Abstract: We use what we call collaborative autoethnography in this article to tell the story of Lindsey, a person for whom sport and physical activity have been both friend and enemy throughout her life. Our intention is to place stories about disordered eating and over-exercising alongside modern panics about obesity and to wonder how children are likely to process the different things they are told about body weight, sport, and physical activity. We do this not to pathologize Lindsey's behaviour but rather to pathologize the moral universe that makes the moral superiority of the fit, athletic body possible.

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Fatness, fitness and the moral universe of sport and physical activity

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Fatness, fitness and the moral universe of sport and physical activity

We use what we call collaborative autoethnography in this paper to tell the story of ‘Lindsey’, a person who for whom sport and physical activity have been both friend and enemy throughout her life. Our intention is to place stories about disordered eating and over-exercising alongside modern panics about obesity and to wonder how children are likely to process the different things they are told about body weight, sport and physical activity. We do this not to pathologise Lindsey’s behaviour, but rather to pathologise the moral universe which makes the moral superiority of the fit, athletic body possible.
Fatness, fitness and the moral universe of sport and physical activity

The idea that physical activity means different things to different people hardly needs to be reiterated. And yet it is surely part of the ongoing role of scholarship to map and probe the evolving meanings of physical activity and people’s experiences of it. It is important for scholarship to do this for many reasons, but perhaps most important of all is the need to offer narratives which run counter to dominant ways of thinking about physical activity. Of course, there is nothing particularly useful or clever in a purely contrarian statement of the opposite for its own sake. Rather, counter-narratives are important because they highlight the ways in which powerful cultural, political and economic forces sometimes serve to narrow our understandings and experiences of physical activity. Narrow understandings can, in turn, de-legitimise the experiences of some people, sanction dangerous or unethical practices in sport and physical activity related fields of work, and even pave the way for oppressive or unwarranted social policies. In other words, stories matter.

This paper grew out of the authors’ shared concern with the way physical activity (in which we explicitly include sport) is currently being talked about in both scholarly and popular discourse and used in the social policy context, particularly (but not only) in relation to children. It is surely not an exaggeration to say that physical activity is now seen in some quarters as a cure for all of society’s ills. From preventing obesity, cancer and diabetes to improving school results, giving direction to the lives of ‘disaffected’ youth and rebuilding ‘dysfunctional’ communities, it is hard to think of a problem for which physical activity is not seen as a cure.

In the specific case of children, we are said to be watching the growth of a ‘couch potato generation’ (Conway, 2003; Hope, 2005; Woolf, 2000) who have given up on physical activity. So inactive and unhealthy are they that high profile scientists and
doctors are prepared to announce that today’s children will die before their parents (Carvel, 2006; McCullagh, 2003). While we would dispute that today’s children are less physically active than their parents’ generation or that there is any likelihood of a sudden and dramatic decline in Western life expectancies (for discussions of these issues, see Gard & Wright, 2005; Lawlor et al., 2006), it remains the case that physical activity is now enmeshed in cultural and party politics (Campbell, Townsend & Revill, 2003; BBC News, 2004; Curtis, 2006). Amongst other things, this means that policies which make certain levels of physical activity compulsory and use physical activity as a way of monitoring and controlling children’s body weight are being rolled out across the Western world (for example, for New Zealand see Ministry of Education, 2004; for England see *The Observer*, 2003; and for Canada see Livingston, 2005). We are particularly concerned with the way physical activity has been taken up by politicians, journalists, policy makers and the scientific and medical communities as a potential cure for the so-called ‘obesity epidemic’ (Bird, 2005; Goran, Reynolds & Lindquist, 1999). A fundamental dimension of this concern is that current scientific and popular discussions of obesity and physical activity are morally loaded so that, for example, being classified as overweight or obese is seen as a personal moral failing. More specifically, in the context of this paper, physical activity has emerged in popular and academic discourse as a kind of antidote to the (supposedly) medically and morally corrosive effects of modern Western life (for example see Mason 2005; Waters & Baur, 2003). This paper uses elements of autoethnography to tell some stories about one person’s life-long relationship and, in some ways, struggle with physical activity and its meanings. It focuses on the life of a woman we will call ‘Lindsey’ and presents what
Ellis and Bochner (2000) call ‘evocative stories’ written by Lindsey about her life. There are many things which are instructive about Lindsey’s stories but, for the moment, we will highlight just one. Lindsey sees herself as having conformed, all her life, to both the moral and scientific dictums about why physical activity, and particularly competitive sports, are ‘healthy’. But far from being healthy, it was this conformity, and the sense of virtuousness that accompanied it, which made her relationship with physical activity so destructive.

Our central point in this paper is that when the promotion of physical activity becomes a moral crusade, explicitly linked with a war on fatness, there is always the risk it will be promoted in simplistic and overly zealous ways. This is a particular risk for school children and young people in general who are currently being encouraged and, in many cases, forced to engage in physical activity in the name of addressing childhood obesity. However, we want to argue that, although many adult advocates see physical activity as a clear and unproblematic good thing, young and not so young people have no choice but to engage (or not engage) with physical activity in the context of their lived experiences. We want to remind advocates that physical activity is not a morally neutral or pure domain of human experience and, as we noted at the beginning, can mean different things to different people at different times. In fact, we will argue that physical activity can mean different things to one person at the same time.

**Collaborative autoethnography**

This paper represents the culmination of collaboration between three people: two academics and a woman who, for the purposes of this paper, we will call Lindsey. For personal reasons, Lindsey does not wish to appear as an author of this paper. With
respect to the two named authors, we come to physical activity research from very
different backgrounds. Kathy is a physiologist who studies the effect of physical
activity on human biochemistry and, in particular, on bone metabolism and integrity.
Michael is a social scientist and physical educator.
In 2004, Kathy led the writing of a published case study in a sports medicine journal.
This paper tracked longitudinal changes in bone mineral density in Lindsey, an
English female distance runner with symptoms of anorexia nervosa, in conjunction
with changes in physical activity, body mass and pharmacological intervention
(Zanker et al., 2004). Reflecting on this work, Kathy thought about the limits that
scientific discourse imposes on understanding the experiences and emotions of being
a person who over-exercises while also living with an eating disorder. Having
represented Lindsey’s body using scientific discourse and, in effect, telling a
particular kind of story about who Lindsey is, Kathy wondered about other stories not
told.
Therefore, in 2006 Kathy sought Michael’s advice about the possibility of engaging
academically with Lindsey’s life experiences in order to contribute to broader
understandings of the ‘obesity crisis’, disordered eating and excessive exercise.
Michael suggested combining elements of autoethnography and more traditional
sociological writing to explore the place of physical activity in Lindsey’s life. Having
agreed on the value in sharing Lindsey’s stories with other people, we met on a
regular basis to talk and think about these stories. These conversations bounced
between the near and distance past and the present. In particular, we talked about
Lindsey’s memories in the context of our shared experience of being bombarded,
almost on daily basis, with news stories about ‘lazy children’ and government
initiatives to get ‘couch potato’ children moving.
This last point is significant because Lindsey, like all of us, has lived a life which could be recounted through story in many different ways. For example, as a person struggling with anorexia nervosa, Lindsey’s life could be told exclusively through her encounters with the medical profession. However, as the varied threads of her experiences became more apparent, and the tone of media and scholarly discussion about young people and physical activity grew more shrill, we were taken by the particular and oppositional note struck by Lindsey’s stories about physical activity and particularly competitive endurance sports. Illness and bodily break-down are never far away in these stories, but we want to stress that the stories that follow were produced collectively - exchanging ideas, pushing each other to think more about certain memories – with a specific purpose in mind; to offer a different way of thinking about physical activity. Although an important matter in the context of Lindsey’s life, this paper is not primarily concerned with anorexia nervosa. Rather, it is about what we might call the moral universe of sport and physical activity and a person’s life-long relationships with physical activity.

In this sense, this paper takes up Holman Jones’ (2005) concern with autoethnography as performance text. We do not resile from the fact that, working together, we have produced particular kinds of stories with specific motivations and intentions in the world. In our mind, this is not the same thing as fabrication or improvisation, but rather points to the way these stories were crafted out of Lindsey’s memories; memories which provoked and recalled other memories, memories that cast other memories in a new light, and memories that moved from the background to the foreground (and vice-versa) over the months of our conversations. Holman Jones (2005, p. 765) sums up our project neatly when she writes:
Autoethnography is... Setting a scene, telling a story, weaving intricate connections among life and art, experience and theory, evocation and explanation... and then letting go, hoping for readers who will bring the same careful attention to your words in the context of their own lives.

We are cognisant here of the debates which surround academic work of this kind, particularly concerns about the ‘truth’ status of stories and personal narratives and even, as Sparkes (2000) has discussed in this journal, whether they deserve to be called ‘research’ at all. However, following a now long established line of thinking within the field of qualitative research (for example, Barone, 1995; Blumenfeld-Jones, 1995; Eisner, 1991), we were less concerned with historical truth when working with stories, and more with the trustworthiness and impact of the stories in the present. As researchers we have no reason to doubt whether these stories derive from real historical events, a choice which faces all qualitative researchers who speak with human research participants. However, this is less important than a desire to work with Lindsey’s feelings, memories and the meanings she attached to certain experiences. Lindsey talked about the way she went back to her diaries to ‘dig up’ events and how this meant listening to the voices of people she had once been. But the stories that appear below are ones being told in the present with a specific purpose in mind. They are self-consciously political not nostalgically recuperative.

Focusing on meaning, we have also drawn on the methodological leadership of qualitative research specialists in sport and physical activity related fields. In particular, Sparkes’s (1999) pioneering methodological work has provided a clear rationale for telling what he calls ‘body narratives’; embodied stories about our lives which attempt to move beyond theoretical abstraction while, at the same time,
attending to the body’s location in culture and history. Sparkes’s own autoethnographic work and his collaborations with others (for example, Sparkes, 2004; Sparkes & Silvennoinen, 1999) make a case for using stories to explore both the feelings and meanings of lived experience, but specifically those feelings and meanings of sport and physical activity.

With similar concerns in mind, North American authors such as Tsang (2000), Sanders-Bustle and Oliver (2001) and Duncan (2000) have used narratives both to link bodily experience and identity and, particularly in Tsang’s case, to consider how bodily experiences can undermine or at least be at odds with a person’s sporting identity. With each of these authors, the purpose of generating and telling ‘body narratives’ is, amongst other things, to contest the dominant performance narratives of exercise and competitive sport.

In short, the stories presented below serve at least two functions. First, they offered Lindsey a space in which to tell, retell and re-understand her own life. In part, this occurred because of the way we worked with her stories: reading drafts, asking questions, getting sidetracked into new memories and stories and, more prosaically, stressing the need to keep physical activity and its meanings at the centre of our work together.

These stories’ second and more prospective function, following Holman Jones (2005), is to be read and responded to by others. We expect that different readers will find different levels of resonance and relevance in these stories. As readers will see, we have not left the stories to stand on their own as some qualitative researchers recommend. Each of the following three sections of storied text is separated by our responses, written after Lindsey’s stories were complete, and inspired by the
theoretical, political and practical connections which occurred to us. We do not think
this alternation between narrative and conventionally academic voice closes down
other interpretations or disqualifies reactions that are different from our own. Rather,
we offer all of the following sections of texts as, in their different ways, both stories
and analyses. We do this in an attempt to engage with Saukko’s (2000) ‘quilting’
metaphor in which qualitative research texts (such as interview transcripts and
academic analysis) are stitched together in order to allow for dialogue between them.
In other words, we do not so much ‘analyse’ Lindsey’s stories in order show what
they ‘really mean’. Instead, we have tried to construct a dialogue between our
different positions; on the one hand using an autoethnographic voice and, on the
other, an academic voice. There are times when the academic voice refers back to the
autoethnographic one, but this is done to draw attention to issues we (including
Lindsey) wanted to highlight, not as a way of telling Lindsey something she did not
already know.
Ultimately, Saukko wants academics to see themselves as interested story tellers
whose texts are just as open to deconstruction as anything our research participants
may say or write. It is for this reason that we offer the following performative texts as
tools for re-remembering the past and rethinking the present, rather than statements
about how the world is or should be.

Lindsey’s stories

I

August 1977 (11 years old)

We are on holiday in Austria. I am lying on my bed in the hotel. It’s a lovely hotel and
the weather is hot and sunny but I feel trapped and unhappy. There’s a big pool in the
hotel and I want to go swimming but Mum won’t let me. The doctor has been really
strict about my exercise and diet. He says I will have to go into hospital if I get any thinner. They want to feed me up; fatten me up. It would be so awful. I feel that everything’s out of control. I can’t eat my normal foods and I don’t know how many calories are in the food over here; it’s all different. Salami, cheese, salads with oil and mayonnaise are absolutely full of calories. I have done no exercise for nearly two weeks. The first thing I must do when we get back home is to go for a run. I need to get back into a routine; everything’s out of order.

I am thinking about April last year, before I lost weight.

I remember running around the block of houses where we live, as fast as I can. I am very out of breath and sweating but I don’t want to stop. I ran this morning and yesterday morning and evening too. Nothing else matters when I’m running or swimming; all the bad feelings go away and I feel strong. I only like myself when I am running well. I feel I know who and what I am, and what I am going to be: a runner. I am going to run in the morning and evening every day now. When my PE teacher picks the athletics team I want to be chosen for every race. I know I can beat everyone else. I just need to keep practising. When I am upset and everything is bad I run and swim; I push my body as hard as I can. It makes me feel so powerful and free. Afterwards I feel too tired to think; my mind is numb.

In May, we did athletics trials. I won the 400m race easily. I was faster than nearly all of the boys too. I also won the 200m and the long jump. My PE teacher said that he wished he could enter me for every event. He told me that I should have proper coaching at the City Athletics club. If I didn’t do it soon it would be too late. My body would change and I would have breasts and periods. They slow you down. You can’t
run when you have a period because of the pain. Sometimes you can’t even move. My Mum gets like that. My body is changing already and I hate it. Some of the girls in my class wear a bra. I hope Mum doesn’t buy me one.

Everyone thinks I do too much exercise, but who are they to know? They don’t do sport and sit around all the time. I wish Mum and Dad were interested in my sports. Dad just sits in the car and reads the newspaper when I’m training. Other parents watch their children and cheer them. It’s good to be active; it keeps you strong and healthy. I don’t want to be like my parents or my brother. They are lazy.

In October I hurt my back. That’s when things started to go wrong. I don’t know how I did it but it was really bad. When I got out of bed my back gave way and I fell over. The doctor said that I had to lie in bed for two days and that I couldn’t do sport for four weeks. I realised that I can’t cope when I don’t train. I will get fat, I know I will. Mum always says that I’m thin because I’m so active and that I will never get fat. She and Dad are always on a diet because they think they’re too fat. Dad has a fat tummy and Mum has a fat bottom. If I had a tummy or bottom like them I could never run. I need to eat less and stop eating cakes and biscuits to stop me from getting fat and slowing down.

When my back was better, I went back to school. I wanted to be the thinnest and fittest girl in the class; the fastest runner. I knew how to do it because I read my Mum’s diet and exercise book. You have to do as much exercise as you can and eat only good foods like salad, fruit and low fat yoghurt. They don’t have many calories in them. I know how many calories are in all the food I eat. I also know how many calories I can burn when I swim and run. If I stick to a good diet I will soon be fit again.

I was glad when Christmas was over. Everyone was eating lots of bad food and they wanted me to join in. They thought I was weird because I wouldn’t eat all the bad
foods. I got chocolates as presents but I couldn’t eat them. I got up really early in the morning on Christmas Day and went running. Everyone thinks I’m mad but they’re just jealous because I’m so energetic. I ran every morning during the Christmas holidays but I’m still too slow. I time myself and I am not as fast as I used to be. Often my legs just won’t go fast; they feel heavy and tired. I am making myself run further each morning until I am fit enough. I just need to train harder and to carry on eating healthy food. I am being really good about my diet. I allow myself 1500 calories every day and write down everything I eat. Yesterday I only ate about 1200 calories but I was very hungry. I ate two chocolates and hated myself afterwards. My weight is down to 35 kg. Mum and Dad keep talking to each other about me and my eating and exercise. Mum was crying. I wish she wouldn’t.

Mum took me to the doctor because she is worried about my weight. He asked me all these questions about what I eat and what exercise I do. He weighed me and I was 33 kg. He asked me all about school; if I am unhappy, if I have friends and if I am being bullied. He wanted me to see a doctor at the hospital but there’s nothing wrong with me. I am really fit and healthy. I didn’t want to see the other doctor. I knew that he would stop me from running and would make me eat all the wrong foods. Mum talked to Dad afterwards with the door shut but I could hear what they were saying. Dad came out of the room afterwards and gave me a hug. He said he could feel my bones, but I don’t think I am too thin.

A generation of research shows that, whatever else is true about institutional education, school curriculum writers have always had a certain kind of ‘educated’ individual in mind (Hunt, 2002). This is particularly true in the area of health and physical education where both medical health and bodily appearance have acted as powerful symbols of moral worth (Kirk, 1998; Smith, 1974). In recent times the
fashion has been for ‘outcomes driven’ schooling, so that curriculum documents usually spell out the kind of things students should be able to do in order to demonstrate that they are appropriately educated.

In the context of increased popular and scholarly interest in childhood obesity, health and physical education curriculum writers across the Western world have been meeting this new challenge by exhorting young people to adopt a raft of self-monitoring behaviours. For example, the Canadian province of Ontario’s elementary school Health and Physical Education curriculum (Ministry of Education and Training, 1998, p. 10) states that:

Students require knowledge to make healthy eating choices. Using this knowledge, they will examine their own food choices and eating patterns, and then make wise decisions and set appropriate goals.

The curriculum then goes on to stipulate a series of ‘specific expectations’ relating to food and physical activity for elementary school children. For example, grade two children (age seven or eight) should be able to ‘identify a balanced diet and apply decision-making skills to create menus for healthy meals’ (p. 10) and ‘identify the reasons for participating in regular physical activity’ (p. 32). Grade four children (age nine or ten) must ‘analyse, over a period of time, their own food selections, including food purchases (e.g., “everyday food” versus “sometimes food”) and determine whether or not they are healthy choices’ (p. 10), while grade three children (age eight or nine) are required to ‘describe the health benefits of participating in regular physical activity’ and ‘adopt an action plan based on an individual or group goal related to physical activity’ (p. 33).

A more recent example comes from the Australian state of New South Wales. Here, the Personal Development, Health and Physical Education curriculum (Board of
Studies, 2006) for primary schools (Kindergarten to Grade Six) articulates a suite of outcomes and indicators (non-compulsory examples of how students might demonstrate meeting the syllabus’ outcomes) that envisage a highly instrumental relationship between children and physical activity. For example, the syllabus suggests that Early Stage 1 children (about age five and six) ‘compare the physical activities that they do as a family or group and how these make them feel (sic)’ and that Stage 1 children (about age seven and eight) ‘identify physical changes during and after exercise, eg heart racing, breathing quickly, feeling hot’. According to the document, a physically educated Stage 2 child (about age nine and ten) would ‘participate in regular physical activity and discuss progress’ and ‘keep a log of activity using a spreadsheet and analyse patterns of participation over time’, while a Stage 3 child (about age eleven and twelve) would ‘generate personal goals based on their understanding of what it means to be fit and active’ and ‘devise strategies to achieve personal active lifestyle goals’ (all indicators quoted from page 26 of Board of Studies, 2006).

While a host of similar curriculum examples could be provided, at this stage we want simply to suggest, as precisely as possible, why the kinds of curriculum statements quoted above might be significant. To begin with, it is difficult not to be struck by how well matched Lindsey’s memories of herself are to these contemporary educational aspirations; it is almost as if they were written for her. To some readers, this may not seem surprising. After all, there is ample evidence that people living with eating disorders often show ‘perfectionist’ and ‘over-compliant’ behavioural tendencies (for a discussion see Saukko, 2000). However, what strikes us here is the way Lindsey’s stories draw upon certain forms of knowledge about food, physical activity and health. In part, it is this knowledge, particularly the tight connection
between being ‘fit’ and being ‘healthy’, which defends the behaviours which other
players in the story – and perhaps most readers of this article – clearly see as
unhealthy. Although we cannot know where this knowledge about health, calories,
fitness and athletic performance came from, it injects the narrative with a strong sense
of moral superiority; becoming someone good (strong, fit, energetic and in control)
and avoiding being someone bad (lazy, fat, unathletic and lacking will-power) is what
physical activity is for.
Again, some readers may question this interpretation. And yet, we would simply point
out that the twinning of physical fitness and moral rectitude has an obvious salience in
Western culture and draws on ancient epistemological foundations. In the prosaic
present, elite athletes are used to advertise products and to represent corporations
precisely and more or less exclusively because we ‘understand’ their bodies and
athletic achievements as evidence of their trustworthiness. Lindsey’s story is
interesting to us because - at least from the perspective of contemporary scientific
discourse about obesity and physical activity and the education documents quoted
above – it is unimpeachable.
Does this mean that science or schools cause over-exercising? Certainly not. Indeed,
our intention here is to pose a question, not an answer. The question is this: in what
kind of moral universe does the idea of young children counting calories and setting
personally defined fitness goals (both of which Lindsey recalls doing and are
advocated by educational authorities) make sense? In other words, what stories do we
need to tell ourselves in order for the self monitoring young athlete to emerge credibly
as the virtuous hero?
Before moving to Lindsey’s next autoethnographic text, it also important to register
that vigorous physical activity is recalled in this first text as an intense pleasure. It is a
safe, powerful and, it seems, empowering space. It is tempting to speculate about the source of this pleasure given the connections Lindsey makes between virtue and physical fitness and athletic performance. However, what we can say with more certainty is that in this text physical activity is both a defining element of who Lindsey remembers herself as being and a tool for shaping, producing and changing who she is. It is both soul mate and ever vigilant task-master.

II

September 1996 (30 years old)

I am lying in hospital. I have fractured my pelvis and 3 ribs. It’s incredibly painful. I fell off my bike; toppled over actually. I reached a junction and was waiting for the traffic lights to change. Why didn’t I put my feet down instead of back pedalling? It was so stupid of me. The doctor told me that I won’t be able to walk without crutches for 3 months. Three months…! I don’t think I’ll survive. And because I’ve fractured my ribs I can’t use crutches for 6 weeks. I am totally helpless; like a useless lump, and will be for ages. The first thing that crossed my mind when I fell off my bike was that I had only completed 5 miles of a 25 mile training ride. When would I fit in the extra 20 miles? Mum said that I should use this time to get my weight up. The doctor stressed this. He and the radiographer were shocked at how thin I am. They said that I haven’t enough padding [fat] to protect me from fracturing. I fractured my ribs 6 months ago when my boyfriend hugged me. My weight is 39 kg.

I am thinking back to September 1990:

I am sitting in my office at work; staring out of the window. I started a postgraduate research degree in exercise physiology nearly two years ago. I felt so lucky to have a
scholarship to do this degree, and at a university with a really good reputation in
sport. My running was going well and I had won some important races over the past
few years. I felt my life was on track. I had also earned two good degrees and had a
great boyfriend who had kept me on the straight and narrow for 4 years, introduced
me to new things, encouraged me in my sport and helped me to eat properly. But he
and I have drifted apart. I feel lonely, lost and pressured by ‘everything’. All I seem to
do is to train and work and I feel that I must do these perfectly, otherwise there’s no
point bothering at all. But I still feel far from perfect; in fact sometimes I feel a
complete failure.

My weight was OK when I started this degree; about 50 kg, although I suppose that I
was still underweight for my height of 1.67m. But now I am only 45 kg. I haven’t lost
weight deliberately. I took up triathlon when I came here; it was the thing to do. But I
kept getting injured and when that happened I felt isolated from my friends who are
runners and triathletes. I am injured right now with yet another stress fracture. That’s
my third stress fracture over the last year. I keep getting ill too. At the moment my
throat is really bad and I feel tired. Last week I tried to catch up on my training
because I’d missed a week with a bad cold. Sometimes my body feels to be falling
apart. I cannot train consistently and I feel totally empty.

I feel ‘out of control’ when I can’t train and I’m becoming obsessive about eating
again. When I am training well I don’t feel as much need to control food, and I also
reward myself with a big piece of cake or a chocolate bar; but when I can’t train or
my training is going badly I start to restrict what I eat. I now know that I should eat
carbohydrates after training and a high carbohydrate diet to run well, so I have cut
fat out of my diet as far as possible. Running is so important to me; it’s what makes
me who I am. But there’s too much opportunity to train and race here at university;

you feel that you have to train otherwise you don’t fit in. You’re identified by your sport and how good you are at it. Sometimes I would like to give it all up [sport]; become lazy and ‘normal’. But I feel ‘nothingness’ when I’m not training; as if I’m a useless person.

It’s so difficult to relax here. I think I will go mad if I see another person in shorts run past me. When I see others doing that I feel I should be doing it too, instead of sitting working in my office. But my work is important too and it also makes me feel good. Tonight I am supposed to be training on the track but I don’t feel up to it. I keep thinking about it over and over again; should I or shouldn’t I train tonight? My senses tell me I shouldn’t because I’ve got a sore throat. But if I don’t train I’ll just hate myself. I may go round to see one of the girls I run with. She’s injured and cannot train. I am sorry that she’s injured, but it makes me feel better in some ways because at least I’m not the only one who’s not training. Perhaps we could even go out for something to eat together.

In summer I had a bone density scan. I volunteered to have it, to be part of a research study. I was told that the bone density of my spine is the same as that of an average 80 year old woman, but I’m only 24! I have osteoporosis in both my spine and hips. I can’t really believe it. I know that anorexia wrecks your bones but I don’t feel that wrecked. When I’m not injured I can run 10K races in less than 35 minutes, and I win them. That’s proof of how good I am. Perhaps I should run less and focus on swimming again. My cycling has been quite good too. I don’t get stress fractures with swimming and cycling so I’ll focus more on my swimming again.

People who work in the health promotion fields are faced with an enduring dilemma when it comes to promoting physical activity amongst the general population.

Although a long list of the assumed social benefits of physical activity can usually be
gestured towards, at base the ‘health’ in ‘health promotion’ means medical health. Changes in quantifiable medical health outcomes are the most easily measured and, particularly in our brave new ‘obesity epidemic’ world, most prized by governments and funding bodies.

The trouble is that research and practice in health promotion show that information about the (alleged) medical health benefits of physical activity seems to have had most affect on the behaviour of the already health conscious middle classes (Goldstein, 1992; O’Connor-Fleming & Parker, 2000; Pi-Sunyer, 2003). This, in itself, is no mean achievement, with fun-runs, gym memberships and sports participation all about as popular as they are ever likely to be. Despite these successes, the health promotion literature has long been marked by despair at what researchers see as the laziness of the general population and exasperation at their failure to act on their knowledge (Chakravarthy & Booth, 2003; Fentem, 1994; Lee & Paffenbarger, 1996) that physical activity is good for you.

Given its traditional reliance on the mass-media to get its messages out, and a general acceptance that health information has limited impact on people’s behaviour, health promotion has turned to identity and desire. Modern health promotion asks: ‘who do you want to be?’ It does this by linking physical activity with images of happiness, beauty, success, friendship and popularity. This does not mean that talk of medical health disappears; it is more that it is given a human face. But it is a believable human face; physically active as well as fat, sick or lonely bodies simply would not make sense in this context. Health promotion does not so much tell us that physically active people are fit, beautiful, happy, healthy, young people as remind us that this is so. At least two things about this history are instructive. First, despite widespread despair about the failure of health promotion to produce a physically active populace, talk
about, and images of, fit, beautiful, happy, young people remain the weapon of choice in health promotion’s new ‘war on obesity’. If readers are in any doubt about this they need look no further than the way British health authorities have leapt on the awarding of the 2012 Olympic Games to London as a tailor-made vehicle for bringing down obesity rates. The paucity of evidence to support the idea that elite athletes possess magical healing powers is clearly no match for the durability and allure of the idea itself.

Second, there must at least be a question about whether physical activity health promotion has actually failed, notwithstanding its affection for mea culpas. Lindsey’s memories show that the idea that fitness = health is a powerful ally in her struggles with illness and injury. Her performance as an athlete is remembered not only as a sign that her life is ‘on track’, but also as something which refutes any suggestion that she might be unwell. In other words, these memories represent the ideals of physical activity health promotion made flesh: fitness = health. She even remembers rewarding her athletic performances with extra food, something social constructionists might recognise as the ultimate victory of discourse over flesh. After all, Lindsey now concedes that her under nourished body needed food, but that it was her relationship with physical activity (not physical activity itself) that ruled her appetite.

In our view, the very fact that most people (perhaps even some readers of this article) would want to interpret Lindsey’s behaviour as extreme or as an example of over compliance rather than simply mistaken and misguided is the central thesis of this article. In other words, most people would locate the problem within the ‘diseased’ or ‘abnormal’ individual. Instead, our argument is that Lindsey’s remembered behaviour rests on a set of beliefs and associations which are reinforced in schools, universities and popular culture, a point made consistently and with great empirical detail by John
Evans, Emma Rich and their colleagues (Evans, Evans & Rich, 2002; Evans, Rich & Davies, 2004; Evans, Rich, Davies & Allwood, 2005; Rich, Holroyd & Evans, 2004). There is simply no significant opposing force to the moral and scientific logic of modern physical activity.

These memories from Lindsey’s early adulthood also suggest that her relationship with physical activity is in transition. An athlete is still who she ‘is’ and the pleasures of physical exertion remain. And yet the weight of injury and the drudgery of maintaining her position in university athletic culture is starting to tell. She even contemplates a change towards the laziness of normality, a potentially ‘healthy’ decision but which still equates physical activity (in this case its absence) with a moral state (laziness). Lindsey is at least growing tired of her athlete self even though there is only the vacuum of laziness and moral turpitude to take its place.

III

December 2006 (41 years old)

*After repeated illness, measurable immune suppression and cardiac dysfunction my doctor has advised me to gain at least 8 kg. At present I’m 47 kg and I need to steadily increase my weight until I am 55 kg. Over the last 2 years I have cut down on my exercise; both in volume and intensity. I actually had no choice because I had become so ill. I kept picking up infections and then I became seriously ill. I had to have repeated surgery and drug treatment that left me with no energy. I thought I may never be able to exercise again because training so hard at a very low weight and without adequate nutrition had caused my body so much damage. I am gradually beginning to feel that the discomfort, disability and general inconvenience of being so underweight outweigh any ‘benefits’ of remaining that way.*
When I cut down my exercise I gained 3 kg but that didn’t bother me too much. What bothered me was that I felt so useless. I also felt confused. Who am I if I cannot exercise? Putting on weight doesn’t really bother me; it’s grappling with the uncertainty and anxiety that I feel now that I am doing less and less exercise. I feel motivated to get well and I also feel quite excited about having a bigger, more rounded and feminine body. But I am also apprehensive. That more rounded body signifies a different person with different values. I fear I will become a hedonist. At present I’m giving into desires and indulging myself just like other people do. The fact that I have been instructed to do this by a doctor makes it easier; it’s not as if I have made the choice myself. Therefore I needn’t feel guilty. But my lean body was the product of my self discipline. When I used to exercise really hard I felt powerful and valuable; a good person. There was something in the asceticism; the harder I exercised the better I felt. I felt in control and that my life had meaning.

I am taking a big leap of faith and am stepping into the unknown. Will I still know myself in a year from now, or will I have a different personality and different values that I never previously respected? I feel like a grub that is feeding itself up before pupating. What will hatch out of the pupa? I hope it will be a lovely tortoiseshell butterfly and not a big ugly fly. .... Even so, I have to admit that I am starting to feel better. I have more energy to do things that I haven’t had the energy to do for many years, like going out with friends and having a laugh. Before, my life revolved around my next exercise session.

Very gradually I am starting to realise that my life is much better without exercise rituals. I can now lie in bed in a morning until 7 am rather than get up at 5 am in order to exercise. I guess that’s more normal isn’t it? Actually, although I hardly ‘dare’ say it, I enjoy the bliss of dozing in bed. But I still find it hard to resist the
pressures that I feel are enforced upon me in my day-to-day existence. These pressures include bombardment from so many sources about the positive health benefits of physical activity and ‘healthy’ diets. I convinced myself that I was living an admirable life filled with lots of exercise, sport, hard work, a ‘healthy’ diet, yet it destroyed my health. My brain cannot handle all the conflicting messages. Sometimes I wonder whether when I reach my target weight, I will want to take up my obsessive exercise regime again. At the moment I don’t think I will. I would like to exercise for fun and in a non-ritualised way, and even now I am swimming again.

However I swim only 2-3 times each week. I do a few lengths, then get out and sit in the jacuzzi and talk to people. I even talk to people in the swimming pool (previously a great ‘sin’; swimming pools were for swimming only). I have to admit that if I am feeling strong I feel tempted, sometimes even compelled to continue to swim until I am tired; to push my body as hard as I can. But I know that could damage my heart and my bones and it would be easy to get obsessed again. I have to work really hard to tell myself that it’s not good for me. I really hope that when I am a healthy weight that I will be satisfied with what I have become.

During the initial publicity sweep to support the release of his book Fat Land: How Americans Became the Fattest People in the World (2003), Greg Critser consistently argued that the war on obesity could only be won if it was fought on moral grounds. Like a number of conservative writers, Critser blamed rising obesity on moral decline while also trumpeting his Democratic credentials. Fat people, he argued, simply need to be made to feel more guilty and if this moral crusade resulted in a few more anorexic young white women, so be it. In fact, he countered criticisms that the fashion industry contributed to disordered eating amongst girls and women by claiming that fashion models were, in fact, symbols of virtue: ‘there is something in a model’s
slimness that is and that we recognise as good. Models tell us that it probably is better to be thinner’ (Cook, 2003, p. 25).

Poststructuralist scholarship of the body holds that desires and pleasures are not given but produced as we live our bodies; they are not so much discovered as fashioned out of the debris of experience. Lindsey’s final text gestures towards the discovery of new ‘lazy’ pleasures (talking to people in the pool, sleeping in) which she previously experienced as ‘sins’. Of course, sometimes moral censure can heighten the pleasure of forbidden acts. However, for Lindsey the moral framework which links body shape and exercise has not so much shaped her behaviour but constituted her understanding of her self. This is perhaps why lazy pleasures need to sampled tentatively at first, for the risks of enjoying them, such as becoming ‘ugly’, overweight and unrecognisable to herself, are great. After all, in the past Lindsey has experienced physical activity and slimness just as Critser would have her do; as a demonstration of her moral superiority and her health. Once again, while some will say Lindsey’s beliefs and behaviours were based on sound principles but taken to an unhealthy extreme, we would say they were simply mistaken in precisely the same way as Critser and millions of other people who ‘recognise’ slimness, athletic success and physical activity per se as ‘good’.

Lindsey now feels that what was missing in her life was a narrative in which physical activity is not her reason for living or a form of personal responsibility. She believes now that physical activity has been an enemy as well as a friend, but there is still no clear picture of what will take its place. For Lindsey to take pleasure in her new self, to replace old pleasures with new ones, what seems to be needed is a life-story which is still to be written.

**Stories and character**
There will be readers who will still want to argue that Lindsey’s behaviour is ‘extreme’ and not representative of ‘moderate’ health promotion messages about physical activity. Some might even draw parallels between Lindsey and the ‘extreme’ physical activity of athletes like Wacquant’s (2004) boxers in the gyms of Chicago and the physical damage they suffer. We would dispute these views and offer an alternative position.

To begin with, Wacquant’s ethnography deals with a sport which is widely believed to be violent and, amongst other things, tries to show how the choice to be a boxer was understandable. Lindsey’s situation is the reverse. Lindsey participated in a form of physical activity – jogging and running – that is done by millions the world over, is the first choice for many who decide they need lose weight or ‘get in shape’, and yet turned out to be extremely damaging.

While the claim of ‘extreme’ behaviour helps to distance and ‘Other’ the subject of one’s analysis, we have used narratives in this paper to suggest that Lindsey is very similar to many of us in that she shares an investment in the moral universe of sport and physical activity. Like Duncan (1998), we are interested in the way in which silencing the stories of others helps us to see them as ‘extreme’ and different from ourselves. Our point in this paper is that unlike Wacquant’s boxers, Lindsey’s behaviour was reinforced every day by teachers, medical researchers, coaches and the media. In fact, the emerging scientific and public health consensus is that the physical activity health messages of the past have been too ‘soft’ on children. Instead, researchers are now arguing that rather than accumulating lots of low and moderate intensity physical activity, in order to avoid obesity children need to do more vigorous physical activity (Ness et al., 2007). Our argument here is not that such a position causes eating disorders and over-exercising. Our argument is that because fighting
obesity has become the *raison d’être* for promoting physical activity, we have created an unhealthy cocktail: the hatred of fat bodies mixed with the moral certainty that physical activity makes you a better person. At this point we simply ask: in the absence of any powerful opposing narrative, what sense are children likely to make of anti-obesity public health messages which remind them, over and over again, that physically active people are beautiful, smart, thin, popular, successful, virtuous and young?

Over the course of our conversations it became clear that throughout Lindsey’s life physical activity had been both a friend and an enemy; something which both sustained and nourished her as well as damaging her. Therefore, our proposition is that Lindsey’s stories point to the confusions, tensions and even crises that are generated when embodied physical activity as a dimension of identity collides with the idea of physical activity as a kind of medicine or tonic; something which we take to improve our moral or medical health as opposed to something we are.

We would offer to two points by way of concluding this paper. First, if we take the *content* of the stories as central, we can see how Lindsey’s relationships with physical activity have been negotiated through her sense of herself. That is, participating in or avoiding physical activity is one of the ways in which the question ‘who am I?’ is answered, a way of constituting oneself. Although this will not be a point all readers accept, we think these stories show how subjectivities are constructed through discourse and social practice, not the reverse. Taken together, these stories do not present Lindsey as a fully formed individual with an underlying set of dispositions which are then expressed in the world. Rather than there being a central recognisable character at the centre of these stories, what we see is a process of meaning making, and the idea of something called ‘Lindsey’ being formed through this process. In fact,
Lindsey’s final story hints that a radical transformation in who she is is taking place. At no stage was physical activity experienced at an impersonal distance. It was always personal and always part cause and part effect of the biographical details of Lindsey’s life.

There is a sense in which this point actually accords with the old but often ridiculed adage that ‘sport builds character’. Physical activity, of which sport is a significant component, does help to ‘build’ people in the sense of being one of the fields of social practice that are the building blocks of our identities. However, in ‘sport builds character’, ‘build’ and ‘character’ are intended to suggest that purposeful physical activity make us good people and that its effects on us will be both positive and predictable. But is there any sense in which we can say that physical activity has a predictable affect on the kind of person who emerges after participating in it? For Lindsey, physical activity meant different things at any given moment and different things over time; it was and is both a friend and enemy.

By presenting physical activity to young people as a kind of insurance against all the bad things that could go wrong in their lives, we lie to them, both in terms of the scientific evidence on health and physical activity, and in loading physical activity with spurious moral weight. However, this certainly does not mean that we cannot offer physical activity as a positive experience. What it does mean takes us to this paper’s second concluding point.

In the process, as opposed to the content, of writing this paper, Lindsey engaged with fields of study – social science in general and auto-ethnography in particular – with which she was previously unfamiliar and embarked on a collaborative process which enabled her both to tell stories and, via these stories, think and write about her experiences in different ways. As we said earlier, this research process did not begin
with the three auto-ethnographic vignettes contained in this paper. They were constructed through the process of talking about her experiences, by taking up our suggestions for ‘improving’ the stories and by thinking about her experiences in the light of the talking and writing she had done.

What we think this shows is the value of story telling both as a kind of therapy (although we do not mean ‘therapy’ in an obvious or strictly medical sense) and as a form of pedagogy. Writing, talking about and then reflecting on these stories has given Lindsey alternative ways of thinking about herself, her experiences and, in particular, physical activity. In the same way, we think children and adults should be afforded spaces to talk and offered different kinds of stories about physical activity rather than a single story about physical activity as panacea.

There is not much space for other stories about physical activity in the world of the ‘obesity epidemic’. It is surely partly for this reason that some people ‘know’ that their lack of engagement with physical activity says something unflattering about them as people, and why physically active people ‘know’ that a world created in their image would be a much better place.

Notes
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