical analysis of the role that personal training—as a *modus operandi* of biopower (Foucault, 1978)—and personal training personnel—as actors operating in this system—have in perpetuating a moralized (and moralizing) clinical gaze (Foucault, 1973). This *gaze* is at the ideological core of neoliberal healthism, and as we intend to argue, surveils and disciplines bodies through complex pedagogical processes that ultimately benefit private enterprise.

Exploration of healthist assumptions, (ideological) contradictions, and corporeal (bio)politics is thus necessary to better understand how such processes are normalized and mobilized to, conceivably, serve the interests of those seeking to profit from promoting health as a public 'duty' to be *consumed*. This concern necessitates that we also recognize and problematize how institutions (such as privatized fitness clubs) are just as entangled in, and constitutive of, the complex forces shaping a particular context as the individuals who are, in the same moment, operating within and through them. Such a project can help give voice to resisting the sway of market orientations and promote

alternate discourses of health and fitness, thereby transcending metanarratives regarding health, which govern bodies through the obligation to embody (an idea of) fitness.³

Consuming Healthism in (and Through) the Corporatized Fitness Club

To analyze how healthism is imbedded in and through practices and technologies employed in the corporate fitness club, we will begin by reviewing work that has been done to contextualize the interrelationship between contemporary (public) health and fitness culture. However, much of the foundational research exploring healthism has engaged with this concept on a structural level (see: Crawford, 1979; Crawford, 1980; Rose 2002; Skrabanek, 1994) rather than also scrutinizing how healthism—as both process and ideology—may take form in and through subjectivities and lived experiences. The research that has contributed to grounding healthism in the empirical has mostly done so in sites and contexts other than the fitness industry, most notably in the context of physical education, higher education (athletic centers), and clinical health professions (see: Fusco, 2006; Gekoski & Knox, 1990; Greenhalgh & Wessely, 2004; Kirk & Colquhoun, 1989).

Empirical work conducted in the fitness club—indeed valuable in examining bodily practices and meanings, identity politics, and gender issues in such spaces—has not tended to engage with healthist assumptions underpinning, and manifesting through, this contingent relationship between health and fitness (see: Alvarez, 2008; Brown & Graham, 2008; Crossley, 2006; Markula, 1995; O’Toole, 2008; Sassatelli, 1999; Spielvogel, 2002). Thus, the more recent fieldwork that has linked healthism to lived experience, embodiment, and practice (see: Cheek, 2008; Rysst, 2010) has not done so explicitly within the context of the fitness club. There is also a notable collection of work

examining commodification of the body and consumer culture in and through the fitness industry (see: Dworkin & Wachs, 2009; Frew & McGillivray, 2005; Maguire, 2007a; Maguire, 2007b; Maguire, 2008a; Sassatelli, 2010). This work is consistently coupled with analysis of mediated and popularized body ideals, which contribute to how normalized conceptions of healthiness may be understood through corporeal aesthetics.

Moreover, and although Deborah Lupton (1995) speaks to how fitness and self-discipline are valorized by and through healthism, she explores this more broadly through (public) health promotion discourse rather than material lived experience. In contrast, Jessica Lee and Doune Macdonald (2010) present empirical accounts of this relationship, but do so through young female high school participants within the context of secondary school health and physical education. Recently, Eileen Kennedy and Pirkko Markula' (2010) edited book, *Women and Exercise: The Body, Health and Consumerism*, provides insight into how fitness participation is moralized and responsabilized for women citizens in homogenized (and, thus, often alienating) ways through public health discourse that pervades the fitness industry. However, this volume (and the collected authors therein) do not engage with the way(s) in which (bio-)technologies may be maneuvered (for men *and* women) and how such (bio-)technologies can serve as pedagogical tools forging and reifying the institutionalized relationship between health(ism) and fitness. Considering this body of work, an important space is carved for our project here in which we seek to unpack the historical and contextual forces that make fitness a *necessary* constituent of health(ism) and that make health and fitness *necessary* pursuits of the biocitizen-consumer (Rose, 2007, p. 153; see also: Halse, 2008), analyzed through Amber's experiences of personal training practices within the fitness club.

Robert Crawford (1980) is most often acknowledged for developing the concept of healthism with his analysis of political and socio-cultural shifts that began in the 1970s focusing on personal health and the privatization of well-being through self-care. He explores healthism as a “form of medicalization” and a “new health consciousness” in which health is treated as an individual responsibility and medical care becomes the onus of the individual through maintenance of an appropriate (risk-minimizing) lifestyle. Similarly, Skrabanek (1994) in his book “The Death of Humane Medicine: And the Rise of Coercive Healthism” draws upon exemplar testimonial from J. H. Knowles (the President of the Rockefeller Foundation, in 1977) to illustrate this ideology of healthism: “I believe that the idea of a ‘right’ to health should be replaced by the idea of an individual moral obligation to preserve one’s own health – a public duty if you will” (p. 17). When health shifts from a right to a duty in this way, it is fair to argue that “‘health’ has become a marketable commodity” (Skrabanek, 1994, p. 29).

However, we should make clear, as Trisha Greenhalgh and Simon Wessely (2004) do, that “healthism is related to, but should not be equated with, consumerism” (p. 197). Rather, in contemporary U.S. society, health becomes a commodity through the ideology (and process) of healthism in which the responsibility to care for public health shifts from the state and (medical) institutions to the individual. This responsibility requires the individual to *consume* knowledges and technologies that have been normalized and promoted as the appropriate techniques to acquire healthiness. In this way, and thinking about the previously articulated interrelationship of health and fitness, we can analyze how personal training is commodified as a technology of the body and,

thereby, moralized as a biotechnology (Rose, 2007) that responsible citizens can consume to care for their own health.

Through critically dissecting Amber's experiences working in the fitness club, we can further discern how personal training is packaged, and thereby legitimated, to the consuming public through recourse to biomedicalized *knowledge* and discourse. To clarify, it is not sufficient to contend that this technology (of the body) is medicalized. More precisely, personal training is biomedicalized because it becomes embedded in perceived expertise of biological functions and processes that must be optimized for essential medical care. Personal training is enmeshed in biomedical knowledge and, borrowing from Rose, this "biomedical knowledge intervenes on human beings in the present with an eye to optimizing their future vitality" (2007, p. 82).

It is useful to connect this biomedicalized imperative of individual *progress* to Skrabanek's (1994) idea regarding "the fact that 'health' is an invisible product [which] makes it easier to sell. And as health is a priceless commodity, any price can be asked for it" (p. 30). Since health is most generally understood through aesthetics and performances, the *ability* to embody fitness is valorized as a source of biocapital and an indicator of (human) vitality (Rose, 2007). With this said, we do not wish to exhaust the "bios" of life in our analysis; instead, we draw upon this literature as a framework for understanding how the body is embroiled in, and constitutive of, healthism—a moralized (and moralizing) ideology and process that enables and constrains daily lives, though tends to privilege the responsible, self-disciplining citizen-consumer.

Understanding Lived Experience Via Radical Contextualism: On the Relevancy of Physical Cultural Studies

Before we are in a position to better understand lived experience, we are compelled to rigorously consider the context out of which these lived experiences emerged (and to which they contributed, however minutely). Drawing from Foucault, Lawrence Grossberg (2006) identified this contextual imperative as being a characteristic feature (and responsibility) of cultural studies, which he likened to a writing of the “political history of the present” (p. 2). By mapping the historically contingent interrelationships that frame a particular lived experience, we can explicate the complexities of contemporary power forces and the relations that simultaneously enable and constrain. Thus, we align our work with Grossberg’s conviction that (physical) cultural studies must be approached in a:

radically contextualist way, in order to avoid reproducing the very sorts of universalisms (and essentialisms) that all too often characterize the dominant practices of knowledge production, and that have contributed (perhaps unintentionally) to making the very relations of domination, inequality and suffering that cultural studies desires to change. (2006, p.2)

We align here with Grossberg because we believe that our fieldwork and critical reflections can be *trustworthy* (Harrison, MacGibbon & Morton, 2001), meaningful, and have the potential to be impactful, if we radically contextualize our experiences and narratives.

By involving our (embodied and reflexive) selves in various contexts, such as the fitness club, we can work towards what Norman K. Denzin (2003) refers to as a “cultural studies of action”. Importantly, it is through this action—arguably, through a more

performative, embodied research engagement—that Denzin’s notion of ‘performance’ can translate into an “act of intervention, a method of resistance, a form of criticism, a way of revealing agency” (2003, p. 9). Additionally, we contend, with Michael Giardina and Joshua Newman (2011a), that (auto)ethnography⁴ is relevant in working to nurture transformative intervention, if composed through careful articulation and contextualization, with the intent to better understand how relations of power materialize in and through daily lives, experiences, practices, and performances.

Within this project, we employ articulation as a method for mapping—and a theory for understanding—the forces, structures, and relations framing a particular context, and for elucidating those relations of power operating in, and experienced through, that contextual formation. Slack identifies such forces as “a play of correspondences, non-correspondences, and contradictions, as fragments in the constitution of what we take to be unities” (1996, p.112). However, it is necessary to recognize that the complex matrix of articulations is as fluid and dynamic as the context that is the product of their confluence. Understandings gained through such an approach are neither singular nor inalienable, but can be derived from multifarious points and aggregations of articulation. Hence, the practice of knowledge generation—the ability to render the event visible, and in doing so, create what we *know* about it (Slack, 1996)—is an unavoidably *political* act: There is purpose (and power) in the ability to forge articulations, and thereby (re)create contexts.⁵

The theory/method of articulation is thus fastened (and commits us) to transformative *purpose* in and through our fieldwork, especially in considering Ben Carrington’s (2001) concern:

...whether such work (in cultural studies) will be able to link to the broader, structural changes within society, within which such cultural practices have to be located, or to discussions of power and inequality within and between these more *diffuse* social formations. (p. 286)

Contemplating his query urges a self-reflexive commitment to a type of intellectual *engagement* that transcends complicating top-down and bottom-up concepts, but rather compels us to immerse ourselves in the fluid complexities of power at various levels (including working with and through the realms of everyday life, cultural intermediaries, and institutions) oftentimes as they operate in the same moment. This daunting task is compounded with the obligation to generate meaningful and precise interpretations, while demonstrating the rigorous methodological practices and well-grounded theoretical analyses from which they were derived. Grossberg speaks to this challenge when he proclaims:

Students have to go back and forth between studying theory and reality or, more accurately, between doing theoretical and empirical work, because there can be no absolute separation or distinction between them... If you emphasize empirical interests too much, you lose the ability to understand the conjuncture as an articulation of forces. But if you push theory too far, then you lose your ability to analyze the specificity of the conjuncture... (quoted in Cho, 2008, pp.110-111)

For these reasons, we are urged to tussle with capturing, and interpreting, the inter-scalar intricacies and enmeshments of power within our work; The *purpose* lies in being able to speak to the practical implications of it through understanding (and working to contribute to) the theoretical framework from which we interpret such phenomena.

In confronting the raised challenge(s) ascribed to empirically-grounded investigation, we utilize radical contextualization to analyze the particular conjuncture of the present moment in which the lived experiences of the fitness industry are contextually situated. Accordingly, our ‘empirical interests’ are examined through a critical explication of Amber’s experiences and observations drawn from her period of employment in the fitness industry. Such an approach is framed by the aforesaid necessity for articulating the forces and relations that shape the members’, employees’, and her own experiences and practices in the corporatized fitness club; these forces and relations are not guaranteed, nor are they randomly linked (Hall, 1980). Rather, their precise articulation and expression are scrutinized to demonstrate how power operates in and through fitness industry experiences, practices, and ideologies.

At the same time, and to position this study within the broader physical cultural studies project, the body is both critical to this analysis and conceptualized as a site and source of power relations and struggles. Working through this lens, physical cultural studies explores socio-cultural practices of the physical body and its movement, critically and contextually dissecting how the (in)active body creates meaning as well as how it is represented, understood, and unavoidably implicated in power relations (Silk & Andrews, 2011), which enable *and* constrain it. Adherents to such a physical cultural studies project approach research sites and projects conceiving of the (researcher’s) body as the empirical window through which to better understand lived experiences, and how they are articulated through necessary and non-necessary conjunctural relations (see, e.g., Andrews, 2002). Not that the researcher can be separated from the knowledge generation process. Indeed, the researcher’s body in our fieldwork is politicized, in that Amber’s

employment within the fitness industry implicated her within the context, and contextual power relations under scrutiny. Giardina and Newman (2011b) capture this methodological consideration effectively, stating how:

In this way, the body, and how we use it and think about its uses, is contested and contestable—constantly negotiating the interests of the self and of others, entangled in a web of politics and power relationships. (p. 5)

Inevitably, we must acknowledge and unravel the different ways we position and reflect upon our bodies (and our embodied selves) with, and among, research participants, and in different research contexts. Conceivably then, it is through such an approach that we can better understand these contingent relations by thinking *with* the empirical—by carefully connecting daily lived experience to the broader context(s) and historical forces shaping (and shaped by) manifestations of power.

Over the decade since Carrington offered his aforementioned postulation, many working in (and around) physical cultural studies have been engaging in “ground up” research—research that is informed by embodied particularities and human interaction to investigate the broader structures and processes enabling *and* constraining (physical) movements, performances, and practices (Giardina & Newman, 2011a). Nonetheless, and acknowledging the pitfalls of research that is articulated from and through everyday experience, questions remain. First, how do we best engage the lived reality, or what Grossberg referred to as “the specificity of the conjuncture” (in Cho, 2008, p.111)? Second, how do we work to better understand (and represent) these lived experiences, in ways that are meaningful for those we claim to care for in our work? These are questions

that can be attended to by immersing ourselves in a self-reflexive, embodied (auto)ethnographic approach to the research act.⁶

Just as Nick Crossley's attendance at a gym began "without any formal intention of analysing it" (2006, p. 25), yet transformed into an empirical investigation of "gym-goer" agency, I⁷ did not venture into my employment position at the fitness club to purposely perform an ethnographic study of the environment, relationships, and various interactions I encountered. Conversely, my decision and interest in starting to explore personal training *prospecting* methods, selling tactics, and (fitness) assessment procedures was prompted by exposure to the unsettling ways that health is seemingly conceptualized—and members are often objectified—within this space. This will be discussed in the following sections through critical reflection upon, and analysis of, my experiences working as a front desk receptionist over the course of one year. In this role, I served as the intermediary between fitness club members and the staff, including management, personal trainers, and sales personnel. Acting as mediator between members and staff, I was in a position to gain valuable insight to the corporeal politics that enable and constrain members (as well as the club personnel) within this space and through the corporate policy that guides personal training practices.

Although some may doubt, or even reject, a method's proposed transformative usefulness (because it is expressed from experiential self-evaluation and reflection), well-composed (auto)ethnography can help illuminate the elements structuring people's experiences in their daily lives, including how they negotiate available (conflicting) subjectivities with a given context.⁸ In like manner, Crossley's (2006) impetus to engage in ethnographic work emanated from his critique of the way "grand theoretical

interpretations” (p. 25) are often used to interpret practices in fixed, and thus, generalizing ways across all contexts. Crawford (1980) too acknowledges the relevance for this methodology as well, calling for ethnographic work to follow his own exploratory critique of healthism in order to reveal the every day, “concrete manifestations of the new health consciousness” (p. 367). In some respects, this is precisely what we are looking to realize within this study of the kind of healthism that would appear to be a systemic and structuring feature of the contemporary fitness industry.

Negotiating (Neoliberal) Healthism: A Governing Biotechnology and Biopedagogical Imperative of Personal Training

To provide a nuanced understanding, we again turn to Amber’s experiences working in the fitness industry, and draw specifically on the idea of the complimentary fitness assessment offered to new members joining this corporate fitness club chain. During this assessment, members are informed that in order to “get fit” (and “lose weight”—though, this is not consistently a concern of members), they must engage in a training program that is designed to “trick” the hypothalamus region of the brain into “speeding up” the metabolism (and hence, reducing body fat while increasing “lean muscle”) beyond the plateau that bodies experience throughout the course of an exercise program. Personal training sales staff draw a memorized chart prescribed by corporate management that diagrams the ‘duration of commitment’ members must devote to the program in order to *overcome* training plateaus and experience “results”. It is communicated that since such plateaus usually occur around three and six months into the program, members are urged to commit to the program for at least one full year in order to ‘impact’ their health. Coincidentally, personal training packages are only available as annual contractual agreements. The personal training sales staff members

supplement this diagram with a sketched triangle chart (resembling Maslow's 'Hierarchy of Needs' chart), which they split into three layers to represent the integral components of their recommended fitness program. Each of the three components is illustrated according to the percentage of the complete fitness program it should fulfill: 10% cardio, 40% nutrition, 50% (personal) strength training.

Perhaps there is some biological relevance to the idea of "tricking the hypothalamus". Still, this biomedicalized notion is appropriated into a way of knowing this region of the brain and its *constructed* causal relationship with training the body in order to bolster the sale of personal training packages. Biological *knowledge* is, in this case, crafted (and medicalized) to position personal training as *essential* to reaching the member's fitness and health goals (regardless of what those goals are). I say this because every member who agrees to a fitness assessment is given the *exact same memorized presentation, regardless of differing goals for joining the fitness club, health histories, medical conditions, experienced injuries, gender or age*. I know this because I often worked the weekend shifts when there was less member attendance at the club and the personal training sales staff would sometimes practice their fitness assessment presentation on *me*; I would try to speak from different identities to help them prepare for what is arguably a camouflaged sales pitch for personal training. This experience greatly contributed to my questioning of the practices performed within this space and the ideologies that *justify* such procedures.

To make sense of these experiences, I first looked to the literature problematizing the medicalization of fatness and the ensuing obesity epidemic that is fabricated through it (Campos, 2004; Gard & Wright, 2005; Guthman, 2009; Jutel, 2001; McDermott, 2010;

Moffat, 2010; Rail, 2012; Rich, Monaghan & Aphramor, 2011)—what Samantha Murray describes as “fat panic” (2008, p. 9). As she writes, “...the threat that this epidemic poses is constituted by medical narratives not simply as endangering health but as fraying the very (moral) fabric of society” (Murray, 2008, p. 9). Though, from my experiences, I assert that, at least within the space of the fitness club, we not only need to complicate how this “epidemic” may (or may not be) mobilized, but we need to recontextualize the clinical gaze (Foucault, 1973) in a neoliberal and inter-related late-capitalist moment, and through healthism, so entrenched within this contemporary context.

In this club, such a fitness assessment is strategically maneuvered to reinforce *compulsory* consumption of personal training. As a biotechnology of *healthism*, it is employed to teach members that supervised strength training is imperative for pursuing one’s own fitness and health. Consumption of personal training is also responsabilized to *control* disease, but ‘disease’, is not surveilled solely through overt fatness; It is also surveilled through performance and perceived capability (of the body) in this space (e.g., perceived strength and endurance of the body; the individual’s knowledge and ability to operate the workout equipment properly and design workouts that cater to personal “body types” and “metabolic stages” in life⁹). Even though fatness is moralized somewhat through the crafted fitness assessment and biomedical discourses circulating within this space, more emphasis (and responsibility) is placed on the *embodiment* of fitness with regard to strength, ability, and functionality of the body. It should also be noted that ideas forming the importance to “control” or “trick” (changes in biological processes effecting) the metabolism were not only ascribed to fatness, but to ideas exalting the *productive*, energetic citizen. We can, therefore, argue that the fitness assessment is a biopedagogical

tool, which governs bodies and subjectivities through what Foucault interpreted in 1973 as the “clinical gaze”: In, and through, this *gaze*, the body becomes understood and read through (dominant) knowledges that are constructed by medical science to examine, explain, interpret, and represent what we *can* know about bodies (Barry & Yuill, 2008).

Personal training sales staff did survey and then target particular members (not just new members, but also long-term members) for a “complimentary fitness assessment”, but this surveillance was not always based on perceived fatness. Most often, members were targeted based on their perceived level of fitness. Accordingly, slim bodies were frequently targeted; and, really, *any* body that did not conform to dominant aesthetics or performances of fitness was pursued to undergo an assessment. Oftentimes, larger bodies (not necessarily absent of fatness) that displayed and performed higher levels of fitness were not targeted. This is gendered in many ways, but those analyses (Dworkin, 2001; McGrath, & Chananie-Hill, 2009; Messner, 2007; Shilling Chris, & Bunsell, 2009; Wesley, 2001) are well supported elsewhere.

The relationship between fitness and fatness is still medicalized and moralized in, and through, this space. Yet, more important is the relationship between fitness and *vitality*. Consistent with Rose’s expositions, “biomedical knowledge intervenes on human beings in the present with an eye to optimizing their future vitality” (2007, p. 82). Specifically, Rose explains that (bio)medical technologies are not necessarily mobilized to cure disease, “but to control the vital processes of the body and mind” (2007, p. 16). Such an understanding is aligned with the World Health Organization’s holistic definition of “health” (which we drew upon in our Proem) in that disease—or, more appropriately, the *absence* of disease—is not an emphasized indicator of health. Hence, vitality, in this

sense, is not merely the governing (and continuing survival) of a population based upon desirable biological characteristics, and through, a ‘politics of death’ that involves physical force of the state to sterilize and eliminate “defective” persons¹⁰ (Rose, 2007; see also: Agamben, 1998; Bauman, 1989). More appropriately, we engage with Rose’s (2007) conception of “a new vitalism” (p.49) to express how a politics of self-care indeed governs the individualized responsibility to train (and improve) the body—thus, “enhancing the obligations that individuals and families have for monitoring and managing their *own* health” (p.63, emphasis ours).

In reconceptualizing *vitality*, we can employ Foucault’s notion of “governmentality” to explain the judging *gaze* of the general Other in managing the subjectivities that discipline bodies and bodily practices concerning how the healthy body *looks*, how the healthy body *performs*, and how the healthy body *functions*. The “clinical gaze” is not monopolized by clinical physicians in the current moment. Reflecting on the manufacture and use of the fitness assessment, individuals are now (self-)governed through a clinical gaze that is managed by corporate enterprise (and a free market *rationale* to healthy—and thus *proper*—citizenship). Individuals are taught to know and understand the body in ways that produce and privilege *citizens as consumers* (through *legitimate* medical knowledges) in obligatory pursuit of their own diagnoses for healthiness and vitality. Personal training (sold through such a fitness assessment) is, thus, a biotechnology *and* biopedagogical imperative in moralizing consumption of fitness (not the “obesity epidemic” in particular) and responsabilizing the pursuit of healthiness as a source of *vitality*—a process that reinforces healthism.

(Re)conceptualizing Healthism Through “A Kind of Regulated Freedom”

Some may question the seeming reliance upon—and exhaustion of—(free) market orientations to explain phenomena and lived experiences. Yet, the arguments that elucidate and problematize neoliberal practices, policies, and conceptions of health linger. This is apropos with a continuing commercialized promotion of health and the moralizing responsibility to, as Julie Guthman contends, “couple bodily control and deservingness” (2009, p. 1111). As such, market survival is often privileged at the expense of imagining, and indeed performing, alternatives that could provide meaningful and less exploitative experiences to those seeking participation in this industry, particularly those seeking improvements in their health through this participation.

Perhaps neoliberalism is drawn upon in ways that simplify complex power relations and contextual lived experiences to reductive dualisms that have often been contemplated to explain how power shifts dichotomously between the state (or other social institutions) and the rest of society in public health matters (Lupton, 1995). However, it is important to assert that our critical explications of the fitness industry do not reduce neoliberalism, nor healthism for that matter, to a be-all-and-end-all imposition on and over lived experiences. We cannot dismiss how people often govern each other and their own selves by and through normalized neoliberal ideology and processes—the subjectification and subjectivation of every day life (Hamann, 2009). Though, we propose conceptualizing neoliberalism as an *adaptive and generative* process and way of thinking, which contributes to moralizing the self-governing of “the conduct of (individual) conduct” (Hamann, 2009, p.41). Neoliberal healthism can, therefore, be considered another form of regulation that requires individuals to govern themselves and

to govern the managing of other individuals' self-control for a healthy life (Rose, 1999b). Since this governance is *seemingly* “compatible with the principles of liberalism and democracy” (Rose, 1999b, p. vii), healthism may be understood (by many individuals) as a form of autonomy in which people make decisions regarding their own health and wellness. Such (self-)disciplining (as a ‘form of autonomy’) is, perhaps, all the more plausible when compared to the ways (medical) subjects were *treated* through “social exile and incarceration of the diseased that had previously marked medical practice [before a shift to more interventionist governance in the 18th century]” (Murray, 2008, p. 9). Even so, we can (and should) problematize what *decisions* are moralized (such as the purchasing of a fitness club *and* personal training membership *for one’s own health*), who is often privileged through this moralization (those who have the capital to *profit* from, and through, this consumption), and how this (healthist governmentality) organizes people—arguably, reinforcing prevailing relations of power.

Conceiving of healthism in this way, we believe it is more appropriate to engage with what Nikolas Rose and Peter Miller (1992) conceptualize as ‘a kind of regulated freedom’: “personal autonomy is not the antithesis of political power, but a key term in its exercise, the more so because most individuals are not merely the subjects of power, but play a part in its operations” (p. 174). Lupton also (1995) draws upon this framework in her book, *The Imperative of Health: Public Health and the Regulated Body*. She does so to question the aforementioned traditional conceptions of dichotomous power in which people are coerced and constrained by (and, ergo, must be empowered to resist) conventional power hierarchies. Lynda Cheshire also theorizes this “contrived kind of freedom: ‘a well-regulated’ and ‘responsibilised’ liberty” (2012, p.32) to explicate how

individuals' actions can and do have political implications. Indeed, we connect these ideas to Foucault's (1978) concept of governmentality to better understand the intricacies of how power operates between, among, and through the fitness club members, the personal training sales staff (as cultural intermediaries), and the fitness club (as an institution shaping and shaped by broader structures and processes). By doing so, we can examine the (healthist) practices of self-government and the regulatory activities and technologies of the (fitness) institution, concurrently acknowledging the choices and actions individuals do make, albeit often guided by and negotiated with(in) dominant ideas of what is morally acceptable for a healthy citizen.

In contemplating Foucault's 'governmentality', however, the notion of "docile bodies" needs to be complicated and the clinical gaze must be rearticulated to fit the current context. Since (in theory) governmentality allows us to understand how power is dispersed throughout a population through self-surveillance rather than imposed by the state and various institutions, we can acknowledge how individuals negotiate broader discourses and ideologies while simultaneously blending their own perceptions and interpretations in ways that can work for them within the space and context they are operating within and through. There is no perfect docile body, but rather an acting, reacting, and decision-making individual navigating broader structures and processes while drawing upon her or his own unique assemblages of experiences and understandings. Reconceptualizing power in this sense exposes the intricate, and sometimes subtle, manifestations of power that are embodied and negotiated in ways that reinforce market logic.

With this said, it is important to consider, and be sensitive to, the positions personal training managers and sales staff are in and the tensions they often negotiate between their roles as a cultural intermediary and as an employee working towards economic goals for the company (Maguire, 2008b). Jennifer Smith Maguire speaks to how personal training personnel, as cultural intermediaries, are “of particular interest because their work exemplifies the negotiation between production and consumption, and between economic and cultural agendas, knowledges, and constraints (2008b, p. 216). For instance, these employees are repeatedly scrutinized through the demanding daily sales goals assigned by corporate ownership. At this fitness club, corporate procedure established that personal training sales personnel who did not reach their preset goals in two consecutive weeks were quickly demoted or even fired from their positions. This situation often gives reason for teleological sales methods and reinforces competitive (and unethical) practices within this space. At the same time, we should be *careful* in directing blame toward the corporate affiliates who are trying to survive in an economy driven by loyalty to the free market and responsabilizing neoliberal ideology—especially considering how this way of thinking and operating minimizes opportunities to imagine alternatives.

For these reasons, it is perhaps not surprising that, often, “the entrepreneurial components of personal trainers’ labour – soliciting clients, setting fee rates, negotiating contracts, maintaining client loyalty – undermine or contradict the ethic of service” (Maguire, 2008b, p. 218). (We encourage reflection on the narrative included at the beginning of our article here.) Personal training managers and sales staff were frequently hesitant, and often *reluctant*, to perform these conflicting positions. In fact, rather than

importuning members for fitness assessments, these employees would oftentimes ask family members, close friends, and even members they formed strong relationships with for their credit card information and (mostly with permission) compose fake personal training contracts through these identities at the end of the day in order to fulfill their daily sales goals; they would then cancel the contracts the next morning either before the accounts were charged or reimburse the accounts under the pretense that the member “cancelled” their agreement within the three-day refund period. These tactics represent decisive, creative negotiations of the (constraining) conditions and (conflicting) roles the training managers and sales staff must operate within and through—and, thus, sheds light on resistance to the neoliberal forces at play in this context, albeit in (self-)regulatory ways.

Coda: An Exigency for Pushing Epistemological Boundaries and (Re)Imagining Beyond Healthist Metanarratives

It is imperative to challenge healthist assumptions and contradictions that contribute to the perpetuation of health as an individual duty—a responsibility to consume the knowledge, technologies, and practices deemed necessary for not only presenting a “healthy” self, but for “optimizing future vitality” (Rose, 2007, p.82). From our critical examination of Amber’s experiences in the fitness club, we can perceive how the fitness assessment ascribes to “the requirements for the use of standardized, corporately framed diagnostic and prescribing procedures... and treatment of health and illness as merely another field for calculations of corporate profitability” (Rose, 2007, p.11). Further, personal training is constituted as a pedagogical tool, reinforcing moral responsibility to practice and embody healthist expectations without reflecting on where,

how, and why particular constructions of health (and fitness) emerge and, possibly, alter in conjunction with the changing context—*and* without connecting such expectations to the conditions (some, more constraining than enabling) in which people live.

Here, again, there is relevance for our methodology and purpose for more work to be done through it; radical contextualism can link current ideologies, processes, and practices to the historical context and forces from which they emerged (and to which they currently frame). This is valuable for unpacking the assumptions that, through particular histories, underpin dominant ways of knowing and understanding the body in the contemporary moment. Concurrently, our analysis speaks to the importance of approaching research through a cultural studies that, as Grossberg conceives, “is always involved in what Marx calls the *necessary detour of theory*...the difference between the specific and the concrete and why the concrete always articulates itself beyond itself” (quoted in Cho, 2011, p. 110; see also: Grossberg, 2007). In other words, if we applied some assumedly apropos theoretical framework through which to understand this lived experience in the corporatized fitness club, we could have very well provided imprecise interpretations of those empiricisms and unjustifiable articulations of the forces and relations shaping (and shaped by) such experiences. Without such an approach—signifying the obligation to think through whichever theoretical position is most useful to make sense of a particular conjuncture—our analysis would have quite possibly (and unjustly) expounded the “obesity epidemic”. In this way, we would have failed to explicate how *vitality* is reified (and commodified) in the fitness club, and through, the *non-necessary* interrelationship between health, fitness, and (bio)citizenship in neoliberal America. For it is through the ideology *and* process of healthism, that such abstract—

albeit, vital—notions of *healthiness and fitness* are moralized, responsabilized, and thus materialized on, and through, the body.

However, to imagine beyond the metanarratives that often govern our (healthy) bodies and lives (through the self-governing of human *vitality*), it is crucial to *collaborate* in ways that *push* epistemological boundaries—confronting the different social, biological, medical, and cultural understandings of the body, as well as the politics that frame these understandings. For instance, it is difficult to critique how a biomedical *knowledge* (of the hypothalamus) is being constructed and mobilized (to conceivably serve corporate interest) without accessibility to, and multiple understandings of, how that particular materiality of the body is known to function. This necessitates working with, and through, conflicting researcher roles and paradigms; For it is these (conflicting) positionalities and (competing) lenses that can carve a space for the productive conversations to take us somewhere new—and, following Grossberg, “hopefully somewhere better” (1997, p. 254).

NOTES

Notes

¹ The fitness assessment consists of a meeting with a personal training sales staff member (who is not required to be certified in personal training). During the meeting, members are asked a series of questions to identify their aspirations for joining the gym and the goals they hope to attain. Afterward, the sales staff member *presents* a proposed fitness program. Lastly, the member is instructed through a strength training workout with the training sales staff member’s guidance and ‘*expertise*’.

² “We” is used to reference the views of Amber and co-authors, David L. Andrews and Michael D. Giardina (who provided valuable feedback for this paper); This first person plurality is not used to speak for (nor imply that we can and should speak for) those who conceptualize and approach their work from a (physical) cultural studies perspective as there may be diverse perspectives among those who claim to align their work with, and through, such an approach.

³ In this way, particular embodiments of fitness, as will be explained later in this article, are justified by (and justify) the medicalized *need* to “prevent disease” and optimize bodily performance(s)—*needs* communicated as *virtuous* pursuits achieved through consuming accepted knowledge(s) and (bio)technologies. It is crucial to understand what the implications are for people in trying to achieve these normalized understandings of health.

⁴ For the purposes of this paper, we are not positioning this piece as an (auto)ethnography per se. Rather, we are drawing upon Amber’s lived experience(s) during her employment at the fitness club as a way to analyze the broader issues, which frame such experiences—and as a way to conceptualize the value in an embodied and reflexive (auto)ethnographic approach to explicating our (field)work.

⁵ Through the practice of forging articulations, it is possible to offer informed readings of contexts, but these interpretations are necessarily influenced by the mobilization of various research contingencies: ontological and epistemological frameworks; varying and multiple methodological approaches; and, particular positionalities in (and access to)

research sites. Therefore, we need to be committed to a (physical) cultural studies practice that involves the composing of conjunctural mappings—or reconstructions—of the present (via the empirical), that are contextually bound, radically driven, subjectively derived, and, at best, only partially understood. Nonetheless, we have to believe in the value of critical contextual knowledge generation as a means of identifying the presence and operation of iniquitous power relations and formations—and for developing strategies by which we may be extricated from them.

⁶ At the same time, we must recognize the value this work has (and the insight it can offer) for those in comparable contexts and sites. Due to the contextual contingency of such research, it is important to conceive of how and where we can derive a sense of the *general* from the embodied particular.

⁷ In what follows, Amber is the author speaking in the first person.

⁸ This can, and should, be a progressive methodological strategy for empowerment; however, not in the sense that we are *entitled* to intervene and “enlighten”. Rather, such research must be conducted in sensitive and purposeful ways to help people cope with, hopefully imagine alternatives to, and possibly resist the power relations implicit within oppressive situations.

⁹ Much of the discussion in the fitness club (amongst personal training staff and members) regarding capable individuals (and bodies) was predicated upon individuals’ *knowledge* about their “unique body type” and “metabolic state” in relation to such supposed factors as biological ‘makeup’, age, sex, and lifestyle—and how those

individuals were able to craft their own *suitable* workouts in alignment with this knowledge. If members were perceived as capable in this way—even if somewhat ‘overweight’—personal training staff rarely, if ever, targeted those members for a fitness assessment.

¹⁰ Nikolas Rose (2007) compares his conception of vitality with that of Giorgio Agamben (1998) and Zygmunt Bauman (1989) to, in a sense, recontextualize the notion. The authors all acknowledge that judgments occur in the way(s) human life is valued, but Agamben and Bauman attribute such judgment to a coercive state or, in Rose’s words, “a competitive struggle between states” (p.58). Although, (and moving away from the historical context of modernity) Rose asserts that populations are no longer governed by, and through, a state-enforced eugenics. Rather, it is more appropriate to think about vitality through the lens of a “new individualized eugenics” (Rose, 2007, p.50) in which individuals must control and manage their own survival and well-being as improvement for the human population. This is consistent with our discussion of the broader shift in the way health is conceptualized in the contemporary moment: Collective interest is marginalized and the (environmental) conditions that people live in are not considered (Rose, 2007). Yet, it is the individual’s responsibility to care for her or his own healthiness, oftentimes regardless of those conditions.

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